



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

JUN 24 2015

Mr. Michael Howze, Administrator  
Department of Military and Veteran's Affairs  
One Veteran's Drive, 4<sup>th</sup> Floor  
Spring City, Pennsylvania 19475

RE: Southeastern Veteran's Center  
License #: 138370

Dear Mr. Howze:

As a result of the Department of Human Services' licensing inspection on March 25, 2015 and April 7, 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 March 27, 2015 to March 27, 2016 was issued on December 17, 2014. Your regular license remains in good standing.

Sincerely,

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

Matthew J. Jones  
Director */s/*

Enclosure  
License Inspection Summary



Violation Report: 13837 - 03/25/2015 - Rouse, McKinley  
 PCH Name: SOUTHEASTERN VETERANS CENTER

1. REGULATION 55 Pa.Code §2600  
 2600.57(b) - Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

2a. DESCRIPTION OF VIOLATION

The home had a total of 32 residents, all of whom were mobile on 03/21/2015, and 03/22/2015. The total required staffing hours for personal care services on 03/21/2015, and 03/22/2015, was 32 hours for each day, but the home only provided 30 hours each 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 registered nurse supervisors will provide 1.5 hours of coverage to the first and second shift to assist with coverage for lunch and breaks. This change will add an additional 3 staffing hours to the unit, increasing total staffing hours to 33 hours per 24 hour period. This change will be implemented on ~~June 4, 2015~~

May 15, 2015

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)

Michael Howze, PCA Administrator

Date 5/7/15

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

The above plan of correction is approved as of 6/1/15  
 (Date)

Plan of correction implementation status as of 6/1/15  
 (Date)

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

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

Violation Report: 13837 - 03/25/2015 - Rouse, McKinley  
 PCH Name: SOUTHEASTERN VETERANS CENTER

1. REGULATION 55 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 had a total of 32 residents, all of whom were mobile on 03/21/2015, and 03/22/2015. The total required staffing hours during waking hours for personal care services on 03/21/2015, and 03/22/2015, was 24 hours for each day, but the home only provided 21.5 hours each 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 registered nurse supervisors will provide 1.5 hours of coverage to the first and second shift to assist with coverage for lunch and breaks. This change will add an additional 3 staffing hours to the unit, increasing total staffing hours to 24.5 hours during waking hours. This change will be implemented on ~~June 1, 2015.~~

*May 15, 2015.*

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) *Michael Houze PC Administrator* Date *5/7/15*

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

The above plan of correction is approved as of *6/1/15*  
 (Date)

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

Plan of correction implementation status as of *6/1/15*  
 (Date)

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

Violation Report: 13837 - 03/25/2015 - Rouse, McKinley  
 PCH Name: SOUTHEASTERN VETERANS CENTER

1. REGULATION 55 Pa.Code §2600  
 2600.144(c)(1) -- Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire-resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION  
 The home is designated as a smoke free facility, and all of the residents who were admitted to the home after the home became smoke free are not permitted to smoke at the home, but the 5 residents who were admitted to the home prior to the home becoming smoke free are permitted to smoke.

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.

Southeastern Veterans' Center is a smoke free facility as directed by the Governor's office. All residents have been educated that the facility is smoke free. Residents sign a non-smoking form upon admission to the facility. Personal care administrator will meet with all residents by June 1, 2015 to offer smoking cessation to the residents that smoke.

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) *Michael Houze, PC Administrator* Date *5/7/15*

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

The above plan of correction is approved as of <u><i>6/1/15</i></u> (Date)	Plan of correction implementation status as of <u><i>6/1/15</i></u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 13837 - 03/25/2015 - Rouse, McKinley  
 PCH Name: SOUTHEASTERN VETERANS CENTER

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #1's Chlorthalidone 50mg tablet one a day by mouth did not have a diagnosis or purpose for the medication listed on the medication administration record.

The medication administration record gives a morning administration time of 9:00AM for Resident #2's Levothyroxine 75mcg take one tablet by mouth every morning. The medication was administered the morning of 04/07/2015, as stated by the staff person who administered the medication, but at 1:30PM the medication was still not initialed as given on the medication administration record.

The medication administration record gives a morning administration time of 8:00AM for Resident #2's Lasix 20mg tablet take one tablet daily in the morning. The medication was administered the morning of 04/07/2015, as stated by the staff person who administered the medication, but at 1:30PM the medication was still not initialed as given on the medication administration record.

Resident #3's Macrobid 100mg oral capsule one capsule oral daily for 30 days had no diagnosis or purpose listed on the medication administration record for Resident #3.

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.

See attached form...

*See PAGE 5-A*

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) *Michael Howze, PC Administrator* Date *5/7/15*

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

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

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

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

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

PMG 5-A

2600.187(a) Plan of correction

- Resident #1's MAR was corrected to have a diagnosis for the Chlorthalidane 50mg tablet one a day by mouth.
- Resident #2's Mar was initialed and corrected for Levothyroxine 75mcg. Medication was administered at 9am and still not Initialed as given by 1:30pm.
- Resident #2's MAR was initialed and corrected regarding Lasix 20mg tablet that was administered at 8am and still not initialed as given by 1:30pm.
- Resident #3's MAR was corrected to have diagnosis for the Macrobid 100mg oral capsule daily for 30 days
- Nurses will be in-serviced regarding initialing the MAR at time of administering the medication. This training will take place by June 1, 2015.
- Nurses will be in-serviced regarding taking off orders with diagnosis. This training will take place by June 1, 2015.
- The personal care administrator will conduct monthly audits, on timely documentation in the MAR, for the next three months or until 100% compliance.
- The personal care administrator will conduct monthly audits, on corresponding diagnosis with med orders in the MAR, for the next three months or until 100% compliance.
- A random audit will be conducted for the next 6 months to verify compliance and presented to the Quality Assurance Committee

Michael Howze, PC Administrator

MHJ 5/7/15