



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to ELIZABETH SETON CARE CENTER
LEGAL ENTITY

To operate ELIZABETH SETON MEMORY CARE CENTER
NAME OF FACILITY OR AGENCY

Located at 129 DEPAUL CENTER ROAD, GREENSBURG, PA 15601
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 24
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 24

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from September 14, 2015 until September 14, 2016,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 445770

Robert E. Robinson
ISSUING OFFICER

[Signature]
DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 14 2015

Mr. Ronald Berlingo, Administrator
Elizabeth Seton Care Center
129 Depaul Center Road
Greensburg, Pennsylvania 15601

RE: Elizabeth Seton Memory Care Center
License #: 445770

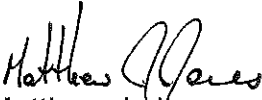
Dear Mr. Berlingo:

As a result of the Department of Human Services' licensing inspection on May 11, 2015 and July 29, 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

Sincerely,


Matthew J. Jones
Director_{/SH}

Enclosures
License
License Inspection Summary

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

PGH Name: ELIZABETH SETON MEMORY CARE CENTER		License Number: 44577
Address: 129 DEPAUL CENTER ROAD, GREENSBURG, PA 15601		County: Westmoreland
Administrator: RONALD BERLINGO		Region: WEST
Legal Entity Name: ELIZABETH SETON MEMORY CARE CENTER		
Legal Entity Address: 129 DEPAUL CENTER ROAD, GREENSBURG, PA 15601		RECEIVED
Certificate(s) of Occupancy C-2 LP 09/27/1999 Labor & Industry		JUN 30 2015 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 8	Waking Staff: 6
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Provisional		
On-Site Inspections Dates and Department Representatives On-Site 05/11/2015; Flinner-Alman, Lisa; Cutter, Jan		
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: 24 Number of Residents Served: 4 Secured Dementia Care Unit in Home: Yes Area: MEMORY CARE UNIT Secured Dementia Unit Capacity, if Applicable: 24 Number of Residents Served in Secured Dementia Care Unit, if applicable: 4 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: 4 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 4 Have a Physical Disability: 0	

Violation Report: 44577 - 05/11/2015 - Flinner-Alman, Lisa
 PCH Name: ELIZABETH SETON MEMORY CARE CENTER

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600
 2600.25(a)(1) - Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.

2a. DESCRIPTION OF VIOLATION
 Resident #1, admitted 5/8/15, does not have a resident-home contract completed.

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 resident contract was signed by the Administrator and the resident on 5/12/15. The Administrator will ensure that all new contracts are signed in accordance with regulations 2600 25 (a) (1).

Immediately - The administrator or designee will develop and implement a document tracking system for new residents to ensure all required documents, including the resident-home contract, are completed in the required time frames.

By 9/15/15 - All staff who are involved with new admissions will be educated on the tracking system.

Immediately - The administrator or designee will review all new resident-home contracts to ensure they are completed in full and within 24 hours of admission. J. Stalio

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Ron Berlingo*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Ron Berlingo, Administrator

Date
 6/30/15

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

The above plan of correction is approved as of 8/20/15
 (Date)

Plan of correction implementation status as of 8/20/15
 (Date)

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

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

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JUN 30 2015

Violation Report: 44577 - 05/11/2015 - Flinner-Alman, Lisa
PCH Name: ELIZABETH SETON MEMORY CARE CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

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

Resident #2's contract, dated 5/8/15, was not signed by the resident, the administrator or a designee.

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 Administrator and the resident's Power of Attorney signed the contract on 5/14/15. Resident was unwilling to sign, which is documented. The Administrator will make sure all parties sign the resident contract in accordance with 2600.25(b).

Immediately - The administrator or designee will review all resident - home contracts to ensure they are completed in full, including all required signatures, and within 24 hours of admission.

8/20/15

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
(Required on EVERY Page) *Ron Berlingo*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Ron Berlingo, Administrator

Date 6/30/15

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RECEIVED

JUN 30 2015

Violation Report: 44577 - 05/11/2015 - Flinner-Alman, Lisa
PCH Name: ELIZABETH SETON MEMORY CARE CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.82(a) - Poisonous materials shall be stored in their original, labeled containers.

