



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 29 2015

Mr. Thomas Buchleitner, PCHA
Pennsylvania Soldiers and Sailors Home
560 East Third Street, P.O. Box 6239
Erie, Pennsylvania 16507

RE: Pennsylvania Soldiers and Sailors Home
License #:448290

Dear Mr. Buchleitner:

As a result of the Department of Human Services' licensing inspection on December 3, 2014 and January 8, 2015 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, 2015 to February 19, 2016, was issued on November 4, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew Jones".

Matthew J. Jones
Director

Enclosure
License Inspection Summary

Violation Report: 44829 - 12/03/2014 - McConnell, Deb
PCH Name: Pennsylvania Soldiers and Sailors Home

1. REGULATION 55 Pa.Code §2600
2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION
The initial contract for resident #1, dated 2/5/14, was not signed by the resident.

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.

- Chart has been reviewed and resident has signed contract.
- All contracts will be reviewed by PCU Administrator/Designee for Resident's signature and co-signature by the resident's designated person, if any, if the resident agrees.
- Admissions and Social Services will be educated by Staff Development Educator; that the contract shall be signed by the PCU Administrator/Designee, the resident and the payer, if different from the resident, and co-signed by the designated person, if any, if the resident agrees.
- Twenty-five percentage of new Admission Contracts will be audited by PCU Administrator/Designee monthly x4, for proper signatures.
- Results of audits will be reviewed at the QA Meeting to determine further actions, as necessary
- Completion date July 2, 2015.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kim Horvath Tom Bucklatter*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kim Horvath, Personal Care Administrator* Date *5/21/15*

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

The above plan of correction is approved as of 5-26-15
(Date)

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

Plan of correction implementation status as of 5-26-15
(Date)

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

Violation Report: 44829 - 12/03/2014 - McConnell, Deb
PCH Name: Pennsylvania Soldiers and Sailors Home

1. REGULATION 65 Pa.Code §2600
2600.57(d) - At least 75% of the personal care service hours specified in § 2600.57(b) and § 2600.57(c) shall be available during waking hours.

2a. DESCRIPTION OF VIOLATION

The home is required to have a minimum of one hour of personal care services available for each resident. On 12/26/14 and 1/4/15, there were 59 residents in the home requiring a minimum total of 44.25 hours of direct care services during waking hours. On 12/26/14 and 1/4/15 the home only had 40 hours of direct care services available for residents during waking hours.

The home is required to have a minimum of one hour of personal care services available for each resident. On 12/27/14 there were 59 residents in the home requiring a minimum total of 44.25 hours of direct care services during waking hours. On 12/27/14 the home only had 43 hours of direct care services available for residents during waking hours.

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.

- Schedules will be reviewed daily by the RN Supervisor/Designee to ensure compliance with 75% of hours per patient day.
- The Nursing Scheduler and all RN Supervisors will be education by Staff Development Educator related to ensuring 75% of Direct Care Services are available for residents during waking hours.
- Hours per patient day will be audited weekly x4 and quarterly x1 by the PCU Administrator/Designee.
- Results of audits will be reviewed at the QA meeting to review further actions as necessary.
- Completion date is July 2, 2015.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Kim Horvath* *Tom Buchheit*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kim Horvath, Person Care Administrator* Date *5/21/15*

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

The above plan of correction is approved as of 5-26-15
(Date)

The above plan of correction was approved by
(Initials)

Plan of correction implementation status as of 5-26-15
(Date)

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

Violation Report: 44829 - 12/03/2014 - McConnell, Deb
 PCH Name: Pennsylvania Soldiers and Sailors Home

MAY 22 2015

1. REGULATION 55 Pa.Code §2600

2600.84 - Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120°F that are accessible to the resident must be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.

2a. DESCRIPTION OF VIOLATION

On 1/7/15, at approximately 10:40 a.m., the temperature of the wall mounted heater in the first floor hallway near the clean linen room measured 128.3 degrees Fahrenheit. There were no protective guards in place to prevent residents from coming in contact with the heater.

