



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAR 24 2017

Ms. Kim Horvath,
PCHA
Pennsylvania Soldiers and Sailors Home
560 East Third Street
Erie, Pennsylvania 16507

RE: Pennsylvania Soldiers and Sailors Home
License #: 448290

Dear Mr. Horvath:

As a result of the Department of Human Services' annual licensing inspections on August 4, 2016 and August 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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Violation Report: 44828 - 08/04/2016 - Hultquist, Cliff	
PCH Name: PENNSYLVANIA SOLDIERS AND SAILORS HOME	
WEST REGION FIELD OFFICE Human Services Licensing	
1. REGULATION 56 Pa.Code §2600 2600.42(i) - A resident has the right to furnish his room and purchase, receive, use and retain personal clothing and possessions.	
2a. DESCRIPTION OF VIOLATION Resident #3 purchased a small desk for his/her bedroom and it was delivered to the home via UPS on 08/09/16. The home locked the desk in a storage unit in the basement and did not permit the resident to furnish his/her bedroom with the desk.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
<p>Resident was given the desk he/she ordered on 6/10/16. The resident at that time agreed to allow the facility put the desk in storage due to safety and mobility concerns related to the amount of other items the resident has in the room.</p> <p>The Facility Fire Safety Specialist deemed the room was unsafe to set up the desk resident ordered b/c of the amount of the resident's other excessive items in the room.</p> <p>The resident has been educated on fire safety concerns related to evacuation from his/her room with the excessive amount of items on the floor particularly surrounding his/her bed</p> <p>The desk was returned to the resident immediately following the inspection exit interview.</p> <p>Presently the desk remains in resident room, unopened and unused.</p> <p>The facility has received no other concerns related to room furnishings or personal clothing/possessions use/purchasing</p> <p>This regulation will be reviewed at the next resident council meeting, scheduled for December 28th, to ensure the residents are aware of this resident right.</p> <p>Completion Date: January 31st, 2017</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Kim Horvath</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kim Horvath</i>	Date <i>12/15/16</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>12/23/16</u> (Date)	Plan of correction implementation status as of <u>12/23/16</u> (Date)
The above plan of correction was approved by <u>BB</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>BB</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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Violation Report: 44829 - 08/04/2016 - Hultquist, Cliff		WEST REGION FIELD OFFICE	
PCH Name: PENNSYLVANIA SOLDIERS AND SAILORS HOME		Human Services Licensing	
1. REGULATION 55 Pa.Code §2600 2800.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.			
2a. DESCRIPTION OF VIOLATION On 08/04/16, the upper wall on the right side of the chapel was warped, cracked, and chipped due to water damage. There was an approximate 10 foot crack along the side of the wall near the exit stairwell leading to the 1st floor lounge area. On 08/04/16, there was a collection of brick chips, dirt, and debris on the landing of the exit stairwell facing the alzheimer care unit and dietary parking lot.			
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>			
<p>Damaged walls in the chapel are scheduled for a Dept. of General Services construction project for major repair in the future. Patch work will be completed in the interim on the damaged walls. The chapel will remain on restricted use until entire construction project is completed.</p> <p>Patch work completion date will be January 31st, 2017.</p> <p>Chips, dirt, debris were immediately cleaned in the exit stairwell.</p> <p>Housekeeping staff will be educated by the Nurse Educator/designee to ensure interior exit paths are clear of debris.</p> <p>The facility walls in hallways, bedrooms and lounges will be reviewed by the Personal Care Home Administrator to determine if any other areas need patchwork or other correction x1.</p> <p>Exit stairwells will be audited by the Personal Care Home Administrator x1 to ensure clear of any debris</p> <p>Results of the audits will be reviewed at Quality Assurance meetings to determine further actions necessary.</p> <p>Completion Date: January 31st, 2017</p>			
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PCH Name: PENNSYLVANIA SOLDIERS AND SAILORS HOME		Human Services Licensing	
<p>1. REGULATION 65 Pa.Code §2600 2600.102(g) - Individual toiletry items including toothpaste, toothbrush, shampoo, deodorant, comb and hairbrush shall be made available to residents who are not recipients of SSI. If the home charges for these items, the charges shall be indicated in the resident-home contract.</p>			
<p>2a. DESCRIPTION OF VIOLATION Resident #3 is not a recipient of SSI and the home did not provide the resident with a hairbrush.</p>			
<p>3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i></p> <p>Hairbrush was immediately replaced for the resident #3. All current PCU residents will be checked by PCU Administrator to ensure they have received all toiletry items as required. Admissions, Social Service and Nursing will be educated by the Nurse Educator/designee on toiletry items new and current residents are to receive The facility has received no further concerns related to toiletry items. List of toiletry items will be reviewed with the residents at the next resident council meeting, scheduled for December 28th, so the residents are aware of available required items. Completion Date January 31st, 2017</p>			
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Violation Report: 44828 - 08/04/2016 - Hultquist, Cliff PGH Name: PENNSYLVANIA SOLDIERS AND SAILORS HOME		WEST REGION FIELD OFFICE Human Services Licensing	
1. REGULATION 65 Pa.Code §2600 2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.			
2a. DESCRIPTION OF VIOLATION The maximum safe evacuation time determined by a fire safety expert on 09/03/16 is 9 minutes; however, the evacuation time for the fire drill on 3/31/16 at 2:01 p.m. was 9 minutes and 18 seconds.			
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>			
<p>Institutional Fire Safety Specialist will be re-educated on regulation 2600.132(d) by the Deputy Commandant/designee</p> <p>Security and nursing staff will be re-educated by the Nurse Educator/designee on the maximum safe evacuation time of 9 minutes.</p> <p>Fire Safety will be reviewed with the residents by the Institutional Fire Safety Specialist at the next resident council meeting, scheduled for December 28th, so the residents are aware of the required evacuation time frame.</p> <p>Audits of evacuation times during fire drills will be reviewed by the Institutional Fire Safety monthly x4 to ensure compliance.</p> <p>The results of these audits will be reviewed at the quarterly QA meeting to determine further actions, as necessary.</p> <p>Completion date January 31st, 2017.</p>			
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Violation Report: 44828 - 06/04/2016 - Hultquist, Cliff		WEST REGION FIELD OFFICE	
PCH Name: PENNSYLVANIA SOLDIERS AND SAILORS HOME		Human Services Licensing	
1. REGULATION 55 Pa.Code §2600 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.			
2a. DESCRIPTION OF VIOLATION The home conducted a sleeping hours fire drill on 08/26/16 at 11:59 p.m. and the previous sleeping hours fire drill was conducted on 07/28/15 at 11:47 p.m.			
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>			
<p>Institutional Fire Safety Specialist will be re-educated regulation 2600.132(e) by the Deputy Commandant/designee</p> <p>Security Officers will be re-educated by the Nurse Educator/designee on the requirement of a sleeping drill every 6 months.</p> <p>Fire drills will be reviewed every 6 months, x4 by the Institutional Fire Safety Specialist/designee to ensure compliance with sleeping hours fire drill.</p> <p>The results of these audits will be reviewed at the quarterly QA meeting to determine further actions as necessary.</p> <p>Completion date January 31st, 2017.</p> <p><i>On 12/23/16, the administrator submitted fire drill records indicating a sleeping hours fire drill was conducted on 11/29/16 at 11:57 p.m. BB 12/23/16</i></p> <p><i>By 5/31/17 - The home will have a sleeping hours fire drill. BB 12/23/16</i></p>			
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Violation Report: 44829 - 08/04/2016 - Hultquist, Cliff PCH Name: PENNSYLVANIA SOLDIERS AND SAILORS HOME		WEST REGION FIELD OFFICE Human Services Licensing	
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 #2, dated 02/12/16, did not include the resident's health status and cognitive functioning. These sections of the medical evaluation were blank.			
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>			
<p>Medical evaluation of resident #3 was corrected immediately.</p> <p>All medical evaluations will be reviewed by the PCU Administrator/designee to ensure timely completion x1.</p> <p>Medical Records and Physician Services staff will be re-educated by Nurse Educator/designee on completion of the medical evaluation form.</p> <p>25% of medical record evaluations will be reviewed for completion monthly x4 and quarterly x1 by the Personal Care Home Administrator/designee.</p> <p>The results of these audits will be reviewed at the quarterly QA meeting to determine further actions as necessary.</p> <p>Completion Date: January 31st, 2017</p>			
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Violation Report: 44829 - 08/04/2016 - Hullquist, Cliff
PCH Name: PENNSYLVANIA SOLDIERS AND SAILORS HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2600
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #1's initial medical evaluation was completed on 08/01/15; however, the next medical evaluation was not completed until 08/22/16.

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.

Resident #1's medical evaluation was completed 6/22/16 and had discharged from the facility. All medical evaluations will be reviewed x1 by the Personal Care Home Administrator/designee to ensure timely completion. Medical Records, Physician Services and Ward Clerk staff will be re-educated by Nurse Educator/designee on timely scheduling of the Medical Evaluation. 25% of all residents will have their Medical Evaluation audited monthly x4, quarterly x1 to ensure timely completion. The results of these audits will be reviewed at the quarterly QA meeting to determine further actions as necessary.
Completion Date: January 31st, 2017

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Kim Horvath*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kim Horvath* Date *12/15/16*

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(Date)

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

Plan of correction implementation status as of 12/23/16
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *BB*

Partially Implemented - Inadequate Progress

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Violation Report: 44829 - 08/04/2016 - Hultquist, Cliff		WEST REGION FIELD OFFICE	
PCH Name: PENNSYLVANIA SOLDIERS AND SAILORS HOME		Human Services Licensing	
<p>1. REGULATION 55 Pa.Code §2600 2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.</p>			
<p>2a. DESCRIPTION OF VIOLATION In the home's exterior designated smoking area shod on 8/04/16, there were approximately twenty 1 foot by 1 foot tagless seat cushions which were not made of fire resistant material, atop the wooden benches.</p>			
<p>3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i></p> <p>Non-flame resistant cushions were removed and discarded from the smoking area immediately. Smoking area will be part of the routine security shift rounds, any non fire resistant cushions found will be removed and discarded immediately. Security/Housekeeping staff will be re-educated on regulation 2600.144(c)(1) by Nurse Educator/designee. Regulation will be reviewed at the next resident council meeting, scheduled for December 28th, 2016 so the residents are aware non-fire resistant materials are not permitted in the smoking areas and will be discarded. Audits of smoking area for cushions will be done weekly x4, monthly x4 by the Institutional Fire Safety Specialist or designee for compliance. The results of these audits will be reviewed at the quarterly QA meeting to determine further actions as necessary. Completion date January 31st, 2017.</p>			
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