



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUN 26 2014

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

RE: Southminster Place
License #: 415930

Dear Mr. Malisky:

As a result of the Department of Public Welfare's licensing inspection on March 6, 2014 and March 7, 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 June 24, 2014 to June 24, 2015 was issued on April 16, 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: SOUTHMINSTER PLACE		License Number: 41593
Address: 880 SOUTH MAIN STREET, WASHINGTON, PA 15301		County: Washington
Administrator: Glenn Defich		Region: WEST
Legal Entity Name: PRESBYTERIAN SENIOR CARE INC		
Legal Entity Address: 880 SOUTH MAIN STREET, WASHINGTON, PA 15301		
Certificate(s) of Occupancy I-2 04/11/2002 Township of South Strabane		RECEIVED MAY 05 2014 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: N/A	Total Daily Staff: 99	Waking Staff: 74
Type of Inspection: Full	BHA Docket Number: N/A	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 03/06/2014: Rosol, Jennifer; Mazza, Larry 03/07/2014: Rosol, Jennifer		
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: 74 Secured Dementia Care Unit In Home: Yes Area: 1st Floor Secured Dementia Unit Capacity, if Applicable: 20 Number of Residents Served In Secured Dementia Care Unit, if applicable: 19 Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 6	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 74 Have Mental Illness: 0 Have an Intellectual Disability: 1 Have a Mobility Need: 25 Have a Physical Disability: 0	

MAY 05 2014

Violation Report: 41593 - 03/06/2014 - Rosol, Jennifer
PCH Name: SOUTHMINSTER PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

2a. DESCRIPTION OF VIOLATION

Staff person B, the home's administrator, completed only 6 of the required 24 hours of annual training in the 2013 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.

[Redacted] (administrator) attended a conference in Hershey, PA in March, 2014 & acquired 24 hrs of approved training hours (see attached flyer) Certificates of completion have not yet been received. In addition, [Redacted] completed another 2 hrs. of training on April 9th, 2014 (see attached flyer). He is scheduled to attend another event on May 8, 2014 (see flyer) where he will acquire another 2 hrs of training. [Redacted] & [Redacted] (also PCHA) will share resources to ensure that both are aware of trainings being offered. [Redacted] will cross monitor each other's hours to ensure compliance.

By 7/6/14 - The home will develop and implement a 2014 schedule of training for staff person B, the administrator, which includes a total of 43 hours of training (24 hours for 2014 and 19 hours for 2013) to be completed by 12/31/14.

SMP
6-6-14

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. Malishevsky Director

Date 4-30-14

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

The above plan of correction is approved as of 6-6-14
(Date)

Plan of correction implementation status as of 6-6-14
(Date)

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

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

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MAY 05 2014

Page 3 of 6

Violation Report: 41593 - 03/06/2014 - Rosol, Jennifer
PCH Name: SOUTHMINSTER PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.86(b) - A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

2a. DESCRIPTION OF VIOLATION

There was no outside window or operable exhaust fan in the men's and women's common bathrooms, across from the 1st floor 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.

Director of maintenance made aware that exhaust fans are needed in both bathrooms. Southminster Place maintenance worker [redacted] will install exhaust fans in both bathrooms no later than May 15th, 2014. An inventory of all other bathrooms was taken & all bathrooms without an outside window are equipped with exhaust fans for ventilation.

The bathroom inventory revealed two additional bathrooms in need of exhaust fans. The home purchased three exhaust fans on 5/14/14 and installed them on 5/15/14. *smp 6-6-14*

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 Director*

Servicio

Date *4-30-14*

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

The above plan of correction is approved as of *6-6-14*
(Date)

Plan of correction implementation status as of *6-6-14*
(Date)

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

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

Violation Report: 41593 - 03/06/2014 - Rosol, Jennifer
PCH Name: SOUTHMINSTER PLACE

MAY 05 2014

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE

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 time for the fire drill conducted on 9/20/13, at 5:30 a.m., was 4 minutes 38 seconds; however, the maximum safe evacuation time, determined by a fire safety expert on 3/20/13, is 4 minutes.