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 temperature was immediately reduced to within regulatory requirements and became cool to touch within half an hour.
- Locked covering was installed over thermostat so that temperature settings cannot be tampered with. All thermostats, in the Personal Care Home, are now equipped with locked coverings.
- Maintenance will be reeducated by Staff Development Educator on the regulatory requirements for temperature settings for all thermostats in the Personal Care Home.
- Twenty-five percent of heaters/thermostats will be audited weekly x4 an monthly x4 PCU Administrator/Designee for compliance.
- Results of audits will be reviewed at the QA Meeting to determine further actions, as necessary.
- Completion date is July 2, 2015.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Kim Horvath *Tom Buchlatny*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Kim Horvath, Personal Care Administrator

Date *5/21/15*

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

The above plan of correction is approved as of *5-26-15*
 (Date)

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

Plan of correction implementation status as of *5-26-15*
 (Date)

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

Violation Report: 44829 - 12/03/2014 - McConnell, Deb
 PCH Name: Pennsylvania Soldiers and Sailors Home

MAY 22 2015

1. REGULATION 55 Pa.Code §2600
 2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

On 1/7/15, there were ten hamburger patties in an unsealed plastic bag, which was inside an open box, located in the kitchen's stainless steel walk-in freezer.

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 hamburger patties were immediately discarded by the dietary staff.
- Cold, frozen and dry food storage areas were reviewed to ensure no outdated, spoiled or dented cans were present.
- Dietary staff was reeducated on the property storage of food, rotation of food for expiration dates and checking for spoiled foods and dents in canned goods.
- Audits of the kitchen food storage areas will be conducted weekly x4 and monthly x2 by the Dietary Food Service Manager/Designee for compliance.
- The results of these audits will be reviewed at the QA Meeting to determine further actions as necessary.
- Completion date July 2, 2015.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Kim Horvath Tom Reichle*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kim Horvath, Personal Care Administrator* Date *5/21/15*

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

The above plan of correction is approved as of 5-26-15
 (Date)

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

Plan of correction implementation status as of 5-26-15
 (Date)

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

Violation Report: 44829 - 12/03/2014 - McConnell, Deb
 PCH Name: Pennsylvania Soldiers and Sailors Home

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The home's fire drill record does not indicate the specific number of of staff persons participating in fire drills as follows

- * 1/13/14 - at 10:20 a.m. - 6 plus staff
- * 6/21/14 - at 8:32 a.m. - 5 plus staff
- * 7/30/14 - at 1:22 p.m. - 7 plus staff
- * 11/18/14 - at 11:19 a.m. - 6 plus staff

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.

- Institutional Fire Safety Specialist reviewed regulation 132 (c) and immediately began using the Adult Residential Licensing Fire Drill Record.
- Fire drill will be held and Adult Residential Licensing Fire Drill Record will be used and inspected by PCU Administrator by the end of May 2015.
- All security staff utilizing the Fire Drill Record was educated on proper use and completion of the Adult Residential Fire Drill Record.
- Audits of Fire Drill Record will be audited for compliance monthly x4 by the Institutional Fire Safety Specialist/Designee for compliance.
- The results of these audits will be reviewed at the QA Meeting to determine further actions as necessary.
- Completion date July 2, 2015.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Kim Horvath Tom Buchheit

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Kim Horvath Personal Care Administrator

Date

5/21/15

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

The above plan of correction is approved as of

5-26-15
(Date)

Plan of correction implementation status as of *5-26-15*
(Date)

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

The above plan of correction was approved by

SH
(Initials)

Violation Report: 44829 - 12/03/2014 - McConnell, Deb
 PCH Name: Pennsylvania Soldiers and Sailors Home

MAY 22 2015

1. REGULATION 55 Pa.Code §2600

2600.181(d) - If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

2a. DESCRIPTION OF VIOLATION

Resident #2 self-administers medications and stores medications in his/her bedroom. On 1/8/15, prescription Proventil HFA was on the desk unlocked and accessible in the resident's shared bedroom.

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 was secured immediately in the Resident's locked drawer and Resident was reeducated on the importance of securing medications and OTC's.
- Resident rooms were reviewed by PCU Administrator to ensure medications and OTC's were secured in a safe, secure location.
- PCU Residents self-administering medications will be reeducated by the Chief Pharmacist/Designee on the importance of securing all medications and OTC's.
- Twenty-five percent of Resident rooms will be audited weekly x4 and monthly x4 by the PCU Administrator/Designee for compliance.
- The results of these audits will be reviewed at the QA Meeting to determine further actions as necessary.
- Completion date July 2, 2015.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Kim Horvath

Tom Bucklechner

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Kim Horvath, Personal Care Administrator

Date

5/21/15

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

The above plan of correction is approved as of

5-26-15
 (Date)

Plan of correction implementation status as of

5-26-15
 (Date)

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

The above plan of correction was approved by

f
 (Initials)