2a. DESCRIPTION OF VIOLATION

There were multiple containers of poisons that were not stored in the original containers, as follows. Original labeling for these items indicated "If swallowed, call a poison control center or doctor."

* A spray bottle containing clear liquid with a handwritten label indicating "EAH-Odo-Ban" was hanging on a rack in the janitor's closet.

*Two spray bottles containing a clear liquid with handwritten labels indicating "Bleach" were in the janitor's room in the basement.

Staff person B identified the following unlabeled containers next to the utility sink in the laundry room as the following poisons, that were not stored in their original containers. Original labeling for these items indicated "If swallowed, call a poison control center or doctor":

*A yellow liquid was Lestoil Heavy Duty Multi-Purpose Cleaner.

*A blue liquid in 2 separate containers was liquid laundry detergent.

*A light blue liquid was fabric softener.

*A clear liquid in a spray bottle with a handwritten label indicated "Oxy-Clean."

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 unlabeled containers were replaced by labeled containers by the Director of Housekeeping on 5/25/15. The Administrator will make sure that all containers remain labeled by doing daily rounds of the unit and laundry room.

Immediately - All staff persons will be reeducated on the need to keep poisons in original containers with manufacturer's label. Ron Berlingo

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Ron Berlingo

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Ron Berlingo, Administrator

Date

6/30/15

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(Date)

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Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

R
(Initials)

JUN 30 2015

Violation Report: 44677 - 05/11/2015 - Flnner-Alman, Lisa
PCH Name: ELIZABETH SETON MEMORY CARE CENTER

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

Multiple poisonous materials, with labels indicating "If swallowed, get medical help or consult a poison control center" were unlocked and accessible to residents in the following locations:

*Two tubes of skin protectant in the bathroom of room 172.

*One tube of protective ointment in the staff bathroom.

Not all of the residents of the home, including Resident #4, have been assessed capable of recognizing and using poisons safely.

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

Skin protectant and protective ointment were removed on 5/11/15. Skin protectant and protective ointment will be stored in a locked cabinet in the resident's room. Nothing remains in the staff bathroom. The Administrator and Resident Care Director will check on a daily basis to ensure that residents' rooms remain free of these substances.

By 9/15/15 - all staff persons will be reeducated on keeping poisons in locked areas.

B 8/20/15

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Ron Berlingo*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Ron Berlingo, Administrator

Date 6/30/15

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

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Violation Report: 44577 - 05/11/2015 - Flinner-Alman, Lisa
PCH Name: ELIZABETH SETON MEMORY CARE CENTER

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

The telephones in the following areas with an outside line did not have the any of the required telephone numbers posted nearby:

- Room #172
- Kitchenette
- 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.

Emergency numbers were placed at all three locations on 5/12/15. The Administrator and Resident Care Director will check daily to make sure numbers in all rooms stay in place.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Ron Berlingo

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Ron Berlingo, Administrator

Date 6/30/15

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Violation Report: 44577 - 05/11/2015 - Flinner-Alman, Lisa
PCH Name: ELIZABETH SETON MEMORY CARE CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION
There was an opened and unsealed carton of liquid whole eggs in the walk-in cooler 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.

Director of Food Services has implemented a policy that states when anything is opened and put back into the cooler it will be dated and sealed. Director of Food Services will check daily to ensure this practice continues.

8/20/15 - All staff persons involved with Food Service were reeducated on keeping all food labeled and dated.

*J
8/20/15*

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Ron Berlingo*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Ron Berlingo, Administrator Date 6/30/15

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Page 8 of 17

Violation Report: 44577 - 05/11/2015 - Flinner-Alman, Lisa
PCH Name: ELIZABETH SETON MEMORY CARE CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION

There was an accumulation of approximately 1/4 inch of lint in the lint traps of all three commercial dryers in the laundry room.

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.

Lint traps will be cleaned after every cycle. The Director of Housekeeping put up a sign on 6/29/15 telling staff to clean lint traps after every cycle. The Administrator and Director of Housekeeping will ensure daily that lint traps are being cleaned accordingly.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
(Required on EVERY Page) *Ron Berlingo*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Ron Berlingo, Administrator

Date 6/30/15

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(Date)

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(Date)

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

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JUN 30 2015

Page 9 of 17

Violation Report: 44577 - 05/11/2015 - Flinner-Alman, Lisa
PCH Name: ELIZABETH SETON MEMORY CARE CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION

The menus for the current and upcoming week were not posted in a a conspicuous and public place in the home. The only posted menu was dated 5/4/15 -5/10/15, for the prior week.

