



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 19 2016

Sr. Catherine Meinert, S.C., President
Elizabeth Seton Care Center
129 Depaul Center Road
Greensburg, Pennsylvania 15601

RE: Elizabeth Seton Memory Care Center
License #: 445770

Dear Sister Meinert:

As a result of the Department of Human Services' annual licensing inspection on October 18, 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 "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 44577 - 10/18/2016 - Springs, Israel
 PCH Name: Elizabeth Seton Memory Care Center

1. REGULATION 55 Pa.Code §2600
 2600.234(e) - The resident or the resident's designated person shall be involved in the development and the revisions of the support plan.

2a. DESCRIPTION OF VIOLATION
 The support plan for Resident #1, dated 3/18/16, was not signed by the resident, nor document the resident's refusal or inability 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.

THE ADMINISTRATOR AND THE RESIDENT CARE DIRECTOR WILL ENSURE THAT ALL SUPPORT PLANS FOR RESIDENTS ARE SIGNED AND DATED BY EITHER THE RESIDENT OR THE RESIDENT'S DESIGNATED PERSON. ANY REFUSAL OR INABILITY OF A RESIDENT TO SIGN WILL BE NOTED.

REGARDING VIOLATION FOR RESIDENT #1 IN THE REPORT, A SIGNATURE ON BEHALF OF THE RESIDENT HAS BEEN OBTAINED.

* The home will audit the most recent support plans for all current residents to assure proper documentation of signatures for participation. To be completed within 30 days from receipt of plan from the Dept.
 BRS 11/4/16

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **RON Berlingo - Administrator** Date **11/1/16**

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

The above plan of correction is approved as of <u>11/4/16</u> (Date)	Plan of correction implementation status as of <u>11/4/16</u> (Date)
The above plan of correction was approved by <u>BRS</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