



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

AUG 23 2013

Mr. Timothy R. Lyne, Director of Operations  
Paxton Street Home Benevolent Society, Inc.  
Paxton Street Home Benevolent Society  
2001 Paxton Street  
Harrisburg, Pennsylvania 17111

Dear Mr. Lyne:

As a result of the Department of Public Welfare's licensing inspection on June 6, 2013 and June 10, 2013, 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.

Your regular license for the period of July 24, 2013 to July 24, 2014 was issued on April 29, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky".

Ronald Melusky  
Director

Enclosure  
Violation Report



Violation Report: 34201 - 06/06/2013 - Hoover, Douglas  
PCR Name: PAXTON STREET HOME BENEVOLENT SOCIETY

1. REGULATION 55 Pa.Code §2600  
2600.52 - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

2a. DESCRIPTION OF VIOLATION

Direct Care Staff Person A, hired 4/2/13, did not have a criminal background check completed until 5/28/13.

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.

Regulation 2600.52 Older Adult Protective Services Act

Plan of Correction:

Although out of date for regulatory compliance, Staff person "A" listed in the Violation Report does have a current and acceptable Criminal Background check. This was verified during the review of staff person "A"'s personnel file during the inspection.

(Short term)

The Human Resources Coordinator has updated the "Staff Hiring Check-List" form utilized by Paxton Ministries to track orientation and training of newly hired staff. This reformatted check list includes pre-hire and 1<sup>st</sup> day tasks prominently indicating the necessity of a timely Criminal Background Check. In addition, the Human Resources Coordinator will request that an Administrator, or in their absence, a Director review this Check List to ensure the Criminal Background Check has been completed and is in compliance with the above regulation. This review will be dated and initialed by the Administrator or Director and the Human Resources Coordinator.

(Long Term)

The Administrator will ensure that if the Criminal Background check for an employee is not received within 30 days, the employee will not work in the home until the background check is obtained. LAC

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Timothy R. Lyons*

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

Timothy R. Lyons Director of Operations

Date

June 23, 2013

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

The above plan of correction is approved as of

7/15/13  
(Date)

Plan of correction implementation status as of

7/15/13  
(Date)

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

The above plan of correction was approved by

LAC  
(Initials)

Violation Report: 34201 - 06/08/2013 - Hoover, Douglas  
PCH Name: PAXTON STREET HOME BENEVOLENT SOCIETY

1. REGULATION 55 Pa.Code §2600

2600.123(c) - For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

2a. DESCRIPTION OF VIOLATION

The emergency evacuation diagram in the 3rd floor lounge did not have identified pull signals.

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.

Regulation: 2600.123(c) Emergency Evacuation Diagrams

Plan of Correction:

Emergency Evacuation Diagrams are permanently located in the public areas at the end of each interior wing on each floor. These diagrams do identify/indicate every pull-station located on that floor and are/have been in compliance with this regulation. As these locations have met the requirement of the above listed regulation, the cited Diagram will be removed from the 3<sup>rd</sup> floor lounge by Monday, July 1<sup>st</sup>, 2013

(Short Term)

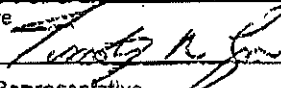
Paxton Ministries has been compliant with this regulation as all the Diagrams specifically located in "conspicuous and public places" are/have been accurate. The Director of Operations shall take responsibility to see that all Emergency Evacuation Diagrams placed in any other areas of the building will comply with the spirit of this regulation. This shall be in enforcement by Monday, July 15<sup>th</sup>, 2013

(Long term)

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)

Timothy R. Lyve Director of Operations

Date

June 23, 2013

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7/15/13  
(Date)

Plan of correction implementation status as of

7/15/13  
(Date)

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

The above plan of correction was approved by

  
(initials)

Violation Report: 34201 - 06/06/2013 - Hoover, Douglas  
PCH Name: PAXTON STREET HOME BENEVOLENT SOCIETY

1. REGULATION 55 Pa.Code §2600  
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 was last inspected in March of 2012 and the fire extinguisher in the smoking porch was last inspected in May of 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.

**Regulation: 2600.131(f) Fire Extinguishers**

**Plan of Correction:**

The fire extinguishers noted in the Violation report were inspected by our fire extinguisher contractor, charged and corrected within two hours of our acknowledgment of expiration. This was done the day of inspection, June 6th, 2013. A pointed discussion was had with the contractor stressing the importance of locating and documenting (by tag) that each and every extinguisher is in compliance with this regulation.  
(Short Term)

Paxton Ministries has formatted a map for each floor of our building indicating the location of every fire extinguisher within the building. The contractor shall use this map to locate all extinguishers during their annual inspection. The Director of Operations shall take responsibility to ensure by personal inspection that all extinguishers are in compliance with this regulation. This plan shall be in enforcement by Monday, July 1<sup>st</sup>, 2013  
(Long Term)

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Timothy R. Gove*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Timothy R. Gove, Director of Operations*      Date *June 23, 2013*

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The above plan of correction is approved as of 7/15/13  
(Date)

The above plan of correction was approved by LAG  
(Initials)

Plan of correction implementation status as of 7/15/13  
(Date)

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

Violation Report: 34201 - 06/06/2013 - Hoover, Douglas  
 PCH Name: PAXTON STREET HOME BENEVOLENT SOCIETY

1. REGULATION 55 Pa.Code §2600  
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

*Hydrocodone, 325 mg.*, for Resident #1 was discontinued in December of 2012. The home still had 95 pills present in the "overflow" medication cart.

*Restoril, 15 mg.*, for Resident #2 was discontinued in December of 2012. The home still had 30 pills present in the "overflow" medication cart.

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.*

**Regulation: 2600.183(d) Current Prescriptions**

**Plan of Correction:**

The cited medications for Resident #1 and Resident #2 were both destroyed by the end of the day on 6/10/2013. This was documented and placed in their Medications Records.  
 (Short Term)

The Medication Storage and Disposal Policy has been updated to state that "Discontinued medication will be returned to the pharmacy or destroyed within 24 hours." Additionally, an item will be added to the daily task checklist for the Medication Coordinator to verify that this is done in compliance with the policy. A weekly check of both the regular medication carts as well as the medication storage carts will also be done to insure that no discontinued medications are present. All discontinued medications found through a weekly check will be sent back or destroyed by the end of that day.  
 (Long term)

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Timothy R. Grew*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Timothy R. Grew, Director of Operations* Date *June 23, 2013*

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 (Date)

Plan of correction implementation status as of 7/15/13  
 (Date)

The above plan of correction was approved by *W*  
 (Initials)

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