



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUN 13 2014

Mr. Gary Skovron, Administrator
Pennsylvania Soldiers and Sailors Home
P.O. Box 6239, 560 East Third Street
Erie, Pennsylvania 16512

RE: Pennsylvania Soldiers and Sailors Home
License #: 448290

Dear Mr. Skovron:

As a result of the Department of Public Welfare's licensing inspection on October 17, 2013, October 18, 2013 and May 2, 2014, 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.

Your regular license for the period February 19, 2014 to February 19, 2015 was issued on November 9, 2013. Your regular license remains in good standing.

Sincerely,

Matthew J. Jones
Director

Enclosure
License Inspection Summary

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

PCH Name: PENNSYLVANIA SOLDIERS AND SAILORS HOME		License Number: 44829
Address: 560 E 3RD STREET P O B 6239, ERIE, PA 16512		County: Erie
Administrator: Gary Skovron		Region: WEST
Legal Entity Name: PENNSYLVANIA SOLDIERS AND SAILORS HOME		RECEIVED OCT 22 2013 WEST REGION FIELD OFFICE Human Services Licensing
Legal Entity Address: 560 EAST THIRD STREET, ERIE, PA 16512		
Certificate(s) of Occupancy C-2 LP 09/15/1997 PA Dept L&I		
Staffing Hours Resident Support: 0		Total Daily Staff: 54 Waking Staff: 41
Type of Inspection: Ind - Full		BHA Docket Number: Notice: Unannounced
Reason(s) for Inspection(s) Incident, Indicator		
On-Site Inspections Dates and Department Representatives On-Site 10/17/2013: Orme, Melinda 10/18/2013: Orme, Melinda		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: 132b; 132d Random Indicators: n/a		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 100 Number of Residents Served: 53 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents In past year: 1		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 27 Have Mental Illness: 13 Have an Intellectual Disability: 0 Have a Mobility Need: 1 Have a Physical Disability: 2

Violation Report: 44829 - 10/17/2013 - Orme, Melinda
PCH Name: PENNSYLVANIA SOLDIERS AND SAILORS HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION
The violation report posted in the home is dated 11/4/11. The current violation report issued by the Department is dated 10/2/12.

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.
The personal care home current license is posted in a public place along with the current licensing inspection summary.

By 3/15/14 - The administrator or designee will post the most current violation report when received by the home and monitor the posting at least monthly to ensure it remains posted.

2/21/14

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Gary M. Skovron*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) **GARY M. SKOVRON** Date **1-21-14**

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

The above plan of correction is approved as of 5/5/14
(Date)

Plan of correction implementation status as of 5/5/14
(Date)

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

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

Violation Report: 44829 - 10/17/2013 - Orme, Melinda
 PCH Name: PENNSYLVANIA SOLDIERS AND SAILORS HOME

1. REGULATION 55 Pa.Code §2600

2600.26(b) - The quality management plan shall address the periodic review and evaluation of the following:

- (1) The reportable incident and condition reporting procedures.
- (2) Complaint procedures.
- (3) Staff person training.
- (4) Licensing violations and plans of correction, if applicable.
- (5) Resident or family councils, or both, if applicable.

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2a. DESCRIPTION OF VIOLATION

The home's quality management review dated 7/25/13 did not address staff training.

WEST REGION FIELD OFFICE
 Human Services Licensing

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.

The Quality Management Policy was updated to include in the plan the periodic review and evaluation of the following: Reportable incidents to our licensing agencies authorities, complaint procedures/resolutions, staff development/training, licensing violations and plan of correction if applicable, resident or family councils if applicable.

By 7/25/14:
 The administrators will ensure that all required topics are covered in the quality management review. Documentation will be kept.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) GARY M. SKOVRON

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Gary M. Skovron Date 1-21-14

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The above plan of correction is approved as of 5/5/14
 (Date)

Plan of correction implementation status as of 5/5/14
 (Date)

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

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

Violation Report: 44829 - 10/17/2013 - Orme, Melinda
PCH Name: PENNSYLVANIA SOLDIERS AND SAILORS HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION

The home has not completed a criminal background check for staff person A, hired 1/4/05.

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.

Criminal background check for staff person A completed.

