

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to PENNSYLVANIA SOLDIERS AND SAILORS HOME  
LEGAL ENTITY

To operate PENNSYLVANIA SOLDIERS AND SAILORS HOME  
NAME OF FACILITY OR AGENCY

Located at 560 E. 3RD STREET, P.O.B 6239, ERIE, PA 16512  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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To provide Personal Care Homes  
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 100  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.  
(MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from February 17, 2010 until February 17, 2011,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 448290

*Robert E. Robinson*

ISSUING OFFICER

*Kevin T. Casey*

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable  
and should be posted in a conspicuous place in the facility.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
PO BOX 2675  
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

PHONE: (717) 783-3670  
FAX: (717) 783-5662

**FEB 17 2010**

Mr. Gary Skovron, Personal Care Administrator  
Pennsylvania Soldiers and Sailors Home  
P.O. Box 6239  
560 East Third Street  
Erie, Pennsylvania 16512

Dear Mr. Skovron:

As a result of the Department of Public Welfare's licensing inspection on December 9, 2009 and December 10, 2009 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey  
Deputy Secretary

Enclosures  
License  
Violation Report

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Pennsylvania Soldiers and Sailors Home, 506 East 3 <sup>rd</sup> Street, Erie, Pa, 16512		CURRENT LICENSE NUMBER 448290	
INSPECTION DATE(S) (Include all dates of the inspection: December 9, 2009 and December 10, 2009		REGIONAL REPRESENTATIVE Alden Linhart, Kathy Kruppa, Lisa Flinger-Alman	
SIGNATURE OF LEGAL ENTITY <i>Mary M. Spawan</i>	DATE 1-15-2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 2/1/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
25a-1 Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.	The contract for resident #1 DOA 1/23/09 was not signed until 1/29/09  PCH Division Central Region Field Office	Feb. 12, 2010	The Personal Care Home Administrator will educate the Admission Coordinator and Social Services on the regulation: Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. A New admission contracts will be audited by the Personal Care Home Administrator/designee within 24 hours of the admission for appropriate signature for six months. Results of the audits will be brought to the QA Committee to determine need for ongoing monitoring.	2/1/10 NSC

JAN 19 2010

**RECEIVED**

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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SIGNATURE OF LEGAL ENTITY <i>Ray M. Skanare</i>	DATE 1-15-2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bonney</i>	DATE 2/1/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
91 Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control center, municipal emergency management agency and personal care home complaint hotline shall be posted on or by each telephone with an outside line.	There is no emergency phone list posted next to the phone in the volunteer office on the 2 <sup>nd</sup> floor of the home.  There is no emergency phone list posted near the phone in the Security Station in Unit C.	Feb. 12, 2010	The Staff Development Nurse/ Designee will educate staff on the regulation: Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control center, municipal emergency management agency and personal care home complaint hotline shall be posted on or by each telephone with an outside line.  Audit of all phones with an outside line will be completed weekly x 2 and monthly x 3 by the Personal Care Home Administrator/ Designee to ensure compliance.  Results of the audits will be brought to the QA Committee to determine need for ongoing monitoring.	1/29/10 NSC

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SIGNATURE OF LEGAL ENTITY <i>Ray M. Skowron</i>	DATE 1-15-2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil B. M. [Signature]</i>	DATE 2/1/10



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95 Furniture and equipment shall be in good repair, clean and free of hazards.	The second of five sinks in the 2 <sup>nd</sup> floor shared bathroom at the end of the hall is missing the handle on the cold water faucet.	Feb. 12, 2010	Replacement handles have been ordered for the sinks and will be installed upon arrival by the facility maintenance staff.	1/29/10 NSC

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<b>SIGNATURE OF LEGAL ENTITY</b> <i>Greg M. Skowron</i>	<b>DATE</b> 1-15-2010	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>C. J. Barmey</i>	<b>DATE</b> <i>2/11/10</i>

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
102d-1 Toilet and bath areas shall have grab bars, hand rails or assist bars.	There are no grab bars next to any of the urinals in any of the shared bathrooms in the home. White Hall bathroom -2 urinals Blue Hall bathroom- 2 urinals Additional bathrooms with 4 or more urinals on the wall have no grab bars provided.	Feb. 12, 2010	Grab bars or assist rails will be ordered and installed for the urinals in the facility.	2/11/10 NSC

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<b>SIGNATURE OF LEGAL ENTITY</b> 	<b>DATE</b> 1-15-2010	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 	<b>DATE</b> 2/1/10

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105g-1 To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.	In the home's second floor laundry room, one out of two dryers had an accumulation of lint in the lint trap.	Feb. 12, 2010	<p>The residents will be reminded at their next Resident Council Meeting of the requirement: to reduce the risk of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.</p> <p>Housekeeping will be educated on the above requirement by the Staff Development Nurse/Designee. Housekeeping will inspect the dryers and lint traps in the personal laundry areas of the Personal Care Home during their routine cleaning.</p> <p>The Personal Care Home Administrator will conduct audits of the dryers and lint traps in the personal laundry areas 2x weekly x 1 month and monthly x3. Results of the audits will be reviewed by the Quality Assurance Committee to determine need for ongoing monitoring.</p>	<div style="border: 1px solid black; padding: 5px; transform: rotate(-90deg); transform-origin: center;">             Steps have been taken to correct violation; full compliance is not verifiable              2/1/10              Date              Initials (DPW)              AX           </div>

