



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

**MAILING DATE:**

JAN 29 2013

Mr. Joseph G. Malisky, Senior Director  
Presbyterian Senior Care, Inc.  
880 South Main Street  
Washington, Pennsylvania 15301

RE: Southminster Place  
Certificate/License #415930

Dear Mr. Malisky:

As a result of the Department of Public Welfare's (Department) licensing inspection on October 9, 2013 and December 2, 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 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, appearing to read "Jon Kimberland".

Jon Kimberland  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary

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

<b>PCH Name:</b> SOUTHMINSTER PLACE		<b>License Number:</b> 41593
<b>Address:</b> 880 SOUTH MAIN STREET, WASHINGTON, PA 15301		<b>County:</b> Washington
<b>Administrator:</b> Glenn Delich		<b>Region:</b> WEST
<b>Legal Entity Name:</b> PRESBYTERIAN SENIOR CARE INC		
<b>Legal Entity Address:</b> 880 SOUTH MAIN STREET, WASHINGTON, PA 15301		<b>RECEIVED</b>
<b>Certificate(s) of Occupancy</b> C-2 LP 04/11/2002 Township of South Strabane		JAN 24 2014 WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
<b>Resident Support:</b> 0	<b>Total Daily Staff:</b> 97	<b>Working Staff:</b> 73
<b>Type of Inspection:</b> Partial	<b>BHA Docket Number:</b>	<b>Notice:</b> Unannounced
<b>Reason(s) for inspection(s)</b> Complaint		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 10/09/2013: Miller-Linhart, Alden 12/02/2013: Miller-Linhart, Alden		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b> 12/02/2013: Miller-Linhart, Alden		
<b>Other Details</b>		
<b>Partial or Full Triggers:</b>		<b>Random Indicators:</b>
<b>Resident Demographic Data as of Inspection Dates</b>		
<b>Licensed Capacity:</b> 90 <b>Number of Residents Served:</b> 73 <b>Secured Dementia Care Unit in Home:</b> Yes <b>Area:</b> Part of main building <b>Secured Dementia Unit Capacity, if Applicable:</b> 20 <b>Number of Residents Served in Secured Dementia Care Unit, if applicable:</b> 20 <b>Number of Current Hospice Residents:</b> 11 <b>Number of Hospice Residents in past year:</b> 11		<b>Number of Residents who:</b> <b>Receive Supplemental Security Income:</b> 0 <b>Are 60 Years of Age or Older:</b> 73 <b>Have Mental Illness:</b> 0 <b>Have an Intellectual Disability:</b> 1 <b>Have a Mobility Need:</b> 24 <b>Have a Physical Disability:</b> 0

JAN 24 2014

Violation Report: 41593 - 10/09/2013 - Miller-Linhart, Alden

PCH Name: SOUTHMINSTER PLACE

WEST REGION FIELD OFFICE

Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Staff person A did not complete training in: fire safety, emergency preparedness procedures, resident rights, the Older Adult Protective Services Act or falls and accident prevention during the 2012 training year.

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.

STAFF PERSON (A) HAS BEEN TERMINATED AS FACILITY BEAUTICIAN. CURRENT BEAUTICIANS, HIRED AS REPLACEMENTS, SHALL BE TRAINED AS OF 1/31/14 IN ALL AREAS DESIGNATED IN REGULATION 2600.65(6). THIS TRAINING WILL BE COMPLETED BY THE ADMINISTRATOR.

THE BEAUTICIANS & ANY OTHER ANCELLARY STAFF WILL BE INSEBUICED ANNUALLY EFFECTIVE 1/31/14 IN ALL AREAS DESIGNATED IN REGULATION 2600.65(6). ANNUALLY THEY WILL BE INCLUDED IN THE STAFF TRAINING PLAN.

SIGNED DOCUMENTATION WILL BE PROVIDED AFTER THE 1/31/14 TRAINING OF BEAUTICIANS.

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. Malisky Senior Director Date January 24, 2014

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

The above plan of correction is approved as of <u>1-27-14</u> (Date)	Plan of correction implementation status as of <u>1-27-14</u> (Date)
The above plan of correction was approved by <u>[initials]</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented 1-27-14 <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented