



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: OCT 2 2013

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 (Department) licensing inspection on August 22, 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. As soon as each violation is corrected, notify the Department's Regional Office of Human Services Licensing so that compliance can be verified.

Sincerely,

A handwritten signature in black ink that reads "Maria Stepanovich". The signature is fluid and cursive.

Maria Stepanovich
Regional Licensing Administrator

Enclosure(s)

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

PCH Name: SOUTHMINSTER PLACE		RECEIVED	License Number: 41593
Address: 880 SOUTH MAIN STREET, WASHINGTON, PA 15301			County: Washington
Administrator: Glenn Delich		SEP 27 2013	Region: WEST
Legal Entity Name: PRESBYTERIAN SENIOR CARE INC		WEST REGION FIELD OFFICE Human Services Licensing	
Legal Entity Address: 880 SOUTH MAIN STREET, WASHINGTON, PA 15301			
Certificate(s) of Occupancy I-2 04/11/2002 South Strabane Township			
Staffing Hours			
Resident Support: 0	Total Daily Staff: 101	Waking Staff: 76	
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced	
Reason(s) for Inspection(s)			
Incident			
On-Site Inspections Dates and Department Representatives On-Site			
08/22/2013: Glidden, Michelle; Bacher, Mike			
Off-Site Inspection Dates and Inspectors, if Applicable			
Other Details			
Partial or Full Triggers:		Random Indicators:	
Resident Demographic Data as of Inspection Dates			
Licensed Capacity: 90 Number of Residents Served: 75 Secured Dementia Care Unit in Home: Yes Area: First Floor Secured Dementia Unit Capacity, if Applicable: 20 Number of Residents Served in Secured Dementia Care Unit, if applicable: 20 Number of Current Hospice Residents: 4 Number of Hospice Residents in past year: 9		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 75 Have Mental Illness: 0 Have an Intellectual Disability: 1 Have a Mobility Need: 26 Have a Physical Disability: 0	

SEP 27 2013

Violation Report: 41593 - 08/22/2013 - Glidden, Michelle
PCH Name: SOUTHMINSTER PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.23(a) - A home shall provide each resident with assistance with activities of daily living as indicated in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

Resident #1's assessment and support plan, dated 5/16/13, indicate the resident needs prompting/cueing for ambulating and states, "I am able to ambulate without a device, but am sometimes unsteady so I need someone to walk with me for support". On 8/19/13, resident #1 fell and sustained a right hip fracture, when ambulating independently without staff assistance from the living room to the dining room.

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 homes attached plan of correction

Resident #1's assessment and support plan have been revised. MS 9/30/13

See attachment A page 2A of 3

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) Joseph G. Malishy - Senior Director Date 9-24-2013

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

The above plan of correction is approved as of 9/30/13
(Date)

Plan of correction implementation status as of 9/30/13
(Date)

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

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

RECEIVED

SEP 27 2013

WEST REGION FIELD OFFICE
Human Services Licensing

2600.23 (a)

What specific change will be made:

Effective immediately, all existing RASPS for current residents on the secured unit will be changed to "extensive" supervision as opposed to "total" supervision. All new admits will be designated as needing "extensive", not "total" supervision unless they are in need of 1:1 care/supervision at all times. Any residents who require assist/supervision to safely ambulate will have a chair alarm to notify staff if resident stands up unassisted.

Who will make the change

██████████ Director of Resident Services will be responsible for making the changes to the RASPS and ensuring all new RASPS are correct

When the change will be made

All Existing RASPS will be updated no later than 9/25/13
All residents who require assist/supervision to safely ambulate will have a chair alarm in place by 9/23/13. All staff will be trained on the use of chair alarms by 9/23/13

How will change be made


██████████ Director of Resident services will review all RASPS and make updates/correction and order chair alarms for all appropriate residents.

What system will you implement to make sure same violation is not repeated

Ongoing monitoring of residents to determine safety concerns
RASPS will be reviewed at least quarterly during care conference and any updates/changes will be made at that time.

What training will be provided to staff

All staff will hands on training on the use of chair alarms
New staff will receive training on chair alarms as part of their first day orientation


Joseph G. Molinsky
Senior Director
9-24-2013

MARIA STEPANOVICH (MS) 9/30/13
Regional Licensing Approval of
Plan of Correction
Maria Stepanovich

Violation Report: 41593 - 08/22/2013 - Glidden, Michelle
PCH Name: SOUTHMINSTER PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 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

Resident #1 used a wheelchair; however, this is not addressed on the resident's support plan, dated 5/16/13. On 8/19/13, resident #1 sustained a right hip fracture as a result of a fall that occurred when the resident ambulated independently, without staff assistance or the use of a wheelchair.

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 home's attached plan of correction

Resident #1's support plan has been revised to include the use of a wheelchair. MS 9/20/13

See attachment B page 3A of 3

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

Joseph G. MATISKY Director 9-24-2013

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WEST REGION FIELD OFFICE
Human Services Licensing

2600.227(d)

What specific change will be made:

Any resident who uses a wheelchair or any other ambulation device will have specific device indicated on the RASP

Who will make the change

██████████ Director of Resident Services

When the change will be made

All RASPS will reviewed and updated no later than 9/25/13

How will change be made

██████████ Director of Resident services will review all RASPS and make updates/corrections/additions for any residents using a wheelchair or other ambulation device.

What system will you implement to make sure same violation is not repeated

RASPS will be reviewed at least quarterly during care conference and any updates/changes will be made at that time.

What training will be provided to staff

Staff will be encouraged to review RASPS regularly to ensure that all information is updated and correct.

Joseph G. Malishy
Senior Director

9-24-2013

MARIA STEPANOVICH (MS) 9/30/13
Regional Licensing Approval of Plan of Correction
Maia Stepanovich