



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

**MAILING DATE:**

OCT 11 8 2013

Mr. Kirk L. Hawthorne, CEO/Administrator  
Roman Catholic Diocese of Erie  
John XXIII Home for Senior Citizens  
2250 Shenango Valley Freeway  
Hermitage, Pennsylvania 16148

Dear Mr. Hawthorne:

As a result of the Department of Public Welfare's (Department) licensing inspection on August 27, 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, with a large initial "M" and "S".

Maria Stepanovich  
Regional Licensing Administrator

Enclosure(s)

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

PCH Name: JOHN XXIII HOME FOR SENIOR CITIZENS		<b>RECEIVED</b>	License Number: 44760
Address: 2250 SHENANGO VALLEY FREEWAY, HERMITAGE, PA 16148			County: Mercer
Administrator: Kirk Hawthorne		OCT 11 2013	Region: WEST
Legal Entity Name: ROMAN CATHOLIC DIOCESE OF ERIE		<b>WEST REGION FIELD OFFICE</b> Human Services Licensing	
Legal Entity Address: 2250 SHENANGO VALLEY FREEWAY, HERMITAGE, PA 16148			
<b>Certificate(s) of Occupancy</b>			
C-1 08/15/1971 Labor and Industry			
<b>Staffing Hours</b>			
Resident Support: 0		Total Daily Staff: 68	Waking Staff: 51
Type of Inspection: Partial		BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Complaint, Incident			
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 08/27/2013: Garrigan, Laurie; Mandock, Nancy			
<b>Off-Site Inspection Dates and Inspectors, If Applicable</b>			
<b>Other Details</b>			
Partial or Full Triggers:		Random Indicators:	
<b>Resident Demographic Data as of Inspection Dates</b>			
Licensed Capacity: 98 Number of Residents Served: 47 Secured Dementia Care Unit in Home: Yes Area: next to skilled nursing facility Secured Dementia Unit Capacity, if Applicable: 32 Number of Residents Served in Secured Dementia Care Unit, if applicable: 21 Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0		<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 47 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 21 Have a Physical Disability: 0	

Violation Report: 44760 - 08/27/2013 - Garrigan, Laurie  
PCH Name: JOHN XXIII HOME FOR SENIOR CITIZENS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

Resident #2's medical evaluation, dated 7/27/13, includes a diagnosis of altered mental status and the need for secured dementia care. Also, this resident has exit seeking behaviors and is an elopement risk. On 8/19/13, resident #2 independently left the facility from approximately 2:25 pm until 5:15 pm. The resident went to a friend's house, which is approximately 2.5 miles from the personal care home. He was returned to the facility the same day by his son and was unharmed. Resident #2's dangerous behaviors including exit seeking are indicated in the following nurse's notes; however, the resident's assessment, dated 7/31/13, indicates resident #2 requires minimum supervision and no supervision in the home or when in familiar surroundings, but needs assistance in unfamiliar places:

- \* 7/31/13 - "Found outside (facility)"
- \* 8/2/13 - "After supper resident went out into the courtyard and pulled a chair up to the fence and stood on it."
- \* 8/4/13 - "Resident in scuffle w/ other male resident"
- \* 8/5/13 - "6:45 p Resident climbed the fence. He had both legs (one on each side of fence) he sat on top of the fence. Three staff talked him down."
- \* 8/5/13 - "7:40 he went out an exit door. Staff redirected him back in."
- \* 8/6/13 - "2 PM went out double doors - stopped @ front desk"
- \* 8/8/13 - "9:20 AM pushed on door handle long enough for door to release/open -"R" started outside-redirected him-brought back in"
- \* 8/8/13 - "12:40 PM "R" went out double doors was headed down to skilled unit. "R" returned by maintenance w/out any problems."
- \* 8/11/13 - "11:30 AM "R" was seen outside of building in front of building walking fast pace- 3 staff members to get him back in."
- \* 8/14/13 - "3PM "R" very anxious today - pacing halls - banging/kicking door - becomes agitated when redirected"
- \* 8/19/13 - "Staff could not find him in any rooms or in the whole building."
- \* 8/26/13 - "Was seen outside facility walking - several staff members went outside p him - returned w/out incident."

Resident #1's assessment, dated 7/9/13 and reviewed 7/23/13, indicates the resident requires minimal supervision. However, this resident has a diagnosis of Alzheimer's dementia with paranoia and resides in the secured dementia care unit. Resident #1's exit seeking behaviors and sexual advances are indicated in the following nurse's notes:

- \* 7/22/13 - "5 PM went into a male resident's bedroom and kissed him on the lips."
- \* 7/24/13 - 4:50 pm left beauty shop and went down to skilled."
- \* 7/25/13 - "3:30 pm "R" outside of double doors x 3 today-kitchen staff let her out first time. Other times "R" out when doors opened. "R" difficult to redirect x2."
- \* 8/7/13 - "2 PM "R" asked female staff to "hug me"- "R" asked staff member to "touch her"- "R" then said "can I touch you?" She also is sexually aggressive w/male resident across hall from her - had to be brought out of his room-(his request)."
- \* 8/8/13 - "1:30 PM - While in dining room at lunch - "R" attempted to kiss this nurse - Put her hands on this nurse's hips-pulled herself close to me-attempted to kiss again."

