



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUL 25 2016

Mr. Timothy Greenlund, President
Ms. Erinn L. Sveda, Administrator
Watson Memorial Home
1200 Conewango Avenue
Warren, Pennsylvania 16365

RE: Watson Memorial Home
License #: 444120

Dear Mr. Greenlund and Ms. Sveda:

As a result of the Department of Human Services' annual licensing inspection on April 5, 2016 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 "Jay Bausch".

Jay Bausch
Deputy Secretary

Enclosure
License Inspection Summary

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

PCH Name: WATSON MEMORIAL HOME		License Number: 44412
Address: 1200 CONEWANGO AVENUE, WARREN, PA 16365		County: Warren
Administrator: Erinn Sveda		Region: NORTHEAST
Legal Entity Name: WATSON MEMORIAL HOME		
Legal Entity Address: 1200 CONEWANGO AVENUE, WARREN, PA 16365		
Certificate(s) of Occupancy Large 04/05/1982 L&I		
Staffing Hours Resident Support: 0 Total Daily Staff: 26 Waking Staff: 20		
Type of Inspection: Full		BHA Docket Number: Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 04/05/2016: Novak, Ryan; Rushin, Julienne		
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: 25 Number of Residents Served: 22 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 2	Number of Residents who: Receive Supplemental Security Income: 4 Are 60 Years of Age or Older: 22 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 4 Have a Physical Disability: 4	

Violation Report: 44412 - 04/05/2016 - Novak, Ryan
 PCH Name: WATSON MEMORIAL HOME

1. REGULATION 55 Pa. Code §2600
 2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION
 The treatment medication cart was unlocked and unattended at 11:00 am on the day of the inspection. The medication administration records for the residents were located inside the cart. The MAR's contain confidential information of the 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.

On April 6, 2016, this treatment cart had the lock replaced by the pharmaceutical company that provided the cart to the facility. The cart now has a working lock and will be locked anytime that it is unattended.

To ensure this does not occur in the future, all nursing staff will be re-educated on Regulation 55 Pa. Code 2600.17, confidentiality of records as well as the importance of reporting to the DON when a lock is malfunctioning in order for immediate repair or replacement. This re-education will be completed by 5/21/2016.

The DON will periodically and unexpectedly check the treatment carts when left unattended. All nursing staff will be made aware that disciplinary action will be taken if an employee does not follow protocol for locking unattended treatment carts.

to ensure ongoing compliance
 of 5/21/16

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


Signature of Legal Entity Representative (Required on EVERY Page) *Erna Sveda, Administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Erna Sveda, Administrator* Date *5/3/2016*

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

The above plan of correction is approved as of 5/21/16 (Date) Plan of correction implementation status as of 5/21/16 (Date)

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

The above plan of correction was approved by  (Initials)

Violation Report: 44412 - 04/05/2016 - Novak, Ryan
 PCH Name: WATSON MEMORIAL HOME

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Ancillary staff person A hired [redacted] 09 did not receive training in resident rights for the training year from October 2014 - September 2015.

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.

Ancillary staff person A received training in resident's rights on 2/10/2016 for training year Oct. 2015 - Sept. 2016.

To ensure that no staff members miss training in the future, one employee, the Administrative Asst. will track all training attendance on a monthly basis and will report to department supervisors of any employees who have missed training.

The administrative assistant, along with the supervisor, will work together with the employee to schedule a make-up for the missed in-service.


Employee A will need to have additional training to make up for the training missed in 14-15, besides the training in res. rights for the current year. Missed training must be made up in addition to current training. 5/21/16

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Erim Sueda Administrator</i>	Date <i>5/3/2016</i>
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Violation Report: 44412 - 04/05/2016 - Novak, Ryan
 PCH Name: WATSON MEMORIAL HOME

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

2a. DESCRIPTION OF VIOLATION

Department Representative noted an opened Sharps container filled with used diabetic testing supplies on the back porch outside of exit #4.

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.

This sharps container was removed from a resident's room to the back porch during a thorough room cleaning.

To ensure this incident does not occur in the future, sharps containers were removed from those residents' rooms whose blood sugars are checked by nursing staff. Nursing staff will carry a portable sharps container with them when they perform blood sugar checks and will return the portable container to the nurse's office after checking blood sugars.

For those residents who perform their own blood sugar checks with nursing assisting them, sharps containers will be hung on the bathroom walls in specific brackets made for the containers. The brackets have been ordered and will be in place by 5/21/2016. The home will fax the documentation of purchase for sharp containers to

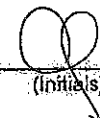
Repeat Violation No: _____ Date(s) of Previous Violation(s): the Northern Regional Office 5/21/16

Signature of Legal Entity Representative
 (Required on EVERY Page) Erin Sveda, Administrator

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Erin Sveda, Administrator Date 5/3/16

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Violation Report: 44412 - 04/05/2016 - Novak, Ryan
 PCH Name: WATSON MEMORIAL HOME

1. REGULATION 55 Pa.Code §2600
 2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION

A small table located to the right of the couch in the home's TV room is partially blocking an exit door leading to a side porch. The door cannot be completely opened in the event of 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.

