



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

AUG 23 2012

Mr. Joseph G. 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 June 14, 2012 and June 15, 2012 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 black ink, appearing to read "R. Melusky".

Ronald Melusky
Director

Enclosures
License
Violation Report

Western Region

Violation Report: 41593 - 08/14/2012 - Whitney, Diane
PCH Name: SOUTHMINSTER PLACE

AUG 08 2012

1. REGULATION 55 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

On 6-15-2012, in the bathroom of the shared bedroom #147, was an unlabeled toothbrush on the metal shelf and 2 unlabeled toothbrushes in a toothbrush holder on the sink top.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

ALL TOOTH BRUSHES IN SHARED BEDROOM #147 ARE NOW LABELED 6/15/12 WITH RESIDENT NAMES. DIRECTOR OF RESIDENT SERVICES [REDACTED] WILL MONITOR COMPLIANCE WEEKLY DURING WALKING ROUNDS ON THE UNIT. NURSING & HOUSEKEEPING STAFF HAVE BEEN RE-EDUCATED ON 2600.85(A) - SANITARY CONDITIONS. PROPER LABELING OF PERSONAL HYGIENE ITEMS SHALL BE INCLUDED IN THE ANNUAL INSPECTION CONTROL TRAINING.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Senior Director
Joseph G. Malishy

Date 8-8-12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

[Signature]
(Date)

Plan of correction implementation status as of

[Signature]
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

- Fully Implemented *[Signature]*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

AUG 08 2012

Violation Report: 41693 - 06/14/2012 - Whitney, Diane
PCH Name: SOUTHMINSTER PLACE

Adult Residential Licensing

1. REGULATION 55 Pa.Code §2600

2600.102(l) - A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

2a. DESCRIPTION OF VIOLATION

On 6-15-2012, the bathroom of shared bedroom #147, had a soap dish with an unlabeled bar of soap.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

UNLABELED BAR SOAP HAS BEEN REMOVED (6/15/12) FROM THE SHARED BED ROOM #147. A SOAP DISPENSER IS PROVIDED (6/15/12) FOR SHARED BED ROOM #147. NURSING AND HOUSEKEEPING STAFF HAS BEEN RE-TRAINED IN 2600.102(l) 6/15/12. DIRECTOR OF RESIDENT SERVICES, WILL MONITOR COMPLIANCE THROUGH WEEKLY WALKING ROUNDS ON THE UNIT. 2600.102(l) REVIEW WILL BE INCLUDED IN ANNUAL INFECTION CONTROL TRAINING.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Senior Director

Joseph G. Malishy

Date

8-8-12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

8/10/12
(Date)

Plan of correction Implementation status as of

8/10/12
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Western Region

Violation Report: 41593 - 08/14/2012 - Whilney, Diane PCH Name: SOUTHMINSTER PLACE	AUG 08 2012
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1. REGULATION 55 Pa.Code §2600
2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION
The sleeping hour fire drills are not being held with the minimum number of staff are present. On 11-20-2011 at 10:20pm the fire drill log indicates 11 staff participated and on 2-27-2012 at 10:00pm, 7 staff participated. The minimum number of staff on the night shift (10:00pm - 6:30am) is 3.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

ON 7/27/12 FIRE DRILL CONDUCTED AT 10:46AM, ONLY 3 STAFF PRESENT. EVACUATION COMPLETED IN 3:51, FIRE CHIEF REQUIRES 4 MINUTES OR LESS. ALL FUTURE FIRE DRILLS DURING NIGHT SHIFT WILL BE CONDUCTED WHEN ONLY 3 STAFF PRESENT, THE MINIMUM NUMBER. [REDACTED] THE ADMINISTRATOR RESPONSIBLE FOR ONGOING COMPLIANCE WITH 2600.132(G).

Repeat Violation: No	Date(s) of Previous Violation(s):
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Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative *Senior Director*
(Required on EVERY Page) *Joseph G. Malisly* Date *8-8-12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 8/10/12
(Date)

Plan of correction implementation status as of 8/10/12
(Date)

The above plan of correction was approved by [Signature]
(Initials)

- Fully Implemented *o*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

AUG 08 2012

Violation Report: 41503 - 08/14/2012 - Whitney, Diane
PCH Name: SOUTHMINSTER PLACE

1. REGULATION 55 Pa.Code §2600

Adult Residential Licensing

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION

On 6-15-2012, the hallway door across from the 1st floor private dining room was unlocked and led directly to the back hallway of the medicine supply closets of on-site doctors' offices. These 6 unlocked medicine supply closets were stocked full of medications such as Symbicort, Tamiflu, Tri-Cor, Vesicare, Cialis, Seroquel ER, Namenda, Celebrex, Pradaxa, Advair, Exelon patches, Cymbalta and many additional prescription drugs. The prescription medications were accessible to the residents and the public.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

