



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 27 2015

Mr. Timothy Greenlund, President
Watson Memorial Home
1200 Conewango Avenue
Warren, Pennsylvania 16365


RE: Watson Memorial Home
License #: 444120

Dear Mr. Greenlund:

As a result of the Department of Human Services' annual licensing inspection on June 17, 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,


Matthew J. Jones
Director_{1/14}

Enclosure
License Inspection Summary

Violation Report: 44412 - 06/17/2015 - McConnell, Deb
 PCH Name: WATSON MEMORIAL HOME

1. REGULATION 65 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

The common bathroom in the main hallway adjacent to the front door has a toilet; however, there is no sink available in the bathroom for handwashing.

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 toilet in this bathroom is not working and is leaking out of working water. Please see attached picture of the toilet. Staff will have removed. By removing this toilet, Watson Memorial Home will not be within regulatory state (62 Pa) with all of the necessary steps to every six to seven days including maintenance. Staff will be notified immediately.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Laura Seala, Administrator*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Laura Seala, Administrator* Date *9/25/15*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of <u>9-25-15</u> (Date)	Plan of correction implementation status as of <u>9-25-15</u> (Date)
The above plan of correction was approved by <u>LS</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>LS</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44412 - 06/17/2015 - McConnell, Deb
PCH Name: WATSON MEMORIAL HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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 fan in the whirlpool bathroom is not operational. There is no outside window to the bathroom.

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 fan in the whirlpool room bathroom was not operational at the time of inspection due to a malfunctioning motor. This problem has been repaired and the vent in this bathroom is now functioning properly. Please see attached photos of vent in this room with paper being suctioned to it.

To avoid similar violations in the future, the maintenance Director will do periodic tests of all bathroom vents during monthly walk throughs of the building.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Erin L. Sveda, Administrator

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

Erin L. Sveda, Administrator

Date 9/4/2015

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The above plan of correction is approved as of 9-23-15
(Date)

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

Plan of correction implementation status as of 9-23-15
(Date)

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

Violation Report: 44412 - 06/17/2015 - McConnell, Deb

PCH Name: WATSON MEMORIAL 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

None of the required telephone numbers are posted on or by the telephones in resident bedrooms #23 and #30.

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.

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. At this time, we utilize stickers that are put on each phone. Please see photos of phones in room #23 and #30 which now have the stickers on the phone.

For a permanent solution to this violation and to avoid further violations of this type, Watson Memorial Home has ordered permanent signs that will be mounted in every room that has an outside telephone line. Please see pictures of the red signs that will be mounted. This project will be completed by 10/15/15 - stickers on phones will remain in place until the project is complete.

Mounting of these signs will be completed by the Maintenance Director and will be checked on a monthly basis by the maintenance department to ensure they are not removed.

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Date(s) of Previous Violation(s):

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(Required on EVERY Page)

Erin L. Sveda, Administrator

Printed Name and Title of Legal Entity Representative
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Erin L. Sveda, Administrator

Date 9/4/2015

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(Initials)

Violation Report: 44412 - 06/17/2015 - McConnell, Deb

PCH Name: WATSON MEMORIAL HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

There was no thermometer in the refrigerator or freezer sections of the small refrigerator/freezer in the main hallway resident kitchenette by the front 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.

All refrigerators and freezers in the building that store residents' food or beverages will have thermometers. The refrigerator and freezer section of the dorm size refrigerator in the residents' kitchenette now has two thermometers; one located in the freezer section and one located in the refrigerator section. Please see attached photos.

To avoid similar violations in the future, the Maintenance Director will be responsible for maintaining thermometers in all refrigerators and freezers within the building. This will be checked monthly during walk throughs within the building.

Within 30 days of receipt of the accepted plan of correction - All staff persons involved in food storage and preparation will be educated on safe food storage to include storing food off of the floor and storing food and storing food at temperatures in accordance with regulation 2600.103(b). Documentation of education will be kept. 9-23-15

Within 30 days of receipt of the accepted plan of correction - The administrator or designee will check weekly to ensure all refrigerators and freezers have thermometers and food requiring refrigeration is stored at or below 40 degrees Fahrenheit and frozen food is stored at or below 0 degrees Fahrenheit. 9-23-15

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Erin L. Sveda, Administrator

Printed Name and Title of Legal Entity Representative
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Erin L. Sveda, Administrator

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9/4/2015

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(Initials)

Violation Report: 44412 - 06/17/2015 - McConnell, Deb

PCH Name: WATSON MEMORIAL HOME

1. REGULATION 55 Pa. Code §2600

2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

2a. DESCRIPTION OF VIOLATION

The home currently has 4 residents that require assistance in an evacuation. The home has no documentation that the local fire department was notified in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency.

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 Sept. 23, 2014, our local fire department was notified in writing of our address, location of bedrooms, and assistance needed in the event of evacuation. Please see the attached documents of this along with a copy signed by the Glade Twp fire Chief stating that he received it. (dated Sept. 23, 2014)

Although from my understanding, the evacuation assistance does not need to be resident specific, I have implemented a policy in which the DON (Director of Nursing) will inform the Fire Chief of Glade Twp of any mobility changes with our residents anytime the changes occur. Please see attached policy and most recent letter sent to the Glade Twp Fire Chief. Each time these letters are sent, we will request confirmation that it was received.

To prevent violation in this area, our Director of Nursing will follow this policy and will notify the Fire Chief in writing of any changes in mobility in our building when the changes occur.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
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Erin L. Sveda, Administrator

Printed Name and Title of Legal Entity Representative
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Violation Report: 44412 - 06/17/2015 - McConnell, Deb

PCH Name: WATSON MEMORIAL HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.133(a)(1) - If the home serves nine or more residents, signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

2a. DESCRIPTION OF VIOLATION

There was no exit sign at the two emergency exit doors leading from the sitting room located in the infirmary hallway to the covered patio.

There was no exit sign at emergency exit door #4 leading to the enclosed porch in the back hallway and the two emergency exit doors leading from the enclosed porch to the designated meeting place in the rear of the home.

The home currently serves 20 residents.

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 EXIT sign at emergency exit #4 is a permanent sign that was installed when all EXIT signs were installed at the emergency EXITS. This sign was in place during our inspection. Please see attached photo.

Signs bearing the words "EXIT" in plain legible letters shall be placed at all exits. "EXIT" signs have been mounted over both doors on the screened in porch leading to the designated meeting area in the rear of the home. Please see attached photos.

Signs bearing the words "EXIT" have been mounted above both doors in the sitting room on the infirmary hall. Please see attached photos.

To avoid future violations of this type, the maintenance department will periodically check to make sure all EXIT signs are in place.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Erinn L. Sveda, Administrator

Printed Name and Title of Legal Entity Representative
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