This table and other furniture in the TV room has been re-arranged in order to not block exit doors leading to the side porch.

In order for this to be avoided in the future, all staff will be re-educated on Regulation 55 pa code 2600.121(a) and will be educated on the importance of all exit doors opening fully in order for walkers and wheel chairs to pass through the doorways. This training will be completed by 5/21/2016

Utilizing the exit door in the home's TV Room we assist residents in familiarizing themselves w/ this exit during fire drills and we provide an additional exit in the event of a real emergency.

Q. 5/21/16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Erin Sveda

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

Erin Sveda, Administrator


Date: 5/3/2016

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Violation Report: 44412 - 04/05/2016 - Novak, Ryan
 PCH Name: WATSON MEMORIAL HOME

1. REGULATION 55 Pa. Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

It has been determined through interviews that the person conducting the fire drill is adding himself to the number of staff participating on the fire drill log. The home is incorrectly documenting the fire drill logs.

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 maintenance Director is the person responsible for conducting the fire drills in the home. The maintenance Director documented incorrectly for one 3rd shift fire drill and included himself when counting staff participation with fire drills.

This employee has been educated on his role during a fire drill. He now understands that by conducting the fire drill and observing the evacuation process, he is not an active participant in the count of employees participating in the drill. The maintenance director will not include himself as an acting participant in any future fire drills. - or assist in evacuating residents during drills. O.P. 5/21/16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page):

Erin Sveda

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

Erin Sveda Administrator

Date *5/3/16*

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Violation Report: 44412 - 04/05/2016 - Novak, Ryan
 PCH Name: WATSON MEMORIAL HOME

1. REGULATION 55 Pa. Code §2600
 2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION
 At approximately 11:00am the treatment medication cart was located next to room #20. Licensing representative was able to unlock the medication cart, by turning the lock. An interview with a staff member determined that the medication cart does not have a lock on it. The medication cart was unlocked and accessible to 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.

On April 6, 2016, this treatment cart had the lock replaced by the pharmaceutical/medical equipment company that provided the cart to the facility.

To ensure this does not occur in the future, all nursing staff will be re-educated on Regulation 55 Pa Code 2600.183 and the importance of all prescription and OTC medications to be locked at any time they are unattended. They will also be re-educated on the importance of reporting to the DON when a lock on the treatment cart is malfunctioning in order for immediate repair or replacement. This re-education will be completed by 5/21/16.

The DON will periodically and unexpectedly check the treatment carts when left unattended. All nursing staff will be made aware that disciplinary action will be taken if an employee does not follow protocol.

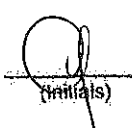
to ensure ongoing compliance
 CQ.
 5/21/16

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

Signature of Legal Entity Representative (Required on EVERY Page) *Erinn Sveda*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Erinn Sveda, Administrator* Date *5/3/2016*

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Violation Report: 44412 - 04/05/2016 - Novak, Ryan
 PCH Name: WATSON MEMORIAL HOME

1. REGULATION 55 Pa.Code §2600
 2600.184(c) - Sample prescription medications shall have written instructions from the prescriber that include the components specified in § 2600.184(a)

2a. DESCRIPTION OF VIOLATION
 Resident #1's sample neomycin-polymyx ointment does not include the prescribed dosage and instructions for administration.

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.

To prevent this violation from occurring in the future, the D.O.N has educated all nursing staff as well as our Physician and Physician's Assistant of the written instructions that must accompany any sample medications prescribed to the residents.

D.O.N nursing employees will be responsible for obtaining the written instructions from any medical professional who prescribes sample medications.

Please see the attached page with the procedure to be followed anytime sample medication is prescribed. This policy was implemented on April 6, 2016.

Adm/Designee will ensure that periodic audits of the home's med cart(s) to ensure ongoing compliance. 5/21/16

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

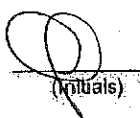
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Erin Sveda, Administrator* Date *5/3/2016*

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Violation Report: 44412 - 04/05/2016 - Novak, Ryan
 PCH Name: WATSON MEMORIAL HOME

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 prednisone acetate 1% did not include a diagnosis or purpose.

Resident #2's glucosamine-chondroitin tablet did not include a diagnosis or purpose.

Review of resident #3's glucometer and MAR indicates the following errors: On 3/11/16 at 7:04 am the meter reads 138; 124 is written on the MAR. On 3/16/16 at 6:07 am the meter reads 157; 165 is written on the MAR.

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.

To avoid this violation in the future, the D.O.N. has implemented a new policy and procedure for obtaining blood sugars and recording the blood sugar reading. - See attached page 1 - this policy was enforced on April 6, 2016.

The D.O.N. has also implemented corrective measures to avoid missing diagnosis codes in the future regarding the MAR. - See attached pg. 2. This policy was implemented on April 12, 2016.

Adm/Designee will ensure that periodic audits of the MARs are performed to ensure ongoing compliance. *OP 5/21/16*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Erinn Sveda

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

Erinn Sveda, Administrator

Date 5 | 3 | 2016

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