



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUL 1 1 2016

Mr. Daniel H. March, Senior Director
Presbyterian Senior Care, Inc.
880 South Main Street
Washington, Pennsylvania 15301

RE: Southminster Place
License #: 415930

Dear Mr. March:

As a result of the Department of Human Services' annual licensing inspections on April 26, 2016 and May 3, 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,


Jay Bausch
Deputy Secretary

Enclosure
License Inspection Summary

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

PCH Name: SOUTHMINSTER PLACE		License Number: 41593
Address: 880 SOUTH MAIN STREET, WASHINGTON, PA 15301		County: Washington
Administrator: Glen Delich		Region: WEST
Legal Entity Name: PRESBYTERIAN SENIOR CARE INC		
Legal Entity Address: 880 SOUTH MAIN STREET, WASHINGTON, PA 15301		
Certificate(s) of Occupancy I-2 04/11/2002 Twp. of South Strabane		
Staffing Hours Resident Support: 0 Total Daily Staff: 102 Waking Staff: 77		
Type of Inspection: Full		BHA Docket Number: Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 04/26/2016: Pfaff, Vicki; Eveges, Joseph; Kimberland, Jon 05/03/2016: Pfaff, Vicki; Eveges, Joseph; Daerr, Alicia; Kimberland, Jon		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: N/A Random Indicators: N/A		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 90 Number of Residents Served: 76 Secured Dementia Care Unit in Home: Yes Area: First Floor Secured Dementia Unit Capacity, if Applicable: 20 Number of Residents Served in Secured Dementia Care Unit, if applicable: 20 Number of Current Hospice Residents: 20 Number of Hospice Residents in past year: 8		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 76 Have Mental Illness: 1 Have an Intellectual Disability: 1 Have a Mobility Need: 26 Have a Physical Disability: 0

Violation Report: 41593 - 04/26/2016 - Pfaff, Vicki
PCH Name: SOUTHMINSTER PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.130(a) - There shall be an operable automatic smoke detector located within 15 feet of each bedroom door.

2a. DESCRIPTION OF VIOLATION

On 4/26/16, the closest smoke detector to bedroom #148 measured 17' away from the door.

On 4/26/16, the closest smoke detector to bedroom #169 measured 15' 6" away from the door.

On 4/26/16, the closest smoke detector to bedroom #174 measured 19' 6" away from the door.

On 4/26/16, the closest smoke detector to bedroom #209 measured 19' 6" away from the door.

On 4/26/16, the closest smoke detector to bedroom #210 measured 19' 6" away from the 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.

SimplexGrinnell contacted to install additional smoke detectors so that all bedrooms have a smoke detector within 15 ft. of the door. Maintenance Dept. did a walk-through of entire building to ensure no other violations of this nature. Scheduled date of smoke detector installation is: 7-7-16. Work to be completed by SimplexGrinnell Company

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

DH March

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

DH MARCH

Date 06/06/16

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

The above plan of correction is approved as of 6-9-16
(Date)

Plan of correction implementation status as of 6-9-16
(Date)

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

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

Violation Report: 41593 - 04/26/2016 - Pfaff, Vicki
PCH Name: SOUTHMINSTER PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION

The home is using the hallways as fire-safe areas during all fire drills. However, the home's fire safety expert has not designated the hallways, in writing, as fire-safe areas.

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.

Updated letter has been drafted & signed by [redacted] Fire Chief to include the verbiage "providing 2 separate fire safe areas on each floor" updated letter dated 6/2/16
Letter attached

Repeat Violation: No

Date(s) of Previous Violation(s):

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DH March

Printed Name and Title of Legal Entity Representative
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[Signature]
(Initials)

JUN 08 2016

Violation Report: 41593 - 04/26/2016 - Pfaff, Vicki
PCH Name: SOUTHMINSTER PLACE

WEST REGION FIELD OFFICE:
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.144(c) - A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include 2600.144(c)1-3.

2a. DESCRIPTION OF VIOLATION

On 4/26/16, there were cushions on six chairs and two benches in the outside designated smoking area on the first floor. None of the cushions were fire resistive.

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 cushions were removed from the smoking area & disposed of on 4/26/16. Staff & residents educated regarding this issue & the importance of compliance with all fire safety policies/procedures.

Immediately - A designated staff person will check the designated smoking area weekly to ensure compliance with regulation 2600.144(c). 6-4-16,

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
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D H March

Date 06/06/16

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Violation Report: 41593 - 04/26/2016 - Pfaff, Vicki
 PCH Name: SOUTHMINSTER PLACE

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #1's support plan, dated 3/3/16, does not include the care and services the home will provide related to the residents diagnoses of depression, psychosis, and mood disorder.

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.

Support plan for Resident #1 has been updated to address dx of depression, psychosis & mood disorder. Clinical Care Coord & Dir. of Res. Svs will cross check one another's completed support plans to ensure all resident needs have been addressed. Support plans will be checked again at each care conference (quarterly on Woodside & bi-annually on Traditional).
 * updated support plan attached

Repeat Violation: Yes

Date(s) of Previous Violation(s):

03/06/2014

et al

08/22/2013

Signature of Legal Entity Representative
 (Required on EVERY Page)

D J March

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

D J March

Date

06/06/16

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Violation Report: 41593 - 04/26/2016 - Pfaff, Vicki

PCH Name: SOUTHMINSTER PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION

Resident #2's support plan, dated 3/15/16, was not signed by the staff person completing the support plan.

Resident #3's support plan, dated 1/12/16, was not signed by the staff person completing the support plan.

Resident #4's support plan, dated 3/29/16, was not signed by the staff person completing the support plan.

Resident #5's support plan, dated 1/5/16, was not signed by the staff person completing the support plan.

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 support plans now signed by person who completed it. Signature lines added to computer version of support plan & will automatically print out when support plans are printed. Care plans will be checked for signatures during care conference (quarterly on Woodside & bi-annually on Traditional) by Clinical Care Coord & Dir of Res. S/S. *signature pages for residents 2-5 attached

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *DH MARCH* Date *06/06/16*

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