



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: November 9, 2016

Ms. Linda Harden, Administrator
Roman Catholic Diocese of Erie
2250 Shenango Valley Freeway
Hermitage, Pennsylvania 16148

RE: Saint John XXIII Home
License #447600

Dear Ms. Harden:

As a result of the Department of Human Services' licensing inspection on May 27, 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 "Brent Sutherland".

Brent Sutherland
Acting Human Services Licensing Supervisor

Enclosure
Licensing 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 16148		County: Mercer
Administrator: Linda Harden		Region: WEST
Legal Entity Name: ROMAN CATHOLIC DIOCESE OF ERIE		
Legal Entity Address: 2250 SHENANGO VALLEY FREEWAY, HERMITAGE, PA 16148		
Certificate(s) of Occupancy		
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 Health
Staffing Hours		
Resident Support:	Total Daily Staff: 68	Waking Staff: 51
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 05/27/2016: Hultquist, Cliff		RECEIVED OCT 21 2016 WEST REGION FIELD OFFICE Human Services Licensing
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: 98 Number of Residents Served: 50 Secured Dementia Care Unit in Home: Yes Area: Secured Dementia Unit Capacity, if Applicable: 32 Number of Residents Served in Secured Dementia Care Unit, if applicable: 16 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: 50 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 18 Have a Physical Disability: 0	

Violation Report: 44760 - 05/27/2016 - Hultquist, Cliff
PCH Name: SAINT JOHN XXIII HOME

OCT 21 2016

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired on [redacted] 14, provided unsupervised ADL services and did not successfully complete and pass the Department-approved direct care training course and competency test until 06/20/14.

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.

See Attachment Page 2A

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) Kirk Hawthorne, PHA

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) KIRK HAWTHORNE, ADMINISTRATOR Date 10/21/16

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

The above plan of correction is approved as of <u>11/2/16</u> (Date)	Plan of correction implementation status as of <u>11/2/16</u> (Date)
The above plan of correction was approved by <u>BS</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <u>BS</u> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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5 Pa.Code 2600.65(d)

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1. Employee "A", completed competency testing on 6/20/2014. Employee "A" did not provide unsupervised ADL care prior to orientation/competency test completion as per regulation, however, accurate documentation to verify such was missing. The Documentation process has been adjusted to meet the standard.
2. Nursing Assistants are classified as ORIENTATION on the nursing schedule. Individuals working in an ORIENTATION window are not permitted to provide unsupervised ADL care. Individuals remain on ORIENTATION until successful completion of their Competency Test. Completion of Competency testing is documented on the Orientation checklist by the Administrator, which signifies an employee's clearance to provide ADL care unsupervised.
3. 3 of 3 new hires in 2016, have proper documentation in place to verify the revised system (attached).
4. Facility policy/procedure has been updated to include the above step by step process.
5. Orientation and Competency testing timeliness will be monitored through the Quality Assurance process.
6. Completion Date: 06/01/2016

KIRK Hawthorne MHA

KIRK HAWTHORNE - ADMINISTRATOR

10 21 2016

BB 11/2/16

OCT 21 2016

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44760 - 05/27/2016 - Hultquist, Cliff
PCH Name: SAINT JOHN XXIII HOME

1. REGULATION 55 Pa.Code §2600
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The medical evaluation for resident #1, dated 04/15/16, does not include health status and cognitive functioning. These sections of the medical evaluation are blank.

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.

55 Pa.Code 2600.141(a)(2)

1. Resident (1) Medical Evaluation from April 2016 is current and complete (attached).
2. Since June 2016, Initial and Updated Medical Evaluations are audited by the Administrator on a monthly basis for completeness and accuracy. Incomplete evaluations are returned to the attending physician for completion.
3. The above Medical Evaluation audit will be incorporated into the Quality Assurance Process.
4. Sample of 5 recently completed Medical Evaluations provided as evidence that the system is working properly.
5. Completion date 06/01/2016.

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
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
KIRK HAWTHORNE - ADMINISTRATOR	10-21-16

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The above plan of correction is approved as of 11/2/16
(Date)

The above plan of correction was approved by BS
(Initials)

Plan of correction implementation status as of 11/2/16
(Date)

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