



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

OCT 08 2013

Ms. Barbara Smith, NHA Administrator
Senior Choice, Inc.
The Patriot A Choice Community
495 Patriot Street
Somerset, Pennsylvania 15501

Dear Ms. Smith:

As a result of the Department of Public Welfare's licensing inspection on August 20, 2013 and August 27, 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 9, 2013 to November 9, 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

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

PGH Name: THE PATRIOT A CHOICE COMMUNITY		License Number: 32136
Address: 495 WEST PATRIOT STREET, SOMERSET, PA 15501		County: Somerset
Administrator: MS. LORI FISHER		Region: WEST
Legal Entity Name: SENIOR CHOICE INC		
Legal Entity Address: 495 WEST PATRIOT STREET, SOMERSET, PA 15501		RECEIVED
Certificate(s) of Occupancy C-1 09/11/1990 Comm. of PA Dept. of Health		SEP 08 2013 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 72	Waking Staff: 54
Type of Inspection: Full	BHA Docket Number: N/A	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Indicator		
On-Site Inspection Dates and Department Representatives On-Site 08/20/2013: Pollock, Susan; Culler, Jan 08/27/2013: Pollock, Susan		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers: 132d; 282		Random Indicators: 28f1; 102j; 131a; 232d; 251e
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 76	Number of Residents who:	
Number of Residents Served: 80	Receive Supplemental Security Income: 3	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 69	
Area:	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 12	
Number of Current Hospice Residents: 4	Have a Physical Disability: 2	
Number of Hospice Residents in past year: 15		

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Violation Report: 32136 - 08/20/2013 - Pollock, Susan
PCH Name: THE PATRIOT A CHOICE COMMUNITY

SEP 08 2013

WEST REGION FIELD OFFICE

1. REGULATION 88 Pa.Code 52800
2600.132(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 conducted a fire drill on 4/12/13 at 3:32 p.m. There were 55 residents in the home at the time of the fire drill; however, only 54 residents were evacuated to a public thoroughfare or a fire safe area.

The home conducted a fire drill on 6/15/13 at 6:13 a.m. There were 56 residents in the home at the time of the fire drill; however, only 11 residents were evacuated to a public thoroughfare or a fire safe area.

The home conducted a fire drill on 7/18/13 at 8:04 p.m. There were 57 residents in the home at the time of the fire drill; however, only 5 residents were evacuated to a public thoroughfare or a fire safe area.

The home conducted a fire drill on 8/16/13 at 6:12 a.m. There were 56 residents in the home at the time of the fire drill; however, only 23 residents were evacuated to a public thoroughfare or a fire safe area.

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.

See Page 2 A

- See attached -

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

Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]* PCHM

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Lori A. Fisher, PCHM* Date *9/5/13*

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

The above plan of correction is approved as of 9-12-13
(Date)

Plan of correction implementation status as of 9-12-13
(Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *9-12-13*
- Partially Implemented - Inadequate Progress
- Not Implemented

Page 2 A

PLAN OF CORRECTION

VIOLATION REPORT 32136 - 8/20/2013

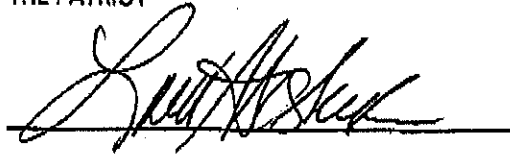
REGULATION 2600.132(d) – Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

PLAN OF CORRECTION:

Several fire drills conducted in 2013: 4/12/13, 6/15/13, 7/18/13 & 8/16/13 only evacuated the resident's to a fire safe area where the "fire" was located. The remaining resident's were left in their rooms, beyond the other fire safe areas, and not evacuated to the hallway. DPW refers to this as "shelter in place." While there is nothing that forbids this practice in the regulations, the regulatory requirement is that ALL residents participate in fire drills.

PCHA, Lori A. Fisher, totally revised our previous fire/fire drill procedure (attached). This document will be implemented into The Patriot's Personal Care Disaster Plan and all personal care employees, including, maintenance (schedules our drills), all ancillary staff will be in-serviced on the changes on Thursday, September 12, 2013. Fire drills will be more closely monitored by maintenance. Documentation more thoroughly reviewed by PCHA, especially drills after normal business hours, to ensure proper evacuation procedures are in compliance with DPW regulations.

