



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

OCT 08 2013

Ms. Caroline De Augustine, Executive Director  
Shenango Presbyterian Seniorcare  
Shenango Presbyterian Home  
228 South Market Street  
New Wilmington, Pennsylvania 16142

Dear Ms. De Augustine:

As a result of the Department of Public Welfare's licensing inspection on August 16, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) must be maintained.

Your regular license for the period November 3, 2013 to November 3, 2014 was issued on July 30, 2013. Your regular license remains in good standing.

Sincerely,

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

Ronald Melusky  
Director

Enclosure  
License Inspection Summary



SEP 17 2013

Violation Report: 44034 - 08/16/2013 - Williams, Jason  
 PGH Name: SHENANGO PRESBYTERIAN HOME

WEST REGION FIELD OFFICE  
 Human Services Licensing

**1. REGULATION 85 Pa.Code §2800**

2800.26(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

**2a. DESCRIPTION OF VIOLATION**

The contract for Resident #1, dated 7/29/13, is not signed by the resident.

**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. Attempted to have resident #1 sign contract and she refused. Administrator indicated on her contract that she refused.
2. Reviewed DPW regulation with employees that complete contracts to ensure that the resident has the opportunity to sign or that it is indicated/documentated why the resident did not sign the contract.
3. Administrator or designee will monitor all new contracts signed from this date forward to ensure that they are completed correctly and report to quality assurance committee quarterly.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Shawna M Bastaph*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Shawna M Bastaph*      Date *9-16-13*

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

The above plan of correction is approved as of 9-17-13  
 (Date)

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




Plan of correction implementation status as of 9-17-13  
 (Date)

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

RECEIVED

SEP 17 2013

Page 3 of 11

Violation Report: 44034 - 08/18/2013 - Williams, Jason PCH Name: SHENANGO PRESBYTERIAN HOME		WEST REGION FIELD OFFICE Human Services Licensing
<b>1. REGULATION 85 Pa.Code §2600</b> 2600.85(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following: (1) Training that includes a demonstration of job duties, followed by supervised practice. (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test. (3) Initial direct care staff person training to include the following: (i) Safe management techniques. (ii) ADLs and IADLs. (iii) Personal hygiene. (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities. (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older. (vi) Implementation of the initial assessment, annual assessment and support plan. (vii) Nutrition, food handling and sanitation. (viii) Recreation, socialization, community resources, social services and activities in the community. (ix) Gerontology. (x) Staff person supervision, if applicable. (xi) Care and needs of residents with special emphasis on the residents being served in the home. (xii) Safety management and hazard prevention. (xiii) Universal precautions. (xiv) The requirements of this chapter. (xv) Infection control. (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.		
<b>2a. DESCRIPTION OF VIOLATION</b> Staff person A was hired on 4/18/13 and currently provides unsupervised ADL services. This staff person did not complete the direct care online competency test.		
<b>3. PLAN OF CORRECTION (POC)</b> (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.		
<ol style="list-style-type: none"> <li>1. Staff person A completed the direct care online competency test on 8-17-13 and it was faxed to DPW on 8-19-13.</li> <li>2. The new hire checklist will be completed by the HR staff and each new hire (see 2 attached checklists)</li> <li>3. Administrator or designee will monitor all new hire documentation from this date forward and report to quality assurance committee quarterly.</li> </ol>		
Report 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)		Date
Shawna M Bastoph		9-16-13
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>		
The above plan of correction is approved as of	9-17-13 (Date)	Plan of correction implementation status as of
The above plan of correction was approved by	 (Initials)	9-17-13 (Date)
<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress  <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented		

RECEIVED

SEP 17 2013

Page 4 of 11

Violation Report: 44034 - 09/16/2013 - Williams, Jason  
 POH Name: SHENANGO PRESBYTERIAN HOME  
 WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 65 Pa.Code §2800  
 2800.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION  
 The grab bar next to the toilet in room #240's bathroom is loose. It wiggles approximately one half inch back and forth which presents a possible fall hazard for the resident.

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. The grab bar in room 240 was tightened and corrected at the time of inspection.
2. A member of the safety committee will monitor a sample of grab bars and other furniture and equipment during the monthly safety audit using the audit tool (see attached). A maintenance request will be completed if something is found to be unsatisfactory.
3. Results will be reported to quality assurance committee quarterly.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Shawna M Bastaph*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Shawna M Bastaph</i>	Date <i>9-16-13</i>
---	---------------------

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

The above plan of correction is approved as of <u>9-17-13</u> (Date)	Plan of correction implementation status as of <u>9-17-13</u> (Date)
The above plan of correction was approved by <u><i>MB</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>MB</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

RECEIVED

SEP 17 2013

Page 5 of 11

Violation Report: 44034 - 08/16/2013 - Williams, Jason  
 PCH Name: SHENANGO PRESBYTERIAN HOME  
 WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 56 Pa.Code §2800  
 2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

-On 8/16/13 at 10:15 AM, there was a garden hose which was laying partially on the walking path in the secure dementia courtyard. This presents a tripping hazard for residents using this path.

-The new section of sidewalk in the secure dementia courtyard does not meet evenly with the yard beside it. There is a two to three inch drop off from the walk to the yard just outside of the exit door it adjoins. This presents a fall hazard for residents.

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. The garden hose was coiled and put away at the time of the inspection.
2. The maintenance and activities staff will be educated by September 30 regarding regulation 2600.100(a). (see attached sheet)
3. "Courtyard has been checked and is free of tripping hazards and combustible materials" has been added to the daily report sheet and daylight (6:30 am-2:30pm) nursing staff working in Woodside will monitor the courtyard daily for compliance with regulation, fix and problems and initial the statement.
4. Administrator or designee will monitor the daily report sheets monthly and report to quality assurance committee quarterly for compliance.

1. The new section of sidewalk with the drop off has been filled in with stone (see attached picture).
2. Administrator or designee will monitor quarterly to ensure the stone has not settled and inform maintenance if any repairs need made and report to quality assurance committee quarterly.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Shawna M Bastaph*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Shawna M Bastaph* Date *9-16-13*

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

The above plan of correction is approved as of 9-17-13  
 (Date)

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

Plan of correction implementation status as of 9-17-13  
 (Date)

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

RECEIVED

SEP 17 2013

Violation Report: 44084 - 08/16/2013 - Williams, Jason  
 PCH Name: SHENANGO PRESBYTERIAN HOME

WEST REGION FIELD OFFICE  
 Human Services Licensing

**1. REGULATION 55 Pa.Code §2600**

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

**2a. DESCRIPTION OF VIOLATION**

On 8/16/13, the Woodside Country Kitchen freezer measured 7 degrees Fahrenheit.

**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. Temperature of the Woodside freezer was corrected at time of the survey.
2. Beginning 9-17-13, support services staff will monitor the Woodside refrigerator and freezer temperatures two times a day and document to ensure regulatory compliance. (see attached sheet) If they are not in compliance, the support services staff will fix the problem.
3. Administrator or designee will monitor the temperature logs and report to quality assurance committee quarterly.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Shawn M Bastopk*

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

*Shawn M Bastopk*

Date *9-16-13*

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

The above plan of correction is approved as of

9-17-13  
 (Date)

Plan of correction implementation status as of 9-17-13  
 (Date)

The above plan of correction was approved by

*AMP*  
 (Initials)

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

SEP 17 2013

Violation Report: 44034 - 09/16/2013 - Williams, Jason PCH Name: SHENANGO PRESBYTERIAN HOME	WEST REGION FIELD OFFICE Human Services Licensing
--	--

**1. REGULATION 65 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**  
 There is no emergency evacuation diagrams on the third floor.

**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. The emergency evacuation diagram was posted at the time of survey. (see attached picture)
2. Administrator or designee will monitor quarterly that the diagrams are posted and report to quality assurance committee quarterly.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Shawn M Bastaph*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Shawn M Bastaph</i>	Date <i>9-16-13</i>
--	---------------------

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

The above plan of correction is approved as of <u>9-17-13</u> (Date)	Plan of correction implementation status as of <u>9-17-13</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>[Signature]</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

RECEIVED

SEP 17 2013

Violation Report: 44034 - 09/16/2013 - Williams, Jason  
 PCN Name: SHENANGO PRESBYTERIAN HOME  
 WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 55 Pa.Code §2800  
 2600.125(b) - Combustible materials shall be inaccessible to residents.

2. DESCRIPTION OF VIOLATION  
 On 9/16/13, there was a full-size grill with a propane bottle sitting outside in the secure demenile courtyard which was unlocked and accessible to residents.

