



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

JUN 29 2015

Mr. Kirk L. Hawthorne, Administrator/CEO  
Roman Catholic Diocese of Erie  
2250 Shenango Valley Freeway  
Hermitage, Pennsylvania 16148

RE: Saint John XXIII Home  
License #: 447600

Dear Mr. Hawthorne:

As a result of the Department of Human Services' licensing inspection on April 22, 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 May 25, 2015 to May 25, 2016 was issued on March 9, 2015. 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  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: SAINT JOHN XXIII HOME		License Number: 44760
Address: 2250 SHENANGO VALLEY FREEWAY, HERMITAGE, PA 16146		County: Mercer
Administrator: Linnny Harden		Region: WEST
Legal Entity Name: Kirk L. Hawthorne, Administrator/CEO		
Legal Entity Address: 2250 SHENANGO VALLEY FREEWAY, HERMITAGE, PA 16148		
<b>Certificate(s) of Occupancy</b>		
C-1 01/09/2001 PA Dept. of Health	C-1 11/14/1989 PA Dept. of Health	C-1 06/15/1971 PA Dept. of L&I
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 67	Waking Staff: 50
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		<b>RECEIVED</b>
04/22/2015: Williams, Jason; Breuer, Patricia		JUN 05 2015 WEST REGION FIELD OFFICE Human Services Licensing
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 66 Number of Residents Served: 47 Secured Dementia Care Unit in Home: Yes Area: Special Needs wing Secured Dementia Unit Capacity, if Applicable: 32 Number of Residents Served in Secured Dementia Care Unit, if applicable: 20 Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 47 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 20 Have a Physical Disability: 0

JUN 03 2015

Violation Report: 44760 - 04/22/2015 - Williams, Jason  
PCH Name: SAINT JOHN XXIII HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

There was an 8 oz. Dimethicone 2% perineal spray and a 100 ounce bottle of Dreft detergent in the unlocked, unattended and accessible exam room across from the business office. Manufacturers' labels on both products indicated to get emergency medical help or call a physician if swallowed.

Not all residents of the home, including resident #1, are assessed as capable to safely use or avoid poisonous materials.

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

2600.82 (c)

1. Poisonous materials found to be stored in the unlocked, unattended and accessible area (Exam Room) were resolved/corrected at time of discovery during survey. Door to exam room was locked and proper signage to inform staff to keep doors locked at all times was posted. Since time of survey, Maintenance Director has ordered a keypad locking device for the Exam room door, which will be installed upon receipt.
2. No further areas posing "poisonous materials" danger were identified.
3. All Personal Care nursing staff have been educated by the Personal Care manager, regarding the need to keep the Exam room door locked at all times, as well as, the need to secure ALL poisonous materials.
4. Routine (daily) auditing of properly secured poisonous materials, including but not limited to the Exam room location will be completed by the Personal Care manager and monitored through the Quality Assurance program.

Corrected: 04/22/2015

Repeat Violation: No	Date(s) of Previous Violation(s):		
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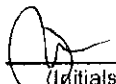
Signature of Legal Entity Representative  
(Required on EVERY Page) *Kirk Hawthorne* NHA/COO

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>KIRK HAWTHORNE - ADMINISTRATOR</i>	Date <i>06/03/2015</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 6/10/15  
(Date)

Plan of correction implementation status as of 6/10/15  
(Date)

The above plan of correction was approved by   
(Initials)

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

JUN 03 2015

Violation Report: 44760 - 04/22/2015 - Williams, Jason  
PCH Name: SAINT JOHN XXIII HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

There was a thick residue of juice on the spout of the juice dispenser in the kitchen.

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.

2600.85 (a)

1. The spout of the juice dispenser within the kitchen was thoroughly cleaned following survey identification. The cleaning "cycle" has been updated to increase the frequency of the juice machine cleaning.
2. No further unsanitary conditions were identified.
3. Dietary personnel have been re-educated by the Dietary Manager regarding the need for sanitary conditions and juice machine cleaning process/frequency.
4. Dietary Manager will audit overall kitchen sanitation on a daily basis, including but not limited to the juice machine spout. The results of the above Sanitation audit(s) will be incorporated into the facility Quality Assurance process.


Corrected: 04/22/2015

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) <i>Kirk Hawthorne</i> MHA / COO	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>KIRK HAWTHORNE - ADMINISTRATOR</i>	Date <i>06/03/2015</i>
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The above plan of correction is approved as of <u>6/10/15</u> (Date)   The above plan of correction was approved by _____ (Initials)	Plan of correction implementation status as of <u>6/10/15</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>2</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 44760 - 04/22/2015 - Williams, Jason  
 PCH Name: SAINT JOHN XXIII HOME

JUN 03 2015

1. REGULATION 55 Pa. Code §2600

WEST REGION FIELD OFFICE  
 Human Services Licensee

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

The exhaust fans are inoperable in the bathrooms in rooms 127, 128, 130, 132, 134, 136, 138, 139 and 140. None of these bathrooms have operable, outside windows.

