



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: January 13, 2017**

Mr. Joseph G. Malisky, Senior Director  
Presbyterian Senior Care, Inc.  
880 South Main Street  
Washington, Pennsylvania 15301

RE: Southminster Place  
License #415930

Dear Mr. Malisky:

As a result of the Department of Human Services' licensing inspection on October 13, 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, appearing to read "Jon Kimberland".

Jon Kimberland  
Human Services Licensing Supervisor

Enclosure  
Licensing 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: Glenn Delich		Region: WEST
Legal Entity Name: PRESBYTERIAN SENIOR CARE INC		
Legal Entity Address: 880 SOUTH MAIN STREET, WASHINGTON, PA 15301		<b>RECEIVED</b>
<b>Certificate(s) of Occupancy</b> 1-2 04/11/2002 Township of South Strabane		DEC 15 2016 WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 98	Waking Staff: 74
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Incident		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
10/13/2016: Evegés, Joseph; Georgoulis, Karen		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 91 Number of Residents Served: 73 Secured Dementia Care Unit in Home: Yes Area: Woodside Secured Dementia Unit Capacity, if Applicable: 20 Number of Residents Served in Secured Dementia Care Unit, if applicable: 18 Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 8	<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 73 Have Mental Illness: 0 Have an Intellectual Disability: 1 Have a Mobility Need: 25 Have a Physical Disability: 0	

Violation Report: 41593 - 10/13/2016 - Eveses, Joseph  
 PCH Name: SOUTHMINSTER PLACE  
 WEST REGION FIELD OFFICE  
 Human Services Licensing

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  
 On 10/13/16 at approximately 3:00 p.m., the emergency exit door leading from the dining/living area in the Woodside secure dementia unit to the outside courtyard was locked with a gold chain lock approximately 6 inches from the top of 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.

TWO SETS OF FRENCH DOORS WHICH EXIT DIRECTLY TO OUTDOOR WANDER GARDEN WILL BE REPLACED. PRESENTLY THESE DOORS ARE NOT SECURED BY MAGNETIC LOCKS WHICH AUTOMATICALLY RELEASE WHEN THE FIRE ALARM IS ACTIVATED. THE NEW/REPLACEMENT DOORS WILL BE SECURED/LOCKED BY MAGNETIC LOCKS WHICH AUTOMATICALLY RELEASE/RENDERED PASSIVE WHEN THE FIRE ALARM IS ACTIVATED, PERMITTING FREE USE OF THESE DOORS.

RESPONSIBLE PERSON IS [REDACTED] ADMINISTRATOR.  
 INSTALLATION OF NEW MAGNETIC LOCK DOORS WILL BE COMPLETED BY FEBRUARY 10, 2017.

Immediately: The chain lock or any other type of lock may not be used unless in accordance with regulation 2600.233. 12-15-16.

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) **GREG MALESKY, SENIOR DIRECTOR** Date **12/14/16**

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

The above plan of correction is approved as of <u>12-15-16</u> (Date)	Plan of correction implementation status as of <u>12-15-16</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