



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE:

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 25, 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.

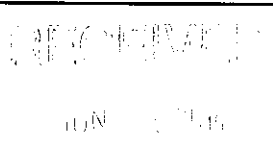
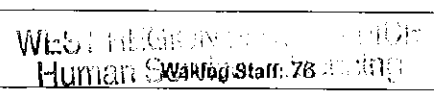
All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

Susie Pollock
Acting Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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

PGH Name: SOUTHMINSTER PLACE		License Number: 41593
Address: 880 SOUTH MAIN STREET, WASHINGTON, PA 15301		County: Washington
Administrator: Glenn Delich		Region: WEST
Legal Entity Name: PRESBYTERIAN SENIOR CARE INC		
Legal Entity Address: 880 SOUTH MAIN STREET, WASHINGTON, PA 15301		
Certificate(s) of Occupancy 1-2 04/11/2002 Township of South Strabane		
Staffing Hours Resident Support: N/A Total Daily Staff: 101		
Type of Inspection: Partial	BHA Docket Number: N/A	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 03/25/2014: 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: 75 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: 20 Number of Current Hospice Residents: 1 Number of Hospice Residents In past year: 15	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 75 Have Mental Illness: 0 Have an Intellectual Disability: 1 Have a Mobility Need: 26 Have a Physical Disability: 0	

Violation Report: 41593 - 03/25/2014 - Rosol, Jennifer
PCH Name: SOUTHMINSTER PLACE

WEST VIRGINIA STATE OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.183(a)(1) - Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration.

2a. DESCRIPTION OF VIOLATION

On 3/25/14, at 11:55 a.m., Hydro/apap 5/500 mg for resident #1 was pre-poured into a disposable cup, initialed with the resident's name, and placed in a lock box. This medication was not scheduled for administration until 2:00 p.m.

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 STAFF THAT ADMINISTER MEDICATION RECEIVED TRAINING FOR PROPER ADMINISTRATION PRACTICES ON 4/21/14. MONTHLY AUDITS ARE ALSO BEING COMPLETED BY [REDACTED] OF THE MEDICATION RECORDS MEDICATION ADMINISTRATION PRACTICES. DOCUMENTATION ATTACHED.

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. Malishy SR. Director Date 6-11-14

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

The above plan of correction is approved as of 7-2-14
(Date)

Plan of correction implementation status as of 7-2-14
(Date)

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

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

Violation Report: 41593 - 03/25/2014 - Rosol, Jennifer
PCH Name: SOUTHMINSTER PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
(1) The resident's name.
(2) The name of the medication.
(3) The date the prescription was issued.
(4) The prescribed dosage and instructions for administration.
(5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION
The March 2014 medication administration record (MAR) for resident #3 includes Lorazepam 0.5 mg-take 1 tab 3 times a day as needed for anxiety; however, the medication card indicates take 1 tab 3 times a day.

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 MEDICATION CARD WAS CORRECTED ON 3/25/14 BY ADDING A DIRECTION OF CHANGE STICKER TO SEE THE MD ORDER. MONTHLY CHECKS/AUDITS OF MEDICATION RECORDS COMPLETED TO INSURE REGULATION COMPLIANCE. MAR AUDITS COMPLETED MONTHLY BY [REDACTED] RN. DOCUMENTATION MEDICATION AUDIT ATTACHED.

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: Joseph G. Malinsky, Senior Director Date: 6-17-14

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

The above plan of correction is approved as of 7-2-14 (Date)
The above plan of correction was approved by SMP (Initials)
Plan of correction implementation status as of 7-2-14 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress SMP
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 41593 - 03/25/2014 - 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

On 3/25/14, at 10:20 a.m, resident #2's Cheratussin AC syrup 100 mg- take 1 tsp or 5 ml every 8 hours as needed for cough was administered. Staff person A did not initial the MAR until 10:49 a.m.

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 THAT ADMINISTER MEDICATION RECEIVING TRAINING ON 4/21/14 REGARDING PROPER ADMINISTRATION PROCEDURES PER REGULATION. MONTHLY AUDITS ALSO BEING COMPLETED BY [REDACTED] RN OF THE MEDICATION RECORD & MEDICATION PRACTICES. DOCUMENTATION ATTACHED.

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

Date 6-11-14

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The above plan of correction is approved as of 7-2-14
(Date)

Plan of correction implementation status as of 7-2-14
(Date)

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

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