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*

2600.86(b)

1. The motor that operates the bathroom exhaust fans of the rooms identified, was found to be inoperable at time of survey. The motor was replaced by the Maintenance Director during the survey and bathroom exhaust fans resumed normal operation/function as per design.
2. No further equipment malfunctions were identified and all remaining exhaust fans functioned properly.
3. Maintenance personnel have been educated by the Maintenance Director regarding the need for properly functioning exhaust fans within bathrooms.
4. Exhaust fan operation remains a part of the Preventative Maintenance program and will continue to be monitored monthly by Maintenance staff and reported through the Quality Assurance Program.

Corrected 04/22/2015

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) KIRK HAWTHORNE, NHA/COO

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) KIRK HAWTHORNE - ADMINISTRATOR Date 06/03/2015

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 (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress [Signature]
- Partially Implemented - Inadequate Progress
- Not Implemented

JUN 05 2015

Violation Report: 44760 - 04/22/2015 - Williams, Jason  
PCH Name: SAINT JOHN XXIII HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

There are no emergency service numbers posted nearby the telephone in room 326.

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*

2600.91

1. Emergency telephone numbers listing was posted near the telephone in room #326 by the Personal Care Manager following discovery of such.
2. Facility wide audit of properly posted emergency telephone numbers according to PA Code: 2600.91 standards will be completed by the Personal Care Manager by 6/12/2015.
3. Personal Care Nursing staff have been re-educated by the Personal Care manager related to the posting of emergency numbers on or by each telephone with an outside line.
4. Personal Care manager will audit "emergency telephone number posting" on a quarterly basis and incorporate such into the Quality Assurance Program.

Corrected: 6/12/2015

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Kirk Hawthorne* NHA COG

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

*Kirk Hawthorne ADMINISTRATOR*

Date *06/03/2015*

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6/10/15  
(Date)

Plan of correction implementation status as of

6/10/15  
(Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

*[Signature]*  
(Initials)

JUN 03 2015

Violation Report: 44760 - 04/22/2015 - Williams, Jason

PCH Name: SAINT JOHN XXIII HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters

2a. DESCRIPTION OF VIOLATION

There were numerous cardboard boxes stored on a wire rack approximately 6 inches from the water 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.

2600.125 (a)

1. Improper storage of combustible and flammable materials (boxes) found within the mechanical room next to the hot water heater were removed at time of survey by the Maintenance Director.
2. No other areas of unsafe storage have been identified.
3. Maintenance personnel have been educated by the Maintenance Director regarding the need for properly stored items and the dangers associated with storing combustible/flammable materials next to a heat source.
4. Maintenance Director will audit "proper storage of combustible materials" on a quarterly basis throughout the facility and incorporate such into the Quality Assurance Program.

Corrected 04/22/2015

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Kirk Hawthorne MA/C.D.O.

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

Kirk Hawthorne - Administrator

Date

06/03/2015

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

The above plan of correction is approved as of


6/3/15  
(Date)

Plan of correction implementation status as of

6/3/15  
(Date)

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

The above plan of correction was approved by

  
(Initials)

Violation Report: 44760 - 04/22/2015 - Williams, Jason  
PCH Name: SAINT JOHN XXIII HOME

JUN 05 2015

1. REGULATION 55 Pa.Code §2600  
2600.132(f) - Alternate exit routes shall be used during fire drills.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Staff and resident interviews indicate that the home is not using alternate exits during fire drills. Residents of the secure dementia care unit always evacuate to the Bistro hallway and residents of the personal care home always evacuate to the living room by the main entrance.

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.

2600.132 (f)

1. Use of Alternative exits during fire drills and proper documentation of such has been incorporated into the Fire Drill process effective May 2015, for both the Special Needs Unit and Personal Care Unit.
2. All facility personnel received Fire Safety training by the local Fire Department Chief on 5/21/2015, which included safe evacuation and all egress utilization.
3. Throughout the year as part of the monthly Fire Drill requirement, we will strategically place the "mock fire" in locations within both the Special Needs unit and Personal Care unit which will require use of alternative routes for safe evacuation.
4. The facility Administrator will monitor the monthly fire drill process, including but not limited to the use of alternative exit routes and proper documentation of such (monthly) and incorporate such into the quality Assurance process.

