



**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](http://www.dpw.state.pa.us)

Mailing Date: **APR 13 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 March 1, 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**

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) 03/01/2011		REGIONAL REPRESENTATIVE M. Stepanovich	
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 3-28-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 4/12/11

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
202 The following procedures are prohibited: (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited. (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited. (3) Pressure point techniques, defined as the application of pain for the purpose of achieving	According to direct care staff persons A and B, when resident #1 sits on the couch, the cushions are removed from under him/her, in an effort to make it more difficult for the resident to get up from the sofa.	3/28/11	1.) STAFF RE-TRAINING HAS BEEN COMPLETED REGARDING PROHIBITION IN THE USE OF ANY FORM OF RESTRAINT. REGULATION 202 HAS BEEN REVIEWED IN FULL WITH ALL STAFF.  The administrator will ensure that residents are not restrained in any way, including restricting a residents' movement by repositioning	4/15/11


Steps have been taken to correct violation; full compliance is not verifiable

Date: 4/12/11  
 Initials (DPW): MLK

No. 1415 P. 2/6

Mar. 28. 2011 4:35PM

**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) 03/01/2011		REGIONAL REPRESENTATIVE M. Stepanovich	
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
			4-12-11

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
<p>compliance, is prohibited.</p> <p>(4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.</p> <p>(5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited.</p> <p>(6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or</p>		4/30/11	<p>furniture, which is considered a mechanical restraint.</p> <p>Staff persons will also be instructed to immediately report to the administrator or designee any instance if they observe another staff person using a restraint on a resident.</p>	

*M* 4-12-11

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

No. 1415 P. 4/6

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) 03/01/2011		REGIONAL REPRESENTATIVE M. Stepanovich	
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 4-12-11

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
reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.				

Mar. 28. 2011 4:36PM