HALLWAY DOOR AS IDENTIFIED ON THE 1ST FLOOR NOW HAS (6/18/12) A KEY PAD LOCK. ENTRY CAN ONLY BE GAINED BY ENTERING 5 DIGIT CODE ON KEY PAD WHICH UNLOCKS THE DOOR. MEDICATIONS NO LONGER ACCESSIBLE TO RESIDENTS OR PUBLIC. [REDACTED] ADMINISTRATOR, RESPONSIBLE FOR MONITORING COMPLIANCE.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)

Denison Director

Joseph G. Malinsky

Date 8-8-12

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Plan of correction implementation status as of 8/10/12 (Date)

The above plan of correction was approved by [Signature] (Initials)

- Fully Implemented J
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 41593 - 06/14/2012 - Whlney, Diane
PCH Name: SOUTHMINSTER PLACE

AUG 08 2012

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION
Resident #1 is is ordered 8 units of Humalog 100U/ML before lunch or to hold medication if blood sugar is 120 or below. On 6-8-2012 at 11:00am, resident #1's blood sugar is recorded as 134. The medication administration record for that day and time is documented as the insulin being held with no explanation documented.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.
*ALL NURSING STAFF HAS BEEN RE-EDUCATED ON 2/10/12, 187(D).
RE-EDUCATION COMPLETED ON 7/18/12 BY [REDACTED] RN,
NURSE MANAGER. MONTHLY AUDITS OF THE MEDICATION RECORD
BY [REDACTED] RN SHALL BE COMPLETED TO ASSURE
COMPLIANCE, at least weekly.
js-8/10/12*

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative Date
(Required on EVERY Page) *Joseph G. Malinski 8-8-12*

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(Date)

The above plan of correction was approved by [Signature]
(Initials)

Plan of correction implementation status as of 8/10/12
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

Western Region

Violation Report: 41693 - 08/14/2012 - Whlney, Diane
PCH Name: SOUTHMINSTER PLACE

AUG 08 2012

Adult Residential Licensing

1. REGULATION 65 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

Resident #1's assessment, dated 2-6-2012, does not include the diagnosis of glaucoma from the medical evaluation dated 2-4-2012.

Resident #2's assessment, dated 1-21-2012, does not include the diagnoses of seizure disorder and dry eyes from the medical evaluation dated 1-21-2012.

Resident #3's assessment, dated 1-25-2012, does not include the diagnosis of of depression from the medical evaluation dated 1-25-2012.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

ON 8/7/12 RESIDENT #1'S ASSESSMENT HAS HAD ADDED TO THE ^{IT} DIAGNOSIS OF GLAUCOMA, RESIDENT #2'S THE DIAGNOSIS OF SEIZURE DISORDER AND DRY EYES, AND RESIDENT #3'S ASSESSMENT THE 1 DIAGNOSIS OF DEPRESSION. [REDACTED] RN NURSE MANAGER & [REDACTED] DIRECTOR OF RESIDENT SERVICES WILL AUDIT ASSESSMENTS MONTHLY TO MONITOR COMPLIANCE WITH 2600.225(c). APPROPRIATE STAFF (THOSE WHO COMPLETE ASSESSMENTS) HAVE BEEN RETAINED IN REGULATION 2600.225(c) AS OF 8/7/12.

Repeat Violation; Yes	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative: *Senior Director*
 (Required on EVERY Page) *Joseph G. Malachy* Date *8-8-12*

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(Date)

Plan of correction implementation status as of 8/10/12
(Date)

The above plan of correction was approved by [Signature]
(Initials)

- Fully Implemented *2*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

AUG 08 2012

Page 8 of 8

Violation Report: 41593 - 06/14/2012 - Whitney, Diane
PCH Name: SOUTHMINSTER PLACE

Adult Residential Licensing

1. REGULATION 65 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

The assessment for resident #2, dated 1-21-2012, indicates the resident has a seizure disorder and dry eyes. The resident's support plan, dated 1-21-2012, does not document how this need will be met.

The assessment for resident #3, dated 6-10-2012, indicates the resident has a diagnosis of depression. The support plan, dated 6-10-2012, does not document how this need will be met.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

PLAN
8/7/12 RESIDENT #2'S SUPPORT HAS BEEN CORRECTED/AMENDED TO INCLUDE THE DIAGNOSIS OF SEIZURE DISORDER AND DRY EYES AND HOW THESE NEEDS WILL BE ADDRESSED IS INCLUDED IN THE SUPPORT PLAN. 8/7/12 RESIDENT #3'S SUPPORT PLAN HAS BEEN CORRECTED/AMENDED TO INCLUDE THE DIAGNOSIS OF DEPRESSION AND HOW THESE NEEDS WILL BE ADDRESSED IS INCLUDED IN THE SUPPORT PLAN. [REDACTED] RN AND [REDACTED] DIRECTOR OF RESIDENT SERVICES WILL AUDIT SUPPORT PLANS MONTHLY TO MONITOR COMPLIANCE WITH 2600.227 (D). APPROPRIATE STAFF (THOSE WITH COMPLETE SUPPORT PLANS) HAVE BEEN RE-TRAINED IN REGULATION 2600.227 (D) AS OF 8/7/12.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Senior Director*
Joseph C. Malachuk

Date *8-8-12*

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(Date)

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(Initials)

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- Not Implemented