Corrected: 5/21/15

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Kirk Hawthorne* NHA / COO

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

KIRK HAWTHORNE - ADMINISTRATOR

Date 06/03/2015

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The above plan of correction is approved as of

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(Date)

Plan of correction implementation status as of

*6/10/15*  
(Date)

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

The above plan of correction was approved by

*[Signature]*  
(Initials)

JUN 05 2015

Violation Report: 44760 - 04/22/2015 - Williams, Jason

PCH Name: SAINT JOHN XXIII HOME

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

Resident #1 is ordered Lorazepam 0.5 mg, take one tablet twice a day - hold if sedated. The medication label indicates to take one tablet by mouth twice daily as needed and does not include the hold order.

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

2600.184(a)

- 1. The Lorazepam order for Resident (#1) was clarified with the residents attending physician. Order rewritten as Lorazepam .5mg Qam and .5mg HS as needed (prn) for anxiety, which is reflected as a medication order and the medication label matches such. (completed 05/11/15)
- 2. Facility Medication pass personnel will be reeducated by Personal Care Manager and Medication Pass Trainer, regarding the acceptable Professional Standards related to medication pass administration, including but not limited to order verification, medication label accuracy and clearly stated dosage instructions for administration.
- 3. No further medication order/label conflicts have been identified at this time. Personal Care manager will audit the Medication Administration record, medication order and medication labels for 3 resident records weekly through 9/30/15.
- 4. The results of the above medication audits will be incorporated into the facility Quality Assurance process.

Corrected: 6/12/15

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	Kirk Hawthorne, MHA / COO
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Kirk Hawthorne - ADMINISTRATOR	06/03/2015

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

The above plan of correction is approved as of <u>6/10/15</u> (Date)	Plan of correction implementation status as of <u>6/10/15</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>[Signature]</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44760 - 04/22/2015 - Williams, Jason  
PCH Name: SAINT JOHN XXIII HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

The medical evaluation, dated 9/3/14, for Resident #2, who resides on the secure dementia care unit, does not indicate the need for secure care.

The medical evaluation, dated 8/5/14, for Resident #3, who resides on the secure dementia care unit, does not indicate the need for secure care.

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

2600.231(b)

1. Resident (#2) Medical Evaluation dated 09/03/2014, inadvertently omitted the need for Secured Care. Physician order at time of admission does indicate the need for secure unit, as does the resident Admission Agreement, Rasp, etc. Medical Evaluation addendum has been sent to the residents attending physician for clarification purposes.
2. Resident (#3) Medical Evaluation dated 08/05/2014, did not indicate the need for secured unit as the resident did not require a secured unit but chose to reside in the secured area due to financial reasons. Resident was assessed for proper utilization of the keycode to exit unit at time of admission and was documented accordingly. However, an updated Medical Evaluation has been requested from the Attending Physician with anticipation that the secured unit is now appropriate for medical purposes. (Medical Evaluation anticipated return by 06/12/2015).
3. No further Medical Evaluation omissions/errors have been identified at this time. Personal Care Manager will review the medical record/medical evaluation of 3 residents weekly for proper and full completion, including but not limited to the secured area documentation.
4. The Medical Evaluation audits findings will be incorporated into the facility Quality Assurance Program.

Corrected: 06/12/2015

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Kirk Hawthorne MA/COO

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

KIRK HAWTHORNE-ADMINISTRATOR

Date

06/03/2015

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The above plan of correction is approved as of

6/2/15  
(Date)

Plan of correction implementation status as of

6/2/15  
(Date)

The above plan of correction was approved by

  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress 2
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44760 - 04/22/2015 - Williams, Jason  
PCH Name: SAINT JOHN XXIII HOME

JUN 05 2015

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

2a. DESCRIPTION OF VIOLATION

The code for the keypad lock is not conspicuously posted near the device at the door to the right on the special needs south exit door.

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

2600.233 (c)

1. The code for the keypad lock was reposted next to the device at the door at the Special Needs unit South Door by the Maintenance Director upon discovery.
2. All other keypad lock egress locations within the secured unit were found to have proper "code postings".
3. Personal Care Nursing staff have been re-educated by the Personal Care manager related to the posting of Keypad codes in a conspicuous place next to the secured egress.
4. Personal Care manager will audit all egress locations within the Special Needs Unit (secured unit) for proper keypad lock code postings on a quarterly basis and incorporate such into the Quality Assurance Program.

Corrected 04/22/2015

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Kirk Hawthorne* NHA CO.O.

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

KIRK HAWTHORNE - ADMINISTRATOR

Date 06/03/2015

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6/10/15  
(Date)

Plan of correction implementation status as of

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(Date)

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*[Signature]*  
(Initials)

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