All records checked to ensure 100% criminal backgrounds have been conducted.

Audits will persist monthly XI, Quarterly XI, to ensure compliance and will be reviewed at Quality Assurance meeting to ensure ongoing compliance.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Mary M. Sheppard*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *GARY M. SHORON* Date *1-21-14*

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

The above plan of correction is approved as of *5/5/14*
(Date)

Plan of correction implementation status as of *5/5/14*
(Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *GS*
- Partially implemented - Inadequate Progress
- Not Implemented

Violation Report: 44829 - 10/17/2013 - Orme, Melinda
 PCH Name: PENNSYLVANIA SOLDIERS AND SAILORS HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
 2600.52 - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

2a. DESCRIPTION OF VIOLATION
 The home has not completed a criminal background check for staff person A, hired 1/4/05.

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.

Criminal background check for staff person A completed.

All records checked to ensure 100% criminal backgrounds have been conducted.

Audits will persist monthly X1, quarterly X1, to ensure compliance and will be reviewed at Quality Assurance meeting to ensure ongoing compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Gary M. Skovron*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) GARY M. SKOVRON	Date 1-21-14
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>5/5/14</u> (Date)	Plan of correction implementation status as of <u>5/5/14</u> (Date)
The above plan of correction was approved by <u><i>ds</i></u> (Initials)	<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

Violation Report: 44829 - 10/17/2013 - Orme, Melinda
 PCH Name: PENNSYLVANIA SOLDIERS AND SAILORS HOME

1. REGULATION 55 Pa.Code §2600
 2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
- (4) Reporting of reportable incidents and conditions.

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WEST REGION FIELD OFF
 Human Services Licensi

2a. DESCRIPTION OF VIOLATION
 Staff person A, hired 1/4/05, staff person B, hired 2/16/10, and staff person C, hired 7/10/12, did not receive an orientation in reporting of reportable incidents and conditions.

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.

New orientation check list developed and training given to all employees hired in 2013 with special focus on the topics of:
 Resident Rights
 Emergency medical plan
 Mandatory reporting of abuse and neglect under the Older Adult Protective Service Act
 Reporting of reportable incidents and conditions

Staff hired prior to 2013 trained on the above topics via the "Direct Care Staff Annual Training for PSSH" (previous attachment)

All new employees will continue to use above mentioned orientation check list in 2014 and subsequent years.

Established employees will review above topics at Annual Training in 2014.

Documentation will be kept. Jm 2/1/14

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Gary M. Skovron*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) GARY M. SKOVRON	Date 1-21-14
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>5/5/14</u> (Date)	Plan of correction implementation status as of <u>5/5/14</u> (Date)
The above plan of correction was approved by <u><i>JS</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JS</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44329 - 10/17/2013 - Orme, Melinda
 PCH Name: PENNSYLVANIA SOLDIERS AND SAILORS HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Staff persons A, B, and D did not receive training in medication self-administration or instruction on meeting the residents needs as described in the preadmission screening form, assessment, medical evaluation, and support plan in 2012.

The home has one resident who self administers medication.

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.

All direct care staff received re-training/training in medication self administration and instruction on meeting the needs of residents as described in the preadmission screening form assessment, medical evaluation and support plan. This was done by completion of the "Direct Care Staff Annual Training for PSSH" booklet. The sign-in sheet is available. For 2014 and subsequent years these topics will be included in the annual training checklist for all direct care staff.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Gary M. Skovron*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) **GARY M. SKOVRON** Date **1-21-14**

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

The above plan of correction is approved as of 5/5/14
 (Date)

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

Plan of correction implementation status as of 5/5/14
 (Date)

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

Violation Report: 44829 - 10/17/2013 - Orme, Melinda
 PCH Name: PENNSYLVANIA SOLDIERS AND SAILORS HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.66(b) - The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

- (1) The name, position and duties of each direct care staff person.
- (2) The required training courses for each staff person.
- (3) The dates, times and locations of the scheduled training for each staff person for the upcoming year.

2a. DESCRIPTION OF VIOLATION

The home's staff training plan does not include medication self administration or instruction on meeting the needs of residents as described in the preadmission screening, medical evaluation, assessment, and support plan.

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.