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 Attachment A page 3 & 4 ATTACHED

See homes attached plan of correction

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Kirk Hawthorne*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **KIRK HAWTHORNE, ADMINISTRATOR** Date **10/10/13**

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

The above plan of correction is approved as of 10/11/13 (Date)

Plan of correction implementation status as of 10/11/13 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress MS

Violation Report: 44760 - 08/27/2013 - Garrigan, Laurie  
PCH Name: JOHN XXIII HOME FOR SENIOR CITIZENS

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The above plan of correction was approved by

MS  
(Initials)

- Partially Implemented - Inadequate Progress
- Not Implemented

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OCT 11 2013

WEST REGION FIELD OFFICE  
Human Services Licensing

*Kirk Hawthorne, ADMIN.*  
*KIRK HAWTHORNE - JOHN XXIII HOME*

JOHN XXIII HOME (10/11/2013) Kirk Hawthorne, Administrator

REGULATION 55PA.Code 2600: 2600.225(a)

Kirk Hawthorne 10/10/13

1. Personal Care Administrator/Manager, shall complete an Initial Assessment for all future admissions within 15 days of admission which will include a plan for residents level of supervision needed related to exit seeking behaviors and sexually aggressive behaviors as identified.
2. The RASP of Resident #1 and Resident #2 have been updated to reflect supervision needs related to Exit Seeking behaviors and sexually aggressive behaviors. Resident #2 has experienced an improved state of adjustment and is no longer displaying exit seeking behaviors. Resident #1, has had a change in medical condition and medication management and has had a significant decrease in the frequency of Affection seeking behaviors. Resident #1, continues occasional exit seeking behavior and has been equipped with a wanderguard sensor to alert staff when she approaches the "double door exit" in question. This has been implemented with success.
3. Personal Care Administrator/Manager has educated/re-trained , Personal Care LPN staff related to the completion of the Initial Assessment and RASP, including but not limited to, supervisory needs related to Exit Seeking behaviors and sexually aggressive behaviors. Level of Supervision needs and implementation of such will be included in the training program as well.
4. The Initial Assessment of 2 of 2 admissions since 8/27/13, have been reviewed by Personal Care Administrator and have been deemed to be complete and accurate including appropriate supervision levels as necessary.
5. Personal Care manager will audit each Initial Assessment for timeliness and thoroughness and report findings through the facility Bi-annual Quality Assurance Program.

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OCT 11 2013

**WEST REGION FIELD OFFICE**  
Human Services Licensing

MARVA STEPANOVICH (MS) 10/11/13  
Regional Licensing Approval of Plan of Correction  
Marva Stepanovich

Violation Report: 44760 - 08/27/2013 - Garrigan, Laurie  
PCH Name: JOHN XXIII HOME FOR SENIOR CITIZENS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.234(b) - The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

2a. DESCRIPTION OF VIOLATION

Resident #1's support plan, dated 7/9/13 and reviewed 7/23/13, does not indicate the services the home will provide to assist the resident with behaviors of sexual aggression and exit seeking behaviors as indicated in the following nurse's notes:

- \* 7/22/13 - "5 PM went into a male resident's bedroom and kissed him on the lips."
- \* 7/24/13 - 4:50 pm left beauty shop and went down to skilled."
- \* 7/25/13 - "3:30 pm "R" outside of double doors x 3 today-kitchen staff let her out first time. Other times "R" out when doors opened. "R" difficult to redirect x2."
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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.

ATTACHED

see home's attached plan of correction

see Attachment B page 4A of K

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Kirk Hawthorne</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
KIRK HAWTHORNE, ADMIN.	10/10/13

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

The above plan of correction is approved as of 10/10/13  
(Date)

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

Plan of correction implementation status as of 10/14/13  
(Date)

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

JOHN XXIII HOME (10/11/2013) Kirk Hawthorne, Administrator

Kirk Hawthorne, 10/10/13

REGULATION 55PA.Code 2600: 2600.234(b)

1. The support plans for each resident will reflect the resident's physical, medical, social, cognitive and safety needs. (including level of supervision needed).
2. The support plan/RASP of Resident #1, has been updated to properly reflect residents supervision needs and staff approach, which includes behaviors related to Exit Seeking and sexually aggressive behaviors. Resident #1, has had a change in medical condition and medication management and has had a significant decrease in the frequency of Affection seeking behaviors. Resident #1, continues occasional exit seeking behavior and has been equipped with a wanderguard sensor to alert staff when she approaches the "double door exit" in question. This has been implemented with success.
3. Facility wide review of RASP has been completed related to residents level of supervision needs and have been updated accordingly to accurately reflect such by Personal Care Administrator/Manager.
4. Facility has made a number of environmental changes/updates in an attempt to better manage supervisory needs of residents displaying exit seeking behaviors. These changes include tinting doorway windows to "mask" the exit, addition of audible alarms at North and South exits, as well as, the addition of a wanderguard alarm system at the "double doors" in question. This wanderguard system utilizes a sensor to trigger an alarm when an exit seeking resident approaches the exit.
5. Personal Care Administrator/Manager has educated/re-trained , Personal Care staff related to the completion of the RASP, including but not limited to, supervisory needs related to Exit Seeking behaviors and sexually aggressive behaviors. Level of Supervision needs and implementation of such will be included in the training program as well.
6. Personal Care Administrator / Manager will audit RASP of all residents with each Bi-annual Quality Assurance meeting, including but not limited to level of supervision needs.

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WEST REGION FIELD OFFICE  
Human Services Licensing

MARKA STEPANOVICH (ms) 10/11/13  
Regional Licensing Approval of Plan of Correction  
maria stepanovich