

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

August 1, 2025

[REDACTED], ADMINISTRATOR
HENDORN INC
[REDACTED]

RE: COLE MANOR
101 MAPLE STREET
COUDERSPORT, PA, 16915
LICENSE/COC#: 24263

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/14/2025, 05/22/2025 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: COLE MANOR License #: 24263 License Expiration: 08/09/2025
 Address: 101 MAPLE STREET, COUDERSPORT, PA 16915
 County: POTTER Region: NORTHEAST

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: HENDORN INC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 19 Waking Staff: 14

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint Exit Conference Date: 06/18/2025

Inspection Dates and Department Representative

04/14/2025 - On-Site: [REDACTED]
 05/22/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 30 Residents Served: 18
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 1
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 18
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 1 Have Physical Disability: 0

Inspections / Reviews

04/14/2025 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/17/2025

07/17/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 07/31/2025
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/24/2025

Inspections / Reviews *(continued)*

07/29/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/31/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 07/31/2025

08/01/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/31/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 3/28/25 resident #1 asked for PRN medication Hydrocodone and was advised they could not have this medication as there was none present in the home. The home did not report this incident to the department.

Plan of Correction

Accept (█ - 07/17/2025)

All staff will review Reportable Incident and Conditions Policy and Procedure (and will sign Record of Training by 7/25/25). The staff member that is aware of the incident will report it to the Administrator and to DHS using the Reportable Incident Form. Administrator will confirm the incident was reported to state within 24 hours. Staff will receive ongoing Annual Education. Reportable Incident and Reporting Procedures will be included in the Quality Management Plan.

Licensee's Proposed Overall Completion Date: 07/25/2025

Implemented (█ - 08/01/2025)

17 - Record Confidentiality

2. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident’s designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident’s power of attorney for health care or health care proxy or a resident’s designated person, or if a court orders disclosure.

Description of Violation

On 5/22/25 at 9:10 AM the laptop computer used for administering medications was on top of the medication cart, the screen was visible with the medication record of resident #2 visible, unattended, and accessible.

Plan of Correction

Accept (█ - 07/29/2025)

Adminstrator conducted a walkthrough audit on 5/22/25 - no other laptops were open during the visit and no HIPAA information was accessible. Administrator will continue biweekly walkthroughs to ensure laptops are closed or logged off and no resident materials are visible or accessible. All staff receive annual HIPAA Education. Administrator will continue to monitor for HIPAA Education compliance.

Licensee's Proposed Overall Completion Date: 07/24/2025

Implemented (█ - 08/01/2025)

42b - Abuse

3. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Staff person A refused to administer prescribed pain medication to resident #1 on numerous occasions between

42b - Abuse (continued)

4/14/25 and 4/30/25 by telling the resident they should not take the medication and that it is not good for them. Resident #1 stated that staff person A treated them like a child, stated that they were the "boss" of the resident and were going to have the resident's physician discontinue the pain medication.

Plan of Correction

Accept (█) - 07/17/2025

Staff person A was suspended on █ and subsequently no longer works at Cole Manor. On 6/12/25, all staff received in person education regarding Resident Rights and Abuse (as evidenced by attached Record of Training with training materials) via meeting and discussion. Staff receive mandatory annual education and Administrator will monitor compliance with all staff completing annual education.

Licensee's Proposed Overall Completion Date: 07/16/2025

Implemented (█) - 08/01/2025

132a - Monthly Fire Drill

4. Requirements

2600.
132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

An unannounced fire drill was not held during the months of March and April 2025 as the last unannounced fire drill was conducted on 2/25/25.

Repeated Violation - 9/24/24

Plan of Correction

Accept (█) - 07/17/2025

A fire drill was held at Cole Manor on 5/30/25 and on 6/18/25 (as evidenced by Fire Drill Record). Administrator conducts monthly Fire Drills at Cole Manor according to Regulation 132a. A colleague Administrator will audit monthly and include this in the Quality Management Plan.

Licensee's Proposed Overall Completion Date: 07/16/2025

Implemented (█) - 08/01/2025

185a - Implement Storage Procedures

5. Requirements

2600.
185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #1 is prescribed Hydrocodone 7.5 mg-acetaminophen 325 mg every six hours as needed. This medication was not available in the home for administration to this resident from 5 AM on 3/27/25 to 5 PM on 3/31/25.

Plan of Correction

Accept (█) - 07/17/2025

Administrator audited refill request process. Process was revised and new process was implemented on 7/14/25 (see attachment). An email was sent on 7/14/25 to all staff regarding the new process (see attachment). Administrator will conduct ongoing audits to ensure all medications are available in the facility.

185a - Implement Storage Procedures (continued)

Licensee's Proposed Overall Completion Date: 07/16/2025

Implemented () - 08/01/2025

187d - Follow Prescriber's Orders

6. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 is prescribed Hydrocodone on a PRN basis. However, resident #1 did not receive this PRN medication when requested on 3/28/25 as it was not available in the home for administration to this resident.

Plan of Correction

Accept () - 07/17/2025

Administrator audited refill request process. Process was revised and new process was implemented on 7/14/25 (see attachment). An email was sent on 7/14/25 to all staff regarding the new process (see attachment). Administrator will conduct ongoing audits to ensure all medications are available in the facility.

Licensee's Proposed Overall Completion Date: 07/16/2025

Implemented () - 08/01/2025

188b - Medication Error Reporting

7. Requirements

2600.

188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Description of Violation

Resident #1 is prescribed Hydrocodone as needed. However, resident #1 did not receive this medication when requested on 3/28/25 as it was not available in the home for administration to the resident. The prescriber was not notified regarding the medication error.

Plan of Correction

Accept () - 07/29/2025

Prescriber did not receive "medication error report", however prescriber did receive notification that the pharmacy still did not have a refill from the prescriber's office for this medication and that the facility was out of the medication and the pharmacy could not send it because they did not have the prescription from the prescriber. Reporting process audited and reviewed by Administrator. All other "missed dose" (or other errors) reports for any other residents were sent to prescribers.

On 7/24/25, Administrator implemented "Medication Errors Reporting Checklist" (see attachment) to be used with any and all medication errors. This will ensure staff report the error to all parties, including Prescriber. This checklist will be kept with the report in the resident's chart. Reportable Incidents audit will be included in Quality Management Plan.

Licensee's Proposed Overall Completion Date: 07/24/2025

Implemented () - 08/01/2025

224a - Preadmission Screen Form

8. Requirements

224a - Preadmission Screen Form (*continued*)

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #1's preadmission screening form, dated [REDACTED], does not include a determination that the needs of the resident can be met by the services provided by the home.

Plan of Correction

Accept ([REDACTED] - 07/17/2025)

Administrator audited all other current charts. No other incomplete Preadmission screenings were found. Incoming Administrator will receive or has received DHS education on completing the Preadmission Screening Form, prior to receiving her Administrator certification. All Preadmission Screening Forms for new residents will be audited by colleague Administrator or Designee for 3 months.

Licensee's Proposed Overall Completion Date: 10/16/2025

Implemented ([REDACTED] - 08/01/2025)