



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

APR 30 2014

Mr. Kirk L. Hawthorne, Administrator/CEO
Roman Catholic Diocese of Erie
2250 Shenango Valley Freeway
Hermitage, Pennsylvania 16148

RE: John XXIII Home for Senior Citizens
License #: 447600

Dear Mr. Hawthorne:

As a result of the Department of Public Welfare's licensing inspection on January 29, 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 May 25, 2014 to May 25, 2015 was issued on February 10, 2014. Your regular license remains in good standing.

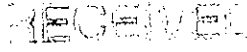
Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones
Director

Enclosure
License Inspection Summary

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

| | | |
|---|---|--|
| PCH Name: JOHN XXIII HOME FOR SENIOR CITIZENS | | License Number: 44760 |
| Address: 2250 SHENANGO VALLEY FREEWAY, HERMITAGE, PA 16148 | | County: Mercer |
| Administrator: Linnny Harden | | Region: WEST |
| Legal Entity Name: ROMAN CATHOLIC DIOCESE OF ERIE | | |
| Legal Entity Address: 2250 SHENANGO VALLEY FREEWAY, HERMITAGE, PA 16148 | | |
| Certificate(s) of Occupancy | | |
| C-1 06/15/1971 L&I | C-2 LP 01/25/1993 L&I | C-2 LP 01/01/2000 L&I |
| Staffing Hours | | |
| Resident Support: 0 | Total Daily Staff: 59 | Waking Staff: 44 |
| Type of Inspection: Full | BHA Docket Number: | Notice: Unannounced |
| Reason(s) for Inspection(s) Renewal | | |
| On-Site Inspections Dates and Department Representatives On-Site 01/29/2014: Phillips, Joseph; Orme, Melinda | |  MAR 13 2014 WEST REGION FIELD OFFICE Human Services Licensing |
| 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: 98 Number of Residents Served: 43 Secured Dementia Care Unit in Home: Yes Area: off of skilled nursing Secured Dementia Unit Capacity, if Applicable: 32 Number of Residents Served in Secured Dementia Care Unit, if applicable: 17 Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0 | Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 43 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 16 Have a Physical Disability: 1 | |

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Violation Report: 44760 - 01/29/2014 - Phillips, Joseph
PCH Name: JOHN XXIII HOME FOR SENIOR CITIZENS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

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 hired on 4/2/13, did not receive annual training in the following items during the 2013 training year: Falls and accident prevention, OAPSA and Emergency preparedness.

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.

Employee "A" has received training as defined in 2600.65(g), including but not limited to training related to Falls and accident prevention, OAPSA and Emergency Preparedness and documented accordingly. Facility has revamped education tracker form to more accurately (specifically) document annual staff education.

Personal Care Manager has verified that all current staff has received annual training in accordance with standards of 2600.65(g); Fire Safety, Emergency preparedness, Resident Rights, OAPSA, Fall/Accident prevention and new population groups served and will track/monitor successful completion/documentation of such for all current and future staff and incorporate findings into the Bi-annual Quality Assurance Program.

Completion: 01/29/2014

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

Signature of Legal Entity Representative (Required on EVERY Page) KIRK Hawthorne

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) KIRK L. HAWTHORNE, NHA CEO Date 03/13/14

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

The above plan of correction is approved as of 3-13-14 (Date)

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

Plan of correction implementation status as of 3-13-14 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress 3-13-14
- Partially Implemented - Inadequate Progress
- Not Implemented

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MAR 13 2014

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Violation Report: 44760 - 01/29/2014 - Phillips, Joseph
PCH Name: JOHN XXIII HOME FOR SENIOR CITIZENS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.100(b) - The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

2a. DESCRIPTION OF VIOLATION
On 1/29/14, at 9:30 a.m., the emergency exit to the right of room #318 had an accumulation of approximately 7 inches of snow build up on the walkway.

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.

Snow accumulation was rectified outside room #318 upon identification, by Maintenance Personnel. Maintenance Personnel responsible for snow removal/sidewalk passage were re-educated at time of survey regarding facility expectations regarding snow removal, as well as, the standards of 2600.100(b).

Maintenance Director will monitor/assure that safe egress passage is maintained at all times, including but not limited to, timely removal of snow accumulation, ice, etc. and incorporate such into the facility Continuous Quality Improvement (CQI) program.

Completion: 01/29/2014

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Kirk Hawthorne*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) KIRK L. HAWTHORNE UHA CEO Date 03-13-2014

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MAR 18 2014

Violation Report: 44760 - 01/29/2014 - Phillips, Joseph
PCH Name: JOHN XXIII HOME FOR SENIOR CITIZENS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2600
2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F.
Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
There was no thermometer in the freezer of the activities 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.

Facility was lacking a thermometer in 1 of 33 freezers/refrigerators throughout facility. Thermometer in freezer of Activity room was inadvertently removed but replaced upon discovery. Replacement thermometer verified that freezer temperature was below the required 0 degree (F) standard.

Personal Care staff have been re-educated regarding the standards of 2600.103(f) by Personal Care Manager. Dietary Manager will audit presence of thermometers in refrigerator/freezers daily. The audit findings will be incorporated into the Bi-Annual Quality Assurance Program.

Completion: 01/29/2014

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Kirk Hawthorne*

Printed Name and Title of Legal Entity Representative Date
(Required on EVERY Page) *KIRK L. HAWTHORNE WHA CEO* *03-13-2014*

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(Initials)

MAR 13 2014

Violation Report: 44760 - 01/29/2014 - Phillips, Joseph
PCH Name: JOHN XXIII HOME FOR SENIOR CITIZENS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION

The home's present menu for 1/23/14 to 2/1/14 is posted, but the advance week menu dated 2/2/14 to 2/8/14 was not posted.

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 current and advance week, menu posting design has been reworked to make the posting of such more resident friendly. Current and advance week menu postings were rectified at time of discovery.

Personal Care staff have been re-educated regarding the standards of 2600.162(c.) by Personal Care Manager. Personal Care Manager will audit the presence of the current and advance week menu postings weekly. The audit findings will be incorporated into the Bi-Annual Quality Assurance Program.

Completion: 01/29/2014

| | | | |
|----------------------|-----------------------------------|--|--|
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