THE PATRIOT



Lori A. Fisher, PCHA

Date: 9/5/13

9-12-13

SEP 08 2013

Violation Report: 32138 - 08/20/2013 - Pollock, Susan		WEST REGION FIELD OFFICE	
PCH Name: THE PATRIOT A CHOICE COMMUNITY		Human Services Licensing	
1. REGULATION 65 Pa.Code §2800 2800.171(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 § 2800.96 (relating to first aid kit).			
2a. DESCRIPTION OF VIOLATION The home provides transportation to the 60 current residents. On 8/27/13, at 8:45 a.m. the home's van was preparing to take the residents on a shopping trip. This vehicle had a first aid kit that did not include a CPR 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.			
<p><i>See page 3 A</i></p> <p><i>See attached -</i></p>			
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)		Date	
Lori A. Fisher, PLM		9/5/13	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>9-12-13</u> (Date)		Plan of correction implementation status as of <u>9-12-13</u> (Date)	
The above plan of correction was approved by <u>[Signature]</u> (Initials)		<input checked="" type="checkbox"/> Fully Implemented 9-12-13 <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

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PLAN OF CORRECTION

VIOLATION REPORT 32136 - 8/20/2013

REGULATION 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 contents in 2600.96 (relating to first aide kit).

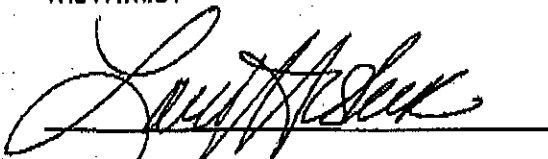
PLAN OF CORRECTION:

On 8/27/13, at 8:45 am the home's van was preparing to take the residents on a shopping trip. This vehicle had a first aid kit that did not include a CPR breathing shield.

Activities Direct, [redacted] had the van on an outing a few days prior, where the residents were taking to the local fair and the first aid kit was used for an abrasion. The breathing shield was in the van, but not in the first aid kit. When found, [redacted] immediately brought it up to show the inspector. We were told we wouldn't receive a violation but it did need to be placed in the first aid kit and easily found in an emergency situation.

Monthly audits are currently conducted on all first aid kits. Monthly audits will continue, however, all first aide kits will be zip tied to secure the boxes more efficiently and alleviate items from getting misplaced.

THE PATRIOT



Lori A. Fisher, PCHA

Date: 9/5/13

9-12-13 J

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Violation Report: 32135 - 08/20/2013 - Pollock, Susan
PCH Name: THE PATRIOT A CHOICE COMMUNITY

SEP 08 2013

1. REGULATION 55 Pa.Code §2600

2600.252 - Each resident's record must include the following information through (20)

WEST REGION FIELD OFFICE
Licensing

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the home on 6/25/13. Resident #1's record does not include a photograph.

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.

- See Attached -

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) *Lori A. Fisher, PCMA* Date *9/5/13*

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

The above plan of correction is approved as of 9-12-13 (Date)

Plan of correction implementation status as of 9-12-13 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *9-12-13*
- Partially Implemented - Inadequate Progress
- Not Implemented

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

PLAN OF CORRECTION

VIOLATION REPORT 32136 - 8/20/2013

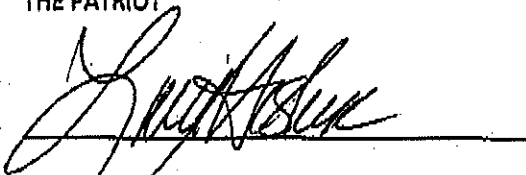
REGULATION 2600.252 – Each resident's record must include the following information: (1) through (26)

PLAN OF CORRECTION:

Resident #1 was admitted to the home on 6/25/13. Resident #1's record does not include a photograph.

The Patriot's Activities Department was taking and developing the pictures for our resident records. The PCHA has purchased a camera strictly for the personal care home and all pictures will be taken and developed the day of admit and immediately placed in the new resident's record.

THE PATRIOT



Lori A. Fisher, PCHA

Date: 9/5/13

9-30-13 - The administrator or designated staff person will review all resident records to ensure a photograph is present. 9-12-13