



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

FEB 13 2013

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

Dear Mr. Skovron:

As a result of the Department of Public Welfare's (Department) licensing inspection on October 2, 2012 and October 3, 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 Human Services 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 "Ronald Melusky".

Ronald Melusky
Director

Enclosures
License
Violation Report

JAN 11 2013

Page 2 of 5

Violation Report: 44829 - 10/02/2012 - Whitney, Diane
PCH Name: PENNSYLVANIA SOLDIERS AND SAILORS HOME

Western Field Office

1. REGULATION 55 Pa.Code §2600

Adult Residential Licensing

2600.131(f) - Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

2a. DESCRIPTION OF VIOLATION

The fire extinguisher in the dining room has not been inspected by a fire safety expert since 5-2011.

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.

Master Fire Contractor was called in and replaced inspection tag with proper up to date tag. All fire extinguisher tags will be checked to ensure proper up to date tags. Audits will be completed on 25% of the fire extinguishers to ensure proper tags monthly x4. The results of these audits will be reviewed at the Quarterly Assurance meetings and they will determine the need for continuance and any additional audits/interventions necessary to ensure ongoing compliance.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Gary Skovron*

Printed Name and Title of Legal Entity Representative **GARY SKOVRON** Date **1-11-13**
(Required on EVERY Page) **ADMINISTRATOR**

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

The above plan of correction is approved as of 1/15/13
(Date)

Plan of correction implementation status as of 1/15/13
(Date)

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

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

JAN 11 2013

Violation Report: 44629 - 10/02/2012 - Whitney, Diane
PCH Name: PENNSYLVANIA SOLDIERS AND SAILORS HOME

1. REGULATION 55 Pa.Code §2600
2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

The home's current menu, from 10-1-2012 through 10-6-2012 was posted; however the menu for the upcoming week was not posted.

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.

Immediately upon discovery, menus were posted one week in advance in a conspicuous and public place in the home. Menus will be posted and audited to be assured that this will remain intact. The audit will be conducted by the Food Service Manager/designee. This will be done once a week for four weeks, once a month for three months, and quarterly x1. The findings will be reported to the Quality Assurance Committee to determine if further auditing is required.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Gary M. Skovron

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

GARY M. SKOVRON
ADMINISTRATOR

Date 1-11-13

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Violation Report: 44829 - 10/02/2012 - Whitney, Diane
PCH Name: PENNSYLVANIA SOLDIERS AND SAILORS HOME

Western Field Office
Adult Residential Licensing

1. REGULATION 55 Pa.Code §2600
2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION

On 10-2-2012, the van's first aid kit did not contain a thermometer, tweezers, eye coverings, scissors, and breathing shield.

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.

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.

A thermometer, tweezers, eye coverings, scissors and breathing shield were added to the first aid kit in the van. All first aid kits for the vehicles will be reviewed and supplies updated to include items in Requirement 96 if needed.

Tamper alert tape will be placed on all vehicle first aid kits to indicate content requirements are present. The facility drivers and activities personnel will be educated on the first aid kit content requirements, purpose of tamper alert tape and the procedure of replacing items, by the Staff Development Nurse/designee.

The facility drivers will inspect the vehicle first aid kits ensuring they have tamper alert tape intact weekly x 4 and monthly x3.

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

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(Required on EVERY Page) *Gary Skovron*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) **GARY SKOVRON**
ADMINISTRATOR Date **1-11-13**

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Violation Report: 44829 - 10/02/2012 - Whitney, Diane
PCH Name: PENNSYLVANIA SOLDIERS AND SAILORS HOME

Western Field Office
Adult Center of Licensing
2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

The pre-admission screening form for resident #1, admitted 7-24-2012, was not signed by the person completing the screening.

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.

- 1. Pre-admission screening form for Resident #1 has been corrected.
- 2. An audit of 25 charts was completed; pre-admission screening was dated correctly by the appropriate designee for the facility.
- 3. Random audits will be conducted by the Admission Coordinator/designee to review 25% of the residents' medical records to ensure that the pre-admission screening forms are signed and dated. Audits will be done monthly x 4 months. The findings will be reported at the monthly Quality Assurance Committee meeting to determine if further auditing is required.

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(Required on EVERY Page) *Gary Skovron*

Printed Name and Title of Legal Entity Representative **GARY SKOVRON** Date **1-11-13**
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