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.

Menus of the current and upcoming week have been posted in a conspicuous area as of 5/12/15 and have been continuously updated. The Administrator will make sure that two menus remain posted at all times.

Immediately. The Administrator or designated staff person will monitor the menus at least weekly to ensure the current menu and the menu for the upcoming week are posted in a conspicuous and public place in the home.

[Handwritten signature]
8/20/15

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) Ron Berlingo, Administrator

Date 6/30/15

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[Handwritten initials]
(Initials)

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Violation Report: 44577 - 05/11/2015 - Flinner-Alman, Lisa
PCH Name: ELIZABETH SETON MEMORY CARE CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

Resident #2 is ordered Nitrostat 0.4mg, as needed for chest pain. However, the medication was not available in the home.

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.

Nitrostat ordered from pharmacy on 5/13/15 and is readily available for the resident's use when needed. Resident Care Director will make sure that all medications listed in the MAR are in the medication cart, by completing a medication audit, at least monthly.

By 9/15/15 - All staff who administer medications will be educated on the home's procedures for ordering medications.

8/30/15

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
(Required on EVERY Page) *Ron Berlingo*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Ron Berlingo, Administrator

Date 6/30/15

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JUN 30 2015

Violation Report: 44577 - 05/11/2015 - Flinner-Alman, Lisa
PCH Name: ELIZABETH SETON MEMORY CARE CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.186(c) - Changes in medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.

2a. DESCRIPTION OF VIOLATION

Resident #3 is ordered Quetiapine 25mg, take 1/2 tablet in the morning. On 5/5/15 and 5/7/15, the home did not administer the medication due to lethargy; however the home did not have a written order from the prescriber for this change.

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.

Physician order obtained on 5/12/15 "Hold Seroquel when sedated". Instructions also added to MAR. Resident Care Director will ensure that specific instructions for any medications are listed on the MAR.

By 9/15/15 - All staff who administer medications will be reeducated on need for physician's written order for any medication changes.

8/20/15 By 9/30/15 - The administrator or designee will conduct a medication audit, at least monthly, to ensure all medication changes have a written physician's order.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Ron Berlingo*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Ron Berlingo, Administrator

Date 6/30/15

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(Date)

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(Initials)

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Violation Report: 44577 - 05/11/2015 - Finner-Alman, Lisa
PCH Name: ELIZABETH SETON MEMORY CARE CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

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

The May 2015 medication administration record for resident #1 does not include a diagnosis or purpose for the following medications:

- *Atenolol 50mg, 1 tablet daily
- *Lisinopril 20mg, 1 tablet daily
- *Glipizide XL 2.5mg, 1 tablet daily

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.

On 5/11/15, MAR was corrected to include purpose of all medications. Resident Care Director will ensure that all appropriate mobility assessments are completed in a timely manner.

By 4/30/15 - The administrator or designee will conduct a medication audit, at least monthly, to include ensuring all medications have a diagnosis or purpose indicated on the MAR.

By 7/15/15 - All staff persons who administer medications will be educated on this requirement. Jn 8/20/15

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Ron Berlingo*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Ron Berlingo, Administrator Date 6/30/15

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PCH Name: ELIZABETH SETON MEMORY CARE CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

The home did not assess resident #4 for long term memory loss under long term memory loss in the Behavioral or Cognitive Care Needs section. The assessment dated 2/27/15, for resident #4, is blank in that section. The resident has a diagnosis of dementia.

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.

On 6/29/15 Resident Care Director completed Behavioral or Cognitive Care Needs Section for resident #4. Resident Care Director will make sure this section is completed as needed.

Immediately - all staff who complete assessments will be reeducated on completing the document in its entirety.

Immediately - The administrator will develop and implement a review system to ensure all resident assessments are complete, accurate and timely.

