



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: April 1, 2015

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 Human Services' licensing inspection on January 2, 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.

Sincerely,

A handwritten signature in black ink that reads "Susie Pollock/CV".

Susie Pollick
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

MAR 31 2015

Violation Report: 41593 - 01/02/2015 - Cutter, Jan
PCH Name: SOUTHMINSTER PLACE

1. REGULATION 55 Pa.Code §2600
2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION
Staff person A alleges the following resident abuse took place on the Secured Dementia Care Unit during the 2:00 p.m. to 10:30 p.m. shift on 12/13/2014:
Resident #1 asked staff person A the same question twice and staff person C said to resident #1 "Oh you dumb Broad"
Resident #2 did not want to get up and staff person C dragged the resident to the bathroom and violently pushed him/her onto the toilet and ripped his/her clothes off.
Resident #3 came out of his/her bedroom in a soiled nightgown without any undergarments on. While staff person C was dressing the resident he/she held the residents hands and said, "Jesus Christ, stop moving."

Staff person A did not immediately report the allegation of resident abuse to the Local Area Agency on Aging.
Staff person A reported the allegation of resident abuse to staff person B, the home's administrator, on 12/30/14.
Staff person B, did not report the allegation of resident abuse to the Local Area Agency on Aging until 12/31/14.

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.

* Please see page 2^A of 3 for Plan of Correction. ^{SW}

Immediately - If the home receives an allegation of resident abuse the home will immediately take the following steps:
• Report the allegation of resident abuse in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 – 10225.707) and 6 Pa. Code Sections 15.21 – 15.27.
• Suspend the staff person or persons involved in the alleged resident abuse or place the staff person on a plan of supervision that has been approved by the Department.
• Report the allegation of resident abuse to the Department.
• Report the allegation of resident abuse to the resident and the resident's designate person. ^{SW}

Within 15 days of receipt of the plan of correction, the administrator or designated staff person will review all reported incidents at least weekly to ensure any suspected abuse of a resident is reported in accordance with the Older Adult Protective Services Act (35 P.S. Sections 10225.701 – 10225.707) and 6 Pa. Code Sections 15.21 – 15.27. ^{SW}

Within 60 days of receipt of the plan of correction, all staff will receive training in abuse reporting and prevention from a Department-approved outside source. ^{SW}

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

Signature of Legal Entity Representative
(Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *GLENN DELICH, EXECUTIVE DIRECTOR* Date *3/30/15*

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

The above plan of correction is approved as of <u>3-31-15</u> (Date)	Plan of correction implementation status as of <u>3-31-15</u> (Date)
The above plan of correction was approved by <u>SW</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SW</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Plan of Correction in response to violation of Code 2600.15(a)

Policy for "alleged resident abuse by a staff member" was revised (see attached). The revised policy clearly outlines who is responsible for making reports and in what time frame the reports must be made. Policy was revised and implemented on 1/4/15.

In-services regarding resident abuse were held on 1/13/15 and 1/15/15 (attendance sheet attached). All departments attended in-service. Special attention was given to the definitions of abuse and the definition of mandatory reporting. The revised policy regarding alleged resident abuse by a staff member was reviewed in depth with all departments.

Southminster Place will continue to provide mandatory annual in-servicing regarding abuse to all staff. Interim in-service training will be conducted to address any apparent weakness in practice or simply to reinforce the importance of abuse policy.

██████████ Administrator and ██████████ Director of Resident Services met with staff person A to thank her for coming forward to report what she felt was abuse. During this meeting, it was reinforced with staff person A that any suspected abuse must be reported immediately to the supervisor on duty or directly to the administrator. The revised policy regarding alleged resident abuse by a staff member was reviewed at this time.

██████████ and ██████████ also met with staff person C to review the results of the investigation. Definitions of types of abuse were discussed at length with staff person C. The revised policy regarding alleged resident abuse by a staff member was reviewed at this time.

Susie Pollock (swp) 3/31/15
Regional Licensing Approval of Plan of Correction
Susie Pollock

GLENN SELICH, EXECUTIVE DIRECTOR
Glenn Selich 3/30/15

MAR 30 2015

Violation Report: 41593 - 01/02/2015 - Cutter, Jan
PCH Name: SOUTHMINSTER PLACE

1. REGULATION 55 Pa.Code §2600

2600.15(b) - If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

2a. DESCRIPTION OF VIOLATION

On 12/30/14, staff person B, received a report of alleged resident abuse involving staff person C. The home did not immediately develop and implement a plan of supervision or suspend staff person C until 12/31/14. Staff person C worked unsupervised in the home providing direct care services to the residents on 12/30/14 from 2:00 p.m. to 10:30 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.

Policy for "investigation of alleged resident abuse by a staff member" has been revised & implemented as of 1-4-15. Revised policy clearly states that in the event of a report of alleged abuse by a staff member, the named staff member will be immediately suspended pending results of the investigation. Policy was reviewed with all staff in all departments during Abuse In-Service held on 1/13 & 1/15/15.
* Revised Policy attached.

Immediately - If the home receives an allegation of resident abuse that involves a staff person the home must immediately suspend the staff person involved or place the staff person on a plan of supervision that has been approved by the Department. The staff person will remain suspended or on the approved plan of supervision until the home receives approval from the Department that the suspension or supervision plan may be lifted. *gr*

Within 60 days of receipt of the plan of correction, all staff will receive training in abuse reporting and prevention from a Department-approved outside source. *gr*

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

Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *CLEW DELIGHT EXECUTIVE DIRECTOR* Date *3/30/15*

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

The above plan of correction is approved as of 3-31-15
(Date)

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

Plan of correction implementation status as of 3-31-15
(Date)

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