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. The grill with the propane bottle was removed/corrected at time of survey.
2. The maintenance and activities staff will be educated by September 30 regarding regulation 2600.125(b). (see attached sheet)
3. "Courtyard has been checked and is free of tripping hazards and combustible materials" has been added to the daily report sheet and daylight (6:30 am-2:30pm) nursing staff working in Woodside will monitor the courtyard daily for compliance with regulation, fix and problems and initial the statement.
4. The administrator or designee will report to quality assurance committee quarterly.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Shawna M Bestaph*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Shawna M Bestaph*      Date *9-16-13*

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

The above plan of correction is approved as of <u>9-17-13</u> (Date)	Plan of correction implementation status as of <u>9-17-13</u> (Date)
The above plan of correction was approved by <u><i>ASB</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>ASB</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

SEP 17 2013

Page 9 of 11

Violation Report: 44054 - 08/16/2013 - Williams, Jason  
 POH Name: SHENANGO PRESBYTERIAN HOME

WEST REGION FIELD OFFICE  
 Human Services Licensing

**1. REGULATION 55 Pa.Code §2600**

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

**2a. DESCRIPTION OF VIOLATION**

The home's fire drill record records the number of minutes but not the number of seconds that the most recent drills took to complete as follows:

- 8/18/13 - 18 minutes
- 5/23/13 - 8 minutes
- 4/30/13 - 8 minutes

**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. The Director of Support Services or designee will include the number of seconds on the monthly written fire drill record.
2. Administrator or designee will monitor and report to quality assurance committee quarterly.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Shawna M Bostaph*

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

*Shawna M Bostaph*

Date *9-16-13*

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

The above plan of correction is approved as of 9-17-13  
 (Date)

Plan of correction implementation status as of 9-17-13  
 (Date)

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

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

SEP 17 2013

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 44034 - 09/16/2013 - Williams, Jason  
PCH Name: SHENANGO PRESBYTERIAN HOME

**1. REGULATION 55 Pa.Code §2800**

2800.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

**2a. DESCRIPTION OF VIOLATION**

The home had a safe evacuation time of 10 minutes established by a fire safety expert. The fire drill conducted on 8/18/13 at 6:50 AM took 18 minutes to complete.

**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. If a fire drill exceeds the ten minute safe evacuation time established by the fire safety expert, the director of support services will repeat the fire drill during that month.
2. The fire drill will be repeated until the residents and staff evacuate in the established safe evacuation time of ten minutes or less.
3. Administrator or designee will monitor the monthly fire drill logs to ensure compliance and report to quality assurance committee quarterly.

10-31-13 The administrator will complete the following steps to reduce the safe evacuation to a time less than 10 minutes specified by a fire safety expert within the past year  
 Provide resident and staff education on evacuation policies and procedures. Documentation will be kept.  
 Conduct additional fire drills  
 Relocate residents who require special assistance with evacuation closer to exits or fire-safe areas.  
 Add additional staff to meet the 10 minute evacuation time specified by the fire safety expert within the past year. 9-17-13 JBP

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

Signature of Legal Entity Representative (Required on EVERY Page) *Shawna M Bostaph*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Shawna M Bostaph*      Date *9-16-13*

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

The above plan of correction is approved as of 9-17-13 (Date)

Plan of correction implementation status as of 9-17-13 (Date)

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

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

SEP 17 2013

WEST REGION FIELD OFFICE  
Human Services Licensing

Page 11 of 11

Violation Report: 44084 - 09/16/2013 - Williams, Jason  
PCH Name: SHENANGO PRESBYTERIAN HOME

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

The following medications were not initialed in the medication administration record at the time they were given:

- Prandin 0.5 mg tab for Resident #1 on 8/16/13 at 12:00 PM.
- Bethanechol 25 mg tab for Resident #2 on 8/16/13 at 12:00 PM.
- Tramadol HCL 50 ML tab for Resident #3 at 8/16/13 at 12:00 PM

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. Medications not initialed in the medication administration record (MAR) were corrected within 24 hours of the survey.
2. MAR to be reviewed by staff member administering medications prior to the end of each shift for accurate and complete documentation.
3. Disciplinary action may be given for incomplete documentation.
4. Director of Nursing or designee will monitor MARs monthly for complete documentation and report to quality assurance committee quarterly.

10/31-13 All staff persons administering medication will be reeducated on administering medication including documentation of medication administration. Documentation will be kept.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Shawna M Bostaph*

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

Shawna M Bostaph

Date 9-16-13

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

The above plan of correction is approved as of 9-17-13  
(Date)

Plan of correction implementation status as of 9-17-13  
(Date)

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

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