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<b>SIGNATURE OF LEGAL ENTITY</b> <i>Ray M. Shover</i>	<b>DATE</b> 1-15-2010	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Cybil B...</i>	<b>DATE</b> 2/11/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
<p>130g If a smoke detector or fire alarm becomes inoperative, repair shall be completed within 48 hours of the time the detector or alarm was found to be inoperative.</p> <p>130h The home's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.</p>	<p>The home's policy to be implemented if the alarms and/or smoke detectors become inoperable needs to be expanded. There is no reference to the need for repairs to be completed within 48 hours, the necessity to report as a reportable incident to DPW, and the need to document the 15 minute fire watch checks to be completed by the home's staff during the outage.</p>	<p>Feb. 12, 2010</p> <p>Feb. 12, 2010</p>	<p>The Facility's Fire Watch Policy will be reviewed and revised to include the requirement of repair of the smoke detector or fire alarm within 48 hours of being found inoperative.</p> <p>Security personnel will be educated on the revised Fire Watch policy and fire watch checklist by the Staff Development Nurse/designee.</p> <p>The results of the audits will be reviewed by the Quality Assurance Committee to determine need for ongoing monitoring.</p> <p>A firewatch checklist for Security personnel will be implemented to include documentation of the every 15 minute check during a fire alarm or smoke detector outage.</p>	<p>2/11/10 NSC</p>

POC Accepted: *Cybil Boppre*  
2/1/10

130h Continued *M.M.S.*

Security personnel will be educated on the revised Fire Watch policy and fire watch checklist by the Staff Development Nurse/designee.

The Facility Maintenance Manager III/designee will audit the fire watch checklist for completion monthly x3.



The results of the audits will be reviewed by the Quality Assurance Committee to determine need for ongoing monitoring.

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141a-1 A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.	The medical evaluation dated 4/15/09 for resident #2, DOA 4/15/09, was not signed by the MD.	Feb. 12, 2010	The physician and certified registered nurse practitioner will be educated on the above requirement and facility policy by the Staff Development Nurse/designee. Medical Records Clerk/designee will audit all new admissions weekly x2 and monthly x3 to ensure compliance with the requirement. The results of the audits will be reviewed by the Quality Assurance Committee to determine need for ongoing monitoring.	Steps have been taken to correct violation; full compliance is not verifiable 2/1/10 Date NSC Initials (DPW)

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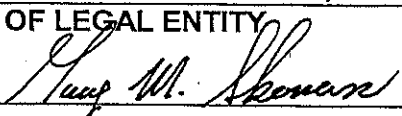
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144c-1 If smoking is permitted, the designated smoking room or area outside the home shall have fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, fire resistant furniture and fire extinguishers.	There is no fire extinguisher in the interior smoking room.  There is a strong smell of cigarette smoke in the home's chapel which is located above the home's interior smoking room. The ventilation in the smoking room is not adequate to prevent the smell of smoke in other parts of the home.	Feb. 12, 2010	A fire extinguisher has been installed inside the smoking room and is checked on an ongoing monthly basis by the Maintenance Foreman/designee.  A smoke exhaust system has been approved for purchase on the facility's 5-year plan for fiscal year 2009-2010.	2/1/10 NSC

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171b5 If staff persons or volunteers of the home provide transportation for the residents, the vehicle shall have a first aid kit with the contents in 96.	<p>The first aid kit in van #1, 064, is missing tweezers and eye coverings.</p> <p>The first aid kit in the 2004 van CDL bus is missing eye coverings.</p> <p>The first aid kit in the 3<sup>rd</sup> van is missing eye coverings.</p>	Feb. 12, 2010	<p>The first aid kits for the vehicles will be reviewed and supplies updated to include items in Requirement 96.</p> <p>A break-away lock will be placed on all vehicles first aid kits to indicate content requirements are present.</p> <p>The facility drivers and activities personnel will be educated on the first aid kit content requirements and purpose of break-away lock, by the Staff Development Nurse/designee.</p> <p>The facility drivers and activities personnel will be educated on the procedure of replacing items in the vehicle first aid kits upon use, by the Staff Development Nurse/designee.</p> <p>The facility drivers will inspect the vehicle first aid kits ensuring they have a break-away lock intact weekly x 4 and monthly x3.</p>	2/1/10 NSC

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252 Each resident's record shall include the following information:  10) A record of incident reports for the individual resident.	The home is not filing copies of reportable incidents in the individual resident records..	Feb. 12, 2010	Nursing Administration/designee will file all reportable incidents in the resident record. Director of Nursing/designee will complete ongoing chart audits of residents with reportable incidents to ensure compliance with above requirement. Results of the audits will be reported to the Quality Assurance Committee.	1/29/10 NSC 1