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.

[Redacted], Administrator will review the fire drill log each month (on the day of the drill) to ensure there are no instances where the evacuation time exceeds 4 minutes. This change was instituted on 3/18/14 during the fire drill that occurred at 11:30 am that day. [Redacted] has met with staff & residents to review the fire evacuation plan that has been approved by a fire safety expert. Residents & staff are aware that the maximum safe evacuation time is 4 minutes

*designated PCNA will review log in administrator's absence.

Fire drills were conducted on 4/17/14, at 5:15 a.m. with an evacuation time of 3 minutes and 47 seconds and 5/23/14, at 3:00 a.m., with an evacuation time of 3 minutes and 10 seconds. SNP 4-6-14

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) *Senior*
Joseph G. Malicky Director Date 4-30-14

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

The above plan of correction is approved as of <u>4-6-14</u> (Date)	Plan of correction implementation status as of <u>4-6-14</u> (Date)
The above plan of correction was approved by <u>SNP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SNP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 41593 - 03/06/2014 - Rosol, Jennifer
PCH Name: SOUTHMINSTER PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1: REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

Staff person C administered a 200mg capsule of Celebrex to resident #1 on 3/5/14; however, he/she did not initial the medication administration record (MAR).

On 3/6/14, at approximately 3:30 p.m., the following prescribed medications to be given on 3/7/14, at 8:00 a.m., had been documented in resident #5's MAR as administered, by staff person A:

- * Triam/HCTZ-37.5/25 capsule
- * Citalopram-10mg tablet
- * Aspirin-325mg tablet
- * Lisinopril-5mg tablet
- * Metformin-500mg tablet
- * Metoprolol-25mg tablet
- * Gemfibrozil-600mg tablet

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 errors on the MAR's were corrected on 3-6-14 (see attached copy of MAR's) [redacted], DON has reviewed with all LPN's & med passers the correct guidelines for administering meds & for documenting med administration. DON will do monthly checks to ensure med passers are following DPW guidelines for recording medication usage. Night shift staff will check MAR's daily & report any missing initials to supervisor the next morning. LPN's will re-check MAR at the end of their shift to ensure correct date is recorded.

MAR audits have been conducted on 3/28/14, 4/20/14 and 5/29/14.

smr 6-6-14

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)

Senior

Date 4-30-14

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The above plan of correction is approved as of 6-6-14
(Date)

Plan of correction implementation status as of 6-6-14
(Date)

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

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

Violation Report: 41593 - 03/06/2014 - Rosol, Jennifer
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 has diagnoses of chronic back pain, lumbar stenosis, fibromyalgia, and frequent falls as indicated on the medical evaluation, dated 5/28/13. The resident's support plan, dated 5/30/13, does not address fall risk precautions and how the home will assist the resident in meeting needs related to their diagnoses.

Resident #2 has diagnoses of history of pleural effusion, history of pulmonary hypertension, and patent foramen ovale as indicated on the medical evaluation, dated 5/2/13. The resident's support plan, dated 5/3/13, does not address how the home will assist the resident in meeting needs related to their diagnoses.

Resident #3 uses an enabler; however, it is not indicated in the support plan, dated 10/25/13.

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 RASP's were corrected/updated by [redacted] DON on 3-21-14. All diagnoses are now included on RASP & there is a plan to meet each need. [redacted] & [redacted] (responsible for completing RASP's) will cross check each others work on a monthly basis to ensure all diagnoses/needs are included in the RASP.

*copies of updated RASP's attached

Support plan audits have been conducted on 3/21/14, 4/17/14 and 5/22/14.

By 7/6/14 - All staff persons completing support plans will be educated regarding the completion and accuracy of support plans including the care and services the home will provide.

Smp 6-6-14

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/22/2013		
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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): Joseph G. Malishy Director
Date: 4-30-14

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

The above plan of correction is approved as of <u>6-6-14</u> (Date)	Plan of correction implementation status as of <u>6-6-14</u> (Date)
The above plan of correction was approved by <u>Smp</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress Smp <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented