



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 18 2016

Ms. Caroline DeAugustine, Executive Director
Shenango Presbyterian Seniorcare
238 South Market Street
New Wilmington, Pennsylvania 16142

RE: Shenango Presbyterian Home
License #: 440340

Dear Ms. DeAugustine:

As a result of the Department of Human Services' annual licensing inspection on June 30, 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 blue ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

POH Name: SHENANGO PRESBYTERIAN HOME		License Number: 44034
Address: 238 SOUTH MARKET STREET, NEW WILMINGTON, PA 16142		County: Lawrence
Administrator: Shawna Boslaph		Region: WEST
Legal Entity Name: SHENANGO PRESBYTERIAN SENIORCARE		
Legal Entity Address: 238 SOUTH MARKET STREET, NEW WILMINGTON, PA 16142		
Certificate(s) of Occupancy C-1 04/12/1977 L&I		RECEIVED AUG 09 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 65	Working Staff: 49
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 08/30/2016: Bedford, Kalle; Sutherland, Brent		
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: 64 Number of Residents Served: 46 Secured Dementia Care Unit in Home: Yes Area: 1st Floor Secured Dementia Unit Capacity, if Applicable: 14 Number of Residents Served in Secured Dementia Care Unit, if applicable: 12 Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 9	Number of Residents who: Receive Supplemental Security Income: 2 Are 66 Years of Age or Older: 46 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 19 Have a Physical Disability: 0	

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Violation Report: 44034 - 06/30/2016 - Bedford, Katie
PCH Name: SHENANGO PRESBYTERIAN HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 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

At 8:18am, a 1.18 liter bottle of Tide laundry detergent, with a manufacturer's label indicating, "If swallowed, give a glass of water or milk and call poison control immediately," was unlocked and accessible to residents in the 2nd floor laundry room. Not all residents of the home, including residents #1 and #2, 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.

1. Bottle of Tide laundry detergent was immediately removed from laundry room and placed in locked closet during the survey on June 30, 2016.
2. Sign indicating to residents, families and staff posted in laundry room that no detergents or chemicals are to be left unattended and must be kept locked was posted. (see picture attached)
3. Educated caregiver who had left the bottle of Tide that no detergents or chemicals can be left in the laundry area unlocked or unsupervised. (see signed statement attached)
4. A member of the safety committee will monitor both personal care area laundry rooms for detergents or chemicals monthly using the audit tool beginning in August 2016 (see attached).
5. Results will be reported to quality assurance committee quarterly.

Immediately - A designated staff person, daily and on each shift, will monitor the home to ensure all poisons remain locked.

AM/16

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

Signature of Legal Entity Representative (Required on EVERY Page) *Shanna M Bostaph RCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Shanna M Bostaph, RCHA* Date *8-9-16*

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

The above plan of correction is approved as of 8/16/16 (Date)

Plan of correction implementation status as of 8/16/16 (Date)

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

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

Violation Report: 44034 - 08/30/2016 - Bedford, Kalle
 PCH Name: SHENANGO PRESBYTERIAN HOME

1. REGULATION 56 Pa.Code §2600
 2600.01 - 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
 At approximately 10:30am, no telephone numbers were posted on or by the telephone in the 1st floor beauty shop, to include the nearest hospital, poison control and the personal care home complaint hotline.

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.

1. A phone tag with the emergency numbers was immediately placed on the beauty shop phone during the survey on June 30, 2016. (see attached)
2. A member of the safety committee will monitor the beauty shop, to ensure the emergency numbers are available monthly using the audit tool beginning in August 2016 (see attached).
3. Results will be reported to quality assurance committee quarterly.

and sample of other phones with outside lines.
8/24/16

Immediately - All staff persons will be reeducated on this requirement.

8/16/16

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

Signature of Legal Entity Representative (Required on EVERY Page) *Shawna M Boatright PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Shawna M Boatright, PCHA* Date *8-9-16*

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The above plan of correction is approved as of *8/16/16* (Date)

Plan of correction implementation status as of *8/16/16* (Date)

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

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WEST REGION FIELD OFFICE
Human Services Licensing

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Violation Report: 44034 - 08/30/2016 - Bedford, Katie
PCH Name: SHENANGO PRESBYTERIAN HOME

1. REGULATION 55 Pa.Code §2800

2800.227(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 #6's assessment, dated 8/20/16, indicates the resident is receiving hospice services; however, the resident's support plan, dated 8/20/16, does not specify the care, services or frequency of services hospice provides to the resident, to include assistance with bathing and dressing.

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.

1. Resident #6's support plan was updated on 7-7-16 to specify services provided by hospice (see attached)
2. Administrator or designee will continue to update RASP's to include services provided by outside sources such as hospice.
3. Administrator or designee will monitor a sample of RASP's monthly and report to quality assurance committee quarterly for compliance.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/02/2014	
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Signature of Legal Entity Representative (Required on EVERY Page)	Shawna M Bistaph PCMA
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Shawna M Bistaph PCMA	8-9-16

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The above plan of correction is approved as of <u>8/16/16</u> (Date)	Plan of correction implementation status as of <u>8/16/16</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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Violation Report: 44034 - 08/30/2016 - Bedford, Keite
PCH Name: SHENANGO PRESBYTERIAN HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 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

The support plan for resident #3, dated 6/8/16, was not signed by the staff member who completed the support plan. Also, the resident's support plan was not signed by the resident and does not indicate if the resident was unable to participate, declined to participate, refused to sign or was unable to sign.

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*
1. Resident #3 signed contract on 7-15-16.
 2. Staff member who completed the support plan signed on 7-15-16.
 3. Education with employees regarding the BHSL regulation pertaining to RASP completion and signatures has been scheduled for 7-27-16.
 4. Administrator or designee will monitor a sample of RASP's monthly and report to quality assurance committee quarterly for compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Shawna M Bostapl PCHHA

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

Shawna M Bostapl PCHHA

Date *8-9-16*

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8/16/16
(Date)

Plan of correction implementation status as of

8/16/16
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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