Training plan for 2014 includes the following topics:

Medication self administration

Meeting the needs of residents based on the preadmission screening, medical evaluation, assessment and support plan. (See "PA Soldiers' and Sailors' Home 2014 Mandatory Annual Training".

A list is attached with the name and position of each direct care staff person. The list includes:

- the required training for each staff person (see checklist)
- the date (month), time and location of their annual training.
- also included is a description of the general duties for each position.

The dates for the training as well as time and location are listed on the Annual Training Schedule for 2014.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Gary M. Skovron*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) **GARY M. SKOVRON**

Date **1-21-14**

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

The above plan of correction is approved as of 01/15/14
 (Date)

Plan of correction implementation status as of 01/15/14
 (Date)

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

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

Violation Report: 44829 - 10/17/2013 - Orne, Melinda
 PCH Name: PENNSYLVANIA SOLDIERS AND SAILORS HOME

RECEIVED

1. REGULATION 55 Pa.Code §2600
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

JAN 3 2014

2a. DESCRIPTION OF VIOLATION

WEST REGION FIELD OFFICE
 Human Services Licensing

The hot water temperature in the shared bathroom of the second floor Red Drive hallway measured 120 degrees Fahrenheit.
 The hot water temperature in the shared bathroom of the second floor White Drive hallway measured 126 degrees Fahrenheit.
 The hot water temperature in the shared bathroom of the first floor Blue Drive hallway measured 123 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.

The hot water mixing valve was adjusted down that day so the temperature would not exceed 120°F.

	23 Oct 13	Nov 13	Dec 13
2nd floor/Red Drive Hallway	109°	109°	117°
2nd floor/White Drive Hallway	108°	107°	112°
1st floor/Blue Drive Hallway	108°	106°	111°

Continue to monitor hot water temperature monthly in areas accessible to the residents for use. *weekly - on 3/21/14*
Documentation will be kept. *on 3/21/14*

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Gary M. Skovron*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) **GARY M. SKOVRON** Date **1-21-14**

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

The above plan of correction is approved as of 5/5/14
 (Date)

Plan of correction implementation status as of 5/14/14
 (Date)

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

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

Violation Report: 44829 - 10/17/2013 - Orme, Melinda
 PCH Name: PENNSYLVANIA SOLDIERS AND SAILORS HOME

1. REGULATION 55 Pa.Code §2600

2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

The hot water temperature in the shared bathroom of the second floor Red Drive hallway measured 123.4 degrees Fahrenheit.

The hot water temperature in the shared bathroom of the second floor White Drive hallway measured 126 degrees Fahrenheit.

The hot water temperature in the shared bathroom of the first floor Blue Drive hallway measured 123 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.

The hot water mixing valve was adjusted down that day so the temperature would not exceed 120°F.

	<u>23 Oct 13</u>	<u>Nov 13</u>	<u>Dec 13</u>
2nd floor/Red Drive Hallway	109°	109°	117°
2nd floor/White Drive Hallway	108°	107°	112°
1st floor/Blue Drive Hallway	108°	106°	111°

Continue to monitor hot water temperature monthly in areas accessible to the residents for use

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Gary M. Shoyron*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) **GARY M. SHOYRON** Date *1-21-14*

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

The above plan of correction is approved as of 5/5/14
 (Date)

Plan of correction implementation status as of 5/5/14
 (Date)

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

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

Violation Report: 44829 - 10/17/2013 - Orme, Melinda
PCH Name: PENNSYLVANIA SOLDIERS AND SAILORS HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually.
Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION
The home has not had a fire safety inspection since September 11, 2012.

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.

Documentation will be reviewed monthly at Safety Meeting.

Fire Safety Expert conducted an annual fire safety inspection and drill on 11/7/13.
Documentation of this fire drill was recorded and will be kept on file.
Report will be reviewed monthly at Safety Meeting.

On February 10, 2014, another fire inspection and supervised drill was conducted by the Fire Inspector of the City of Erie.

The administrator will ensure that a fire safety inspection and fire drill is conducted by a fire safety expert annually.

