



**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE**

11 Stanwix Street
Room 230
Pittsburgh, Pennsylvania 15222

ADULT RESIDENTIAL LICENSING

Phone: (412) 565-5616/5614
Toll Free: 1-888-322-3664
Fax: (412) 565-5633/565-2840
www.dpw.state.pa.us

Mailing Date: **MAR 24 2011**

Mr. Greg Malisky, Senior Director
Presbyterian Senior Care, Inc.
Southminster Place
880 South Main Street
Washington, Pennsylvania 15301

Dear Mr. Malisky:

As a result of the Department of Public Welfare's licensing inspection on January 4, 2011 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.

Sincerely,

A handwritten signature in cursive script that reads "Janine Wenzig".

Janine Wenzig
Regional Licensing Administrator

Enclosure(s)

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

No. 1343 P. 2

Western Region

MAR 1 2011

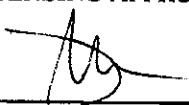
Adult Residential Licensing

NAME AND ADDRESS OF PERSONAL CARE HOME SOUTHMINSTER PLACE, 880 SOUTH MAIN STREET WASHINGTON, PA 15301		CURRENT LICENSE NUMBER 415930
INSPECTION DATES (Include all dates of the inspection) 01/04/2011	REGIONAL REPRESENTATIVE L. Mazza, T. Newman	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) GREG MALISKY, SENIOR DIRECTOR		
SIGNATURE OF LEGAL ENTITY	DATE 3/14/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>
		DATE 3/15/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
16b The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.	The policy for reportable incidents and conditions does not include: prevention measures, responsible party for investigation, and management of the reportable incidents. On the evening of 12/30/10, staff member B overheard Resident #1 state to staff member A, "I am not telling you anything, you slapped me in the face." This was never reported to administrator/designee by staff member B.	1/3/11 3/8/11 1/4/11 & 1/5/11 3/8/11	1. STAFF MEMBER B WAS COUNSELED REGARDING IMMEDIATE REPORTING OF ABUSE INCIDENTS BY THE ADMINISTRATOR. 2. POLICY FOR REPORTABLE INCIDENTS & CONDITIONS NOW INCLUDES: PREVENTION MEASURES, RESPONSIBLE PARTY FOR INVESTIGATION, & MANAGEMENT OF THE REPORTABLE INCIDENTS. POLICY INCLUDED WITH PLAN OF CORRECTION. 3. STAFF TRAINING ON ABUSE REPORTING WAS COMPLETED BY THE ADMINISTRATOR. 4. ANNUAL RE-TRAINING ON ABUSE REPORTING SHALL BE DONE BY THE DIRECTOR/RESIDENT SERVICES.	Steps have been taken to correct violation; full compliance is not verifiable 3/15/11 DPW Date Initials (DPW)

Mar. 11. 2011 10:42AM

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME SOUTHMINSTER PLACE, 880 SOUTH MAIN STREET WASHINGTON, PA 15301		CURRENT LICENSE NUMBER 415930	
INSPECTION DATES (Include all dates of the inspection) 01/04/2011		REGIONAL REPRESENTATIVE L. Mazza, T. Newman	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE
			3/15/11

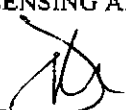
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
42b A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.	On the evening of 12/30/10, staff member A slapped resident across the left side of the face. Staff member A returned to the resident's room later in the shift and resident asked staff member A why they hit them. Resident #1 stated that staff member A responded, "because I am bigger than you." During the same evening Staff member B overheard resident #1 state to staff member A, "I am not telling you anything, you slapped me in the face." Resident #1 reported incident to staff member F on the morning of 12/31/10. Staff member F notified administrator and internal investigation began on 12/31/10.	1/5/11 1/5/11 & 1/6/11 3/8/11 3/15/11	<p>1. STAFF PERSON A EMPLOYMENT TERMINATED BY THE ADMINISTRATOR</p> <p>2. STAFF TRAINING ON ABUSE PROVIDED BY THE ADMINISTRATOR.</p> <p>3. ANNUAL TRAINING ON ABUSE SHALL BE COMPLETED BY THE CLINICAL CASE COORDINATOR</p> <p>No resident shall be intimidated, neglected, physically or verbally abused or mistreated in any way.</p> <p align="right">John 3-15-11</p>	Steps have been taken to correct violation; full compliance is not verifiable 3/15/11 Date Initials (DPW)
Western Region				
MAR 11 2011				

Adult Residential Licensing

No. 1342 P. 3

Mar. 10. 2011 4:58PM

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME SOUTHMINSTER PLACE, 880 SOUTH MAIN STREET WASHINGTON, PA 15301		CURRENT LICENSE NUMBER 415930	
INSPECTION DATES (Include all dates of the inspection) 01/04/2011		REGIONAL REPRESENTATIVE L. Mazza, T. Newman	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3/15/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
54a Direct care staff persons shall have the following qualifications: (1) Be 18 years of age or older, except as permitted in subsection (b). (2) Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry. (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care	Staff member A graduated from a non-US High School and credentials were not verified through an approved education verification service. Western Region MAR 11 2011	1/4/11 3/8/11 4/15/11	1. TRAINING PROVIDED TO STAFF PERSONS WHO VERIFY NON-US HIGH SCHOOL GRADUATION CREDENTIALS TO USE ONLY THE 2 APPROVED VERIFICATION SERVICES AS INDICATED IN THE LMI. PROVIDED BY ADMINISTRATOR. 2. EMPLOYEE FILE AUDITS WILL BE COMPLETED BY THE DIRECTOR OF RESIDENT SERVICES FOLLOWING HAD TO ENSURE COMPLIANCE. Administrator or designated staff person in charge of staff hiring will ensure that a waiver of regulation	Steps have been taken to correct violation; full compliance is not verifiable. Date _____ Initials (DPW) _____

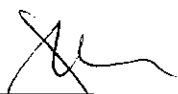
Adult Residential Licensing

No. 1342 P. 4

Mar. 10. 2011 4:58PM

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

No. 1342 P. 6


NAME AND ADDRESS OF PERSONAL CARE HOME SOUTHMINSTER PLACE, 880 SOUTH MAIN STREET WASHINGTON, PA 15301		CURRENT LICENSE NUMBER 415930	
INSPECTION DATES (Include all dates of the inspection) 01/04/2011		REGIONAL REPRESENTATIVE L. Mazza, T. Newman	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3-15-11


REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
181c A resident who desires to self-administer his medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.	The following medications were found in resident #2's bedroom: Bepreve 1.5% (eye drops), 2 bottles of Refresh tears (eye drops) and 1 tube of Betamethasone Dipropionate .05% (cream). Resident #2's medical evaluation (dated 4/23/10) states that resident cannot self-administer medications.	3/15/11	1. MEDICAL EVALUATION NOW SPECIFIES MEDICATION RESIDENT MAY KEEP IN HER ROOM. MEDICAL EVALUATION INCLUDED WITH PLAN OF CORRECTION.	3-15-11 DPW
Western Region		3/15/11	2. MONTHLY AUDITS WILL BE COMPLETED BY THE CLINICAL CARE COORDINATOR ON MEDICATIONS / DOCUMENTATION FOR RESIDENTS WHO SELF ADMINISTER.	
		3/31/11	3. Physician of resident #2 will be contacted to issue order for approval for resident to self-administer eye drops. Resident will not self-administer eye drops without physician's approval. On 3-15-11	

Mar. 10. 2011 4:59PM

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

No. 1342 P. 7

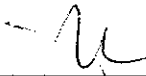
NAME AND ADDRESS OF PERSONAL CARE HOME SOUTHMINSTER PLACE, 880 SOUTH MAIN STREET WASHINGTON, PA 15301		CURRENT LICENSE NUMBER 415930	
INSPECTION DATES (Include all dates of the inspection) 01/04/2011		REGIONAL REPRESENTATIVE L. Mazza, T. Newman	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3-15-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
252 Each resident's record shall include the following information: (1) Name, gender, admission date, birth date and Social Security number. (2) Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks. (3) A photograph of the resident that is no more than 2 years old. (4) Language or means of communication spoken or used by the resident. (5) The name,	Resident #1's record does not include a copy of reportable incidents and conditions. Facility policy states that reportable incidents and policies will be stored in the administrative offices, which is separate from where resident records are stored. Western Region MAR 11 2011	3/8/11 3/8/11 4/15/11	1. RESIDENT # 1's RECORD INCLUDES COPY OF RESORTAQUE INCIDENT. 2. FACILITY POLICY NOW STATES THAT REPORTABLE INCIDENTS SHALL BE STORED IN THE RESIDENTS RECORD. POLICY INCLUDED WITH PLAN OF CORRECTION. Staff persons will be educated on this requirement.	 3-15-11