8/20/15 By 9/30/15 - The administrator or designated person will review the assessments of all current residents to ensure that a complete, accurate and thorough, including assessment of long-term and short-term memory. P 8/20/15

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Ron Berlingo*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Ron Berlingo, Administrator

Date
6/30/15

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(Date)

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(Initials)

Plan of correction implementation status as of 8/20/15
(Date)

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

Violation Report: 44577 - 05/11/2015 - Flinner-Alman, Lisa
PCH Name: ELIZABETH SETON MEMORY CARE CENTER

1. REGULATION 55 Pa.Code §2600

2600.226(a) - The resident shall be assessed for mobility needs as part of the resident's assessment.

2a. DESCRIPTION OF VIOLATION

Resident #3 resides on the secured dementia care unit (SDCU); however, the assessment, dated 3/18/15, indicates the resident is minimally mobile.

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.

Resident #3 was documented as having mobility needs on 5/11/15. Resident Care Director will ensure that all appropriate assessments are completed in a timely manner.

Immediately - all staff who complete assessments will be reeducated on completing the document in its entirety.

Immediately - The administrator will develop and implement a review system to ensure all resident assessments are complete, accurate and timely.

By 9/30/15 - The administrator or a designated staff person will review all assessments of current residents to ensure each resident has been accurately assessed for mobility needs. (8/26/15)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Ron Berlingo

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

Ron Berlingo - Administrator

Date
6/30/15

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

The above plan of correction is approved as of

8/20/15
(Date)

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The above plan of correction was approved by

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(Initials)

Violation Report: 44577 - 05/11/2015 - Flinner-Alman, Lisa
PCH Name: ELIZABETH SETON MEMORY CARE CENTER

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 entire home is licensed as a SDCU. The medical evaluations for the following residents do not indicate the need for the residents to be served in a SDCU:

- * Resident #4's medical evaluation, dated 2/10/15
- *Resident #2's medical evaluation, dated 4/27/15
- *Resident #3's medical evaluation, dated 3/16/15

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.

Resident Care Director checked the box for resident #4, #2, and #3 on 5/11/15. The Resident Care Director will ensure resident's diagnosis is included and the need to be served in a SDCU is documented, by the residents' physician on

the required form, within 60 days prior to admission.

Immediately - A designated staff person will review newly completed medical evaluations to ensure they are completed in their entirety including documentation of each resident's need to be served in a SDCU.

8/20/15
8/20/15

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Ron Berlingo

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

Ron Berlingo - Administrator

Date

6/30/15

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8/20/15
(Date)

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(Date)

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(Initials)

JUN 30 2015

Violation Report: 44577 - 05/11/2015 - Flinner-Alman, Lisa
PCH Name: ELIZABETH SETON MEMORY CARE CENTER

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 directions for unlocking the gate in the SDCU courtyard were not conspicuously posted near the device.

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 code to open the gate was posted on 6/29/15. In addition, there is an emergency pull station in close proximity to the gate that will make sure that when pulled will open the gate. The Administrator will make sure that the code remains posted at all times, by monitoring the post sign throughout the home at least weekly.

8/20/15

Repeat Violation: Yes Date(s) of Previous Violation(s): 12/10/2014

Signature of Legal Entity Representative
(Required on EVERY Page) *Ron Berlingo*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Ron Berlingo - Administrator* Date *8/30/15*

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(Initials)

Violation Report: 44577 - 05/11/2015 - Flinner-Alman, Lisa
PCH Name: ELIZABETH SETON MEMORY CARE CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.233(d) - Doors that open onto areas such as parking lots, or other potentially unsafe areas, shall be locked by an electronic or magnetic system.

2a. DESCRIPTION OF VIOLATION

An Adult Day Care (ADC) operates in the same building as the personal care home. The home and the ADC each have a door that opens into the shared outdoor courtyard. The courtyard door to the Adult Day Care was propped open, posing a risk that residents of the SDCU may enter the unsecured portion of the building.

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.

Adult Day Care staff has been informed that the door to the outdoor courtyard must remain closed and locked at all times. The Administrator will check daily to ensure that the door is closed.

Immediately - All staff responsible in the home shall be educated on monitoring the courtyard and supervision of residents in the courtyard to ensure none can exit through the ADC doors.

8/20/15

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Ron Berlingo*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Ron Berlingo, Administrator Date 6/30/15

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(Date)

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(Initials)

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