JK
3/21/14

JK
3/21/14

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Gary M. Skoyron*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) **GARY M. SKOYRON** Date **1-21-14**

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

The above plan of correction is approved as of 3/5/14
(Date)

Plan of correction implementation status as of 3/5/14
(Date)

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

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

Violation Report: 44829 - 10/17/2013 - Orme, Melinda
 PCH Name: PENNSYLVANIA SOLDIERS AND SAILORS HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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 evacuation times for every fire drill in the past year exceeded 2 minutes and 30 seconds. The home does not have a safe evacuation time specified in writing within the past year by a fire safety expert.

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.

Fire Safety expert determined the maximum amount of time residents have to get outside when the fire alarm sounds, and designated the fire safe areas within writing. Item will be reviewed monthly by the safety committee.

Facility I.F.S.S. is Raymond James Steigmeyer and has been assigned to evaluate a safe evacuation specified in writing annually. Documentation will be reviewed monthly at fire safety

Inspection and fire drill conducted on 11/7/13.

Another fire drill and inspection was conducted on February 10, 2014 by the fire inspector of the City of Erie. The specified evacuation time designated by the fire safety expert is 9 minutes.

The administrator will ensure that the specified evacuation time is designated in writing annually by a fire safety expert.

On 3/21/14

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Gary M. Shorron*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) **GARY M. SHORRON** Date **1-21-14**

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

The above plan of correction is approved as of 5/5/14
 (Date)

Plan of correction implementation status as of 5/5/14
 (Date)

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

- Fully Implemented **2**
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44829 - 10/17/2013 - Orme, Melinda
 PCH Name: PENNSYLVANIA SOLDIERS AND SAILORS HOME

RECEIVED

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The medical evaluation for resident #1, dated 2/12/13, does not include an immunization history, special health/dietary needs; allergies; health status/cognitive functioning; or a mobility needs assessment.

WEST REGION FIELD OFFICE
 Human Services Licensing

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.

*Form is now complete w/
 imm. hx, special health/dietary needs,
 allergies, health status/cog. functioning +
 mobility needs. In future
 ensure correct form is printed
 and filed on chart.*

*By 6/30/14 - The administrator or designee will review all
 resident records to ensure a fully completed annual
 medical evaluation is present in each resident's record.*

*By 6/30/14 - Each new medical evaluation will be
 reviewed after physician signs the form to ensure that
 all areas are complete. Any missing information will
 be obtained from physician. & 3/26/14*

Repeat Violation: Yes Date(s) of Previous Violation(s): 02/07/2013

Signature of Legal Entity Representative
 (Required on EVERY Page) *Gay M. Spetron*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) **GARY M. SPETRON** Date *1-21-14*

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

The above plan of correction is approved as of *5/15/14*
 (Date)

Plan of correction implementation status as of *5/14/14*
 (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *2*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44829 - 10/17/2013 - Orme, Melinda
PCH Name: PENNSYLVANIA SOLDIERS AND SAILORS HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION

The home has an interior room designated for smoking. The door leading to the room from the hallway is equipped to operate on a delay for the opening and closing of the door, which leaves a delay of 27 seconds that allows smoke to enter the home.

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.

Review of Regulation 55 Pa.Code 2600

2600.144(c)(1)

The door is equipped with a power assist opener/closure. This closure assist the older residents, residents with walkers and wheelchairs to enter and exit room to meet ADA requirements.

Ref. ANSI/BHMA A156.4-1992 American National Standard for Door Controls Closers

Hold door at 90 degree mark. Release the door and time the closing sweep between the 90 degree mark and the 12 degree mark, allowing the door to close and latch completely. The "time to close" between 90 and 12 degree marks is to be a minimum of 5 seconds.

Door has been set to be open for 20 seconds and to still maintain the "time to close" of a 5 second minimum. At this time it has still allowed time for residents with walkers and wheelchairs to clear the door sweep area when entering and exiting room

On 5/2/14, a purchase order for a smoking shed, separate from the building, was approved.