Mar. 10. 2011 5:00PM

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

No. 1342 P. 8


NAME AND ADDRESS OF PERSONAL CARE HOME SOUTHMINSTER PLACE, 880 SOUTH MAIN STREET WASHINGTON, PA 15301		CURRENT LICENSE NUMBER 415930	
INSPECTION DATES (Include all dates of the inspection) 01/04/2011		REGIONAL REPRESENTATIVE L. Mazza, T. Newman	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3-15-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
address, telephone number and relationship of a designated person to be contacted in case of an emergency. (6) The name, address and telephone number of the resident's physician or source of health care. (7) The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms. (8) A list of prescribed medications, OTC medications and CAM. (9) Dietary	Western Region MAR 11 2011			

Mar. 10. 2011 5:00PM

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

No. 1342 P. 9


NAME AND ADDRESS OF PERSONAL CARE HOME SOUTHMINSTER PLACE, 880 SOUTH MAIN STREET WASHINGTON, PA 15301		CURRENT LICENSE NUMBER 415930	
INSPECTION DATES (Include all dates of the inspection) 01/04/2011		REGIONAL REPRESENTATIVE L. Mazza, T. Newman	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3-15-11

REGULATION 55 Pa Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
restrictions, if any. (10) A record of incident reports for the individual resident. (11) A list of allergies, if any. (12) The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies. (13) The preadmission screening, initial intake assessment and the most current version of the annual assessment. (14) A support plan. (15) Applicable court order, if any.	<h2 style="margin: 0;">Western Region</h2> <p style="margin: 0;">MAR 11 2011</p>			

Mar. 10. 2011 5:01PM

VIOLATION REPORT
 PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

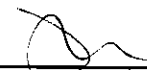
No. 1342 P. 10

NAME AND ADDRESS OF PERSONAL CARE HOME SOUTHMINSTER PLACE, 880 SOUTH MAIN STREET WASHINGTON, PA 15301		CURRENT LICENSE NUMBER 415930	
INSPECTION DATES (Include all dates of the inspection) 01/04/2011		REGIONAL REPRESENTATIVE L. Mazza, T. Newman	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3-15-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
(16) The resident's medical insurance information. (17) The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity. (18) An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated. (19) An inventory of the resident's property entrusted to the administrator for safekeeping. (20) The financial records of residents	Western Region MAR 11 2011			

Mar. 10. 2011 5:01PM

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME SOUTHMINSTER PLACE, 880 SOUTH MAIN STREET WASHINGTON, PA 15301		CURRENT LICENSE NUMBER 415930	
INSPECTION DATES (Include all dates of the inspection) 01/04/2011		REGIONAL REPRESENTATIVE L. Mazza, T. Newman	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3-15-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
receiving assistance with financial management. (21) The reason for termination of services or transfer of the resident, the date of transfer and the destination. (22) Copies of transfer and discharge summaries from hospitals, if available. (23) If the resident dies in the home, a copy of the official death certificate. (24) Signed notification of rights, grievance procedures and applicable consent to treatment protections specified	Western Region MAR 11 2011			


Adult Residential Licensing

No. 1342 P. 11

Mar. 10. 2011 5:02PM

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

No. 1342 P. 12

NAME AND ADDRESS OF PERSONAL CARE HOME SOUTHMINSTER PLACE, 880 SOUTH MAIN STREET WASHINGTON, PA 15301		CURRENT LICENSE NUMBER 415930	
INSPECTION DATES (include all dates of the inspection) 01/04/2011		REGIONAL REPRESENTATIVE L. Mazza, T. Newman	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3-15-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
in 41. (25) A copy of the resident-home contract. (26) A termination notice, if any	<p>Western Region</p> <p>MAR 11 2011</p>			

Mar. 10. 2011 5:02PM