



October 27, 2014

Angila Amundson, Director
Christ the King Manor
1100 West Long Avenue
P.O. Box 448
Du Bois, PA 15801

RE: Christ the King Manor
License # 412780 - Regular

Dear Ms. Amundson:

As a result of the Department of Aging's licensing inspection of the above named facility on 09/04/2014, two areas of non-compliance were identified. The legal entity submitted an acceptable written plan to correct each area of non-compliance. Therefore, the Department issued a Regular License, indicating compliance with applicable statutes, ordinances and regulations.

Thank you for your continued effort to provide quality older adult daily living services. If you have questions, please contact me at (717) 214-6716.

Sincerely,

A handwritten signature in black ink, appearing to read 'Kevin Longenecker', is written over a light blue horizontal line.

Kevin Longenecker
Director

Enclosures

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF AGING

LICENSE

This license is hereby granted to CHRIST THE KING MANOR, INC.
LEGAL ENTITY

To operate CHRIST THE KING MANOR
(NAME OF CENTER)

Located at 1100 WEST LONG AVENUE, P.O. BOX 448 DU BOIS, PA 15801
(COMPLETE ADDRESS OF CENTER)

To provide older adult daily living services.

The total number of persons which may be served at one time may not exceed 13
(MAXIMUM CAPACITY)

Restrictions: _____

This license is granted in accordance with the Act of July 11, 1990 (P.L. 499, No. 118) and Regulations.

TITLE 6. PA CODE. CHAP. 11. OLDER ADULT DAILY LIVING CENTER Dated July 03, 1993
(NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from November 01, 2014 until October 31, 2015

unless sooner revoked for non-compliance with applicable laws and regulations.

No: 412780 - Regular



ISSUING OFFICER

NOTE: This license is issued for the above address only and is not transferable. This license should be posted in a conspicuous place in the center.

Issued On: October 27, 2014

AGL01

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER LICENSE NUMBER: 412780 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 09/04/2014 |
|---|---|---|--|--|
| NAME OF PROVIDER OR SUPPLIER Christ the King Manor | | STREET ADDRESS, CITY, STATE, ZIP CODE 1100 WEST LONG AVENUE, P.O. BOX 448 DU BOIS, PA 15801 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
| 1 000 | Initial Comments A State licensure visit was completed on September 4, 2014 and it was determined that Christ the King Manor was not in compliance with the following requirements of 6 PA Code, Chapter 11, Older Adult Daily Living Centers regulations: | 1 000 | | |
| 1 210 | 11.8(d) Responsible party A center shall have written documentation of designation or appointment when a responsible party has been designated or appointed as described in subsections (a) and (b). Written documentation shall be kept in the client's file and provide information sufficient to enable a center to clearly identify the responsible party and the area in which the responsible party has been designated or appointed to act in the client's behalf. This STANDARD is not met as evidenced by: Findings: Based on a review of client records, it was determined that the Power of Attorney (POA) paperwork for client #2 and #3 were not in the record. The intake screening for client #2 was completed on 9/4/13 and identifies a POA for this client. The intake screening for client #3 was completed on 10/25/13 and identifies a POA for this client. | 1 210 | Plan of Correction is required 1. POA was obtained after inspection for Client #2 and Client #3. *See Attachments #1 & #2 2. All charts have been reviewed & verified that POA is on file for those clients with two (2) POAs. 3. In the future, if POA is established at time of admission, proof will be obtained by Director and kept in individual files. | 9/25/14 |

AUTHORIZED PROVIDER REPRESENTATIVE'S SIGNATURE



TITLE

RN Director

(X6) DATE

9-25-14

DEPARTMENT OF AGING APPROVAL



DATE

Chief, Division of Licensing

10/8/14

ATG6899

D2SL11

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| 11510 | <p>11.90(b) Fire safety training for clients</p> <p>If a client is medically or functionally unable to participate completely in the fire safety training, the client shall nevertheless participate to the maximum extent possible. The center shall document the extent of the client's participation.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Findings: Based on a review of fire safety training records, it was determined that the center has not consistently documented the client participation level.</p> <p>In March 2014 that participation level was not documented for client #1, #2, #3, #4, and #5.</p> <p>In July 2014 the participation level was not documented for Client #2, #3, #4, #5, and #7.</p> | 11510 | <p>1. September training started with clients in participation. Thus far, with level of participation indicated, others not signed off have not attended to date.</p> <p>See Attachment #3</p> <p>2. The Director and / or Activity Coordinator will be responsible for indicating the level of participation in the appropriate box individually each time training is completed.</p> | 9/25/14 |