By 7/31/14 - Smoking shed will be installed and the administrator will update the home's smoking policy to include the shed as the designated smoking area.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Gary M. Skovron*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) **GARY M. SKOVRON** Date **1-21-14**

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

The above plan of correction is approved as of 5/5/14
(Date)

Plan of correction Implementation status as of 5/5/14
(Date)

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

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

Violation Report: 44829 - 10/17/2013 - Orme, Melinda
 PCH Name: PENNSYLVANIA SOLDIERS AND SAILORS HOME

1. REGULATION 55 Pa.Code §2600
 2600.181(c) - A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

2a. DESCRIPTION OF VIOLATION
 Resident #2 self-administers medications but has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer and the need for reminders to take medications.

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.

181c

Resident #2 was educated on self administration of medications to include information on how, when and how much medication to take according to physician orders. Resident #2 has been assessed to be currently a domiciliary level of care.

There are currently no residents self administering their own medications

Residents having the desire to self administer medication and the cognitive and physical abilities to do so in a safe manner will be assessed by the appropriate personnel.

The policy on Self Administration of Medication of updated and a Medication Self Administration Tool was developed to assist in this process.

The Nursing Staff will be educated on the updated policy of Self Administration of Medications and on the Medication Self Administration Tool by the Staff Development Nurse/designee

The Personal Care Home Administrator/designee will audit any resident self administering medications chart to ensure proper documentation, monthly x3 and quarterly x2. Results of the audits will be reported at the Quality Assurance meetings to determine need for further intervention.

Completion Date: 3/28/14

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MAR 04 2014
 WEST REGION FIELD OFFICE
 Human Services Licensing

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)		<i>Barbara Raymond</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date		
<i>Barbara Raymond NHA</i>	<i>3/4/14</i>		

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

The above plan of correction is approved as of <u>5/5/14</u> (Date)	Plan of correction implementation status as of <u>5/5/14</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>2</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44829 - 10/17/2013 - Orme, Melinda
 PCH Name: PENNSYLVANIA SOLDIERS AND SAILORS HOME

1. REGULATION 55 Pa.Code §2600
 2600.181(e) - To be considered capable to self-administer medications, a resident shall:
 (1) Be able to recognize and distinguish his/her medication.
 (2) Know how much medication is to be taken.
 (3) Know when medication is to be taken.

2a. DESCRIPTION OF VIOLATION
 Resident #1 self administers medication. The resident is prescribed: Fish Oil 1000 mg, 3 caps daily; Zocor 20 mg, 1 tab at bedtime; Celexa 20 mg, 1 tab 1 time daily; Naproxen 500 mg, 1 tab daily; Gabapentin 500 mg, 1 tab daily; Lisinopril 10 mg, 1 tab daily; Metamucil 1 tsp in 8 ounces water daily; Aspirin 81 mg, 1 tab daily; Loratadine 10 mg, 1 tab daily; Finasteride 5 mg, 1 tab daily. On 10/18/13, the resident was unable to identify the medications, how much to take, or the frequency.

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.

181e

Resident #1 no longer self administers medications.

There are currently no residents self administering their own medications

Residents having the desire to self administer medication and the cognitive and physical abilities to do so in a safe manner will be assessed by the appropriate personnel.

The policy on Self Administration of Medication of updated and a Medication Self Administration Tool was developed to assist in this process.

The Nursing Staff will be educated on the updated policy of Self Administration of Medications and on the Medication Self Administration Tool by the Staff Development Nurse/designee

The Personal Care Home Administrator/designee will audit any resident self administering medications chart to ensure proper documentation, monthly x3 and quarterly x2. Results of the audits will be reported at the Quality Assurance meetings to determine need for further intervention.

Completion Date: 3/28/14

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Barbara Raymond RHA* Date *3/4/14*

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

The above plan of correction is approved as of <u>5/5/14</u> (Date)	Plan of correction implementation status as of <u>5/5/14</u> (Date)
The above plan of correction was approved by <u><i>o</i></u> (Initials)	<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

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WEST REGION FIELD OFFICE

Violation Report: 44829 - 10/17/2013 - Orme, Melinda
 PCH Name: PENNSYLVANIA SOLDIERS AND SAILORS HOME

1. REGULATION 55 Pa.Code §2600
 2600.225(c) - The resident shall have additional assessments as follows:
 (1) Annually.
 (2) If the condition of the resident significantly changes prior to the annual assessment.
 (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION
 The record for resident #1 has an order dated 10/6/13 for a neuropsychiatric consult and 15 minute checks with instructions to send the resident to Behavioral Health for comments about self harm. The resident was sent to the emergency room on 10/6/13. The assessment, dated 2/26/13, has not been updated to address the resident's threats of self harm.

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.

225c

Resident #1's Resident Assessment Support Plan (RASP) was updated to include his/her Behavioral Health needs, including his/her threats of self harm.

All residents Resident Assessment Support Plans (RASP) will be audited x1 by the Personal Care Home Administrator/designee to ensure accurate and updated information is included.

Nursing and Support Staff will be educated by the Staff Development Nurse regarding requirements to update the RASP upon requirements.

Personal Care Home Administrator/designee will audit 25% of RASPs monthly x4 and quarterly x4 to ensure compliance.

Results of audits will be reported at Quality Assurance meetings to determine need for further intervention.

Completion Date: 3/28/14

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

Barbara Reynolds

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Barbara Reynolds NHA</i>	<i>3/4/14</i>

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

The above plan of correction is approved as of <u>5/5/14</u> (Date)	Plan of correction implementation status as of <u>3/5/14</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>d</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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 Human Services Licensing

Violation Report: 44829 - 10/17/2013 - Orme, Melinda
 PCH Name: PENNSYLVANIA SOLDIERS AND SAILORS HOME

1. REGULATION 55 Pa.Code §2600
 2600.226(a) - The resident shall be assessed for mobility needs as part of the resident's assessment.

2a. DESCRIPTION OF VIOLATION
 Resident #3's assessment, completed on 6/23/13, does not include an assessment of the resident's mobility needs.

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.

226a

Resident #3 is no longer a resident of the facility

All residents Resident Assessment Support Plans (RASP) will be audited x1 by the Personal Care Home Administrator/designee to ensure accurate and updated information is included.

Nursing and Support Staff will be educated by the Staff Development Nurse regarding requirements to update the RASP upon requirements.

Personal Care Home Administrator/designee will audit 25% of RASPs monthly x4 and quarterly x4 to ensure compliance.

Results of audits will be reported at Quality Assurance meetings to determine need for further intervention.

Completion Date: 3/28/14

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WEST REGION FIELD OFFICE
 Human Services Licensing

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Barbara Raymond NHA* Date *3/4/14*

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

The above plan of correction is approved as of 3/5/14
 (Date)

Plan of correction implementation status as of 5/5/14
 (Date)

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

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

Violation Report: 44829 - 10/17/2013 - Orme, Melinda
 PCH Name: PENNSYLVANIA SOLDIERS AND SAILORS HOME

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
 The record for resident #1 has an order dated 10/6/13 for a neuropsychiatric consult and 15 minute checks with instructions to send the resident to Behavioral Health for comments about self harm. The resident was sent to the emergency room on 10/6/13. The support plan dated 2/26/13, does not indicate how the home will assist the resident with needs related to threats of self harm.

The assessment for resident #3 dated 6/26/13 indicates the resident occasionally needs some physical assistance to transfer and the medical evaluation dated 6/12/13, indicates a moderate mobility need. The support plan for resident #3 dated 6/26/13 describes an ambulation service need of stand by assistance and contact guard assistance but does not indicate a plan to meet the resident's transferring or ambulation needs.

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.

227d

Resident #3 is no longer a resident of this facility

Resident #1's Resident Assessment Support Plan (RASP) was updated to include his/her Behavioral Health needs, including his/her threats of self harm.

All residents Resident Assessment Support Plans (RASP) will be audited x1 by the Personal Care Home Administrator/designee to ensure accurate and updated information is included.

Nursing and Support Staff will be educated by the Staff Development Nurse regarding requirements to update the RASP upon requirements.

Personal Care Home Administrator/designee will audit 25% of RASPs monthly x4 and quarterly x4 to ensure compliance.

Results of audits will be reported at Quality Assurance meetings to determine need for further intervention.

Completion Date: 3/28/14

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MAR 04 2014

WEST REGION FIELD OFFICE
Human Services Liaison

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Barbara Raymond</i>	Date <i>3/28/14</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>3/28/14</u> (Date)	Plan of correction implementation status as of <u>07/21/14</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>[Signature]</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented