



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 05 2017

Mr. Dan March,
Senior Director
Presbyterian Senior Care, Inc.
880 South Main Street
Washington, Pennsylvania 15301

RE: Southminster Place
License #: 415930

Dear Mr. March:

As a result of the Department of Human Services' annual licensing inspection on February 15, 2017 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

**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		RECEIVED
Legal Entity Address: 880 SOUTH MAIN STREET, WASHINGTON, PA 15301		
Certificate(s) of Occupancy 1-2 04/11/2002 Township of South Strabane		JUN 09 2017 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 99	Working Staff: 74
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 02/15/2017: Rahuba, Mall; Garrigan, Laurie; Barone, Barbara		
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: 90 Number of Residents Served: 74 Secured Dementia Care Unit in Home: Yes Area: Woodside Unit Secured Dementia Unit Capacity, if Applicable: 20 Number of Residents Served in Secured Dementia Care Unit, if applicable: 20 Number of Current Hospice Residents: 2 Number of Hospice Residents in past year: 16		Number of Residents who: Receive Supplemental Security Income: 0 Are 80 Years of Age or Older: 74 Have Mental Illness: 0 Have an Intellectual Disability: 1 Have a Mobility Need: 25 Have a Physical Disability: 0

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Violation Report: 41593 - 02/15/2017 - Rahuba, Mall
POH Name: SOUTHMINSTER PLACE WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600
2800.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION
Residents #6 and #7 do not have a source of lighting that can be turned off/on from bedside.
There is no operable source of lighting at bedside in bedroom #231. The bulb in the bedside lamp was burned out.

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.

Push lights were placed on the wall on both sides of the bed for both residents. The lights were put up on February 16th, 2017. Both residents were instructed how to operate lights and demonstrated ability to use lights properly. Staff training was conducted to ensure that all staff is aware of this regulation. Staff has been instructed to check for bedside light source during change of shift rounding and to report any concerns to supervisor.

The lightbulb in the bedside lamp of room #231 was changed on February 15th prior to DHS exit interview. Staff education regarding this regulation took place on February 16th, 2017. Staff has been instructed to monitor bedside light source during change of shift walking rounds. Staff will report any inoperable or missing bedside light source to their supervisor immediately.

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

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative Date
(Required on EVERY Page) Joseph G. Malisky Sr. Director 6-8-17

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

The above plan of correction is approved as of 6/9/17 (Date)
The above plan of correction was approved by [Signature] (Initials)

Plan of correction implementation status as of 6/9/17 (Date)

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

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Violation Report: 41693 - 02/16/2017 - Rahuba, Mall
PGH Name: SOUTHMINSTER PLACE WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION
At approximately 10:15 a.m., there were several unlocked and accessible medications, belonging to staff person A, to include the following in the cabinet above the sink in the first floor beverage station:
* Bottle of Tylenol Cold and Flu Severe
* Bottle of Omeprazole, 20 mg

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 above medications were removed on February 15th and secured in a locked area. On February 16th training was provided to all staff regarding this regulation and all staff made aware that any prescription meds, OTC meds, CAM and syringes MUST be kept in a locked area if brought into the building. Staff was instructed to immediately report any violation of this regulation to their supervisor. Review of this regulation has been added to the new employee orientation.

Immediately, A designated staff person shall inspect the home daily to ensure all prescription medications, OTC medications, CAM and syringes are kept in an area or container that is locked. *6/19/17*

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

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Joseph G. Malisky Sr. Director* Date *6-7-17*

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

The above plan of correction is approved as of *6/19/17* (Date)

Plan of correction implementation status as of *6/19/17* (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

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Violation Report: 41593 - 02/15/2017 - Rahuba, Matt WEST REGION FIELD OFFICE
POH Name: SOUTHMINSTER PLACE Human Services Licensing

1. REGULATION 66 Pa.Code §2800

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

Resident #4 is prescribed blood glucose checks four times daily, before meals and at bedtime without coverage. The resident's glucometer was not calibrated with the current date and time. The actual date of the readings was 2/11/17; however, this date was indicated as 6/19 in the glucometer. Also, there were several blood glucose readings in the resident's glucometer that were not indicated on his/her February medication administration record (MAR) to include the following:

<u>Glucometer Date and Time</u>	<u>Reading</u>
* 6/19, 7:14 p.m.	163
* 6/19, 2:54 p.m.	245
* 6/19, 9:12 a.m.	185
* 6/19, 8:18 a.m.	112
* 6/19, 5:33 a.m.	141

Several blood glucose readings, to include the following, were documented on resident #4's February 2017 MAR; however, these readings were not in the resident's glucometer. Staff do not erase the readings from the glucometer.

* 2/13/17, 8:00 p.m.	408
* 2/13/17, 6:00 p.m.	216
* 2/12/17, 12:00 p.m.	389
* 2/11/17, 12:00 p.m.	170
* 2/11/17, 8:00 a.m.	284

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 attached page for corrections

Kelly Cross, RN

See Page 4A of 6

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

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Joseph G. Malinsky Sr. Director Date 6-8-17

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Plan of correction implementation status as of 6/9/17 (Date)

The above plan of correction was approved by (Initials)

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

3. Plan of correction (POC)

On February 17, 2017 a new Policy and Procedure were put into place by Kelly Cross RN. This new policy outlines the procedure for glucometer testing. This includes how the glucometers will be calibrated and when and also what to look for that may indicate a glucometer needs calibrated.

Kelly Cross RN will do monthly checks to be sure glucometers are calibrated correctly and to be sure the correct glucose reading has been entered into the electronic EMAR.

Nursing staff and all med passers were re-trained in the proper procedure and given a copy of the new policy and procedure during the week of February 20, 2017. Signatures were obtained for the information. A copy of the policy and procedure are attached along with the signature page.

Moving forward all new nursing staff and med passers will be given the new instruction along with the new policy and procedure by Kelly Cross RN during orientation and also during the med pass training classes.

Staff training also included re-education that blood glucose readings shall be documented on the resident's "Diabetic Record" and shall include the date, time, initials, signature and insulin coverage given. 2/19/17
Kelly Cross RN

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Violation Report: 41693 - 02/18/2017 - Rahuba, Mall PCH Name: SOUTHMINSTER PLACE		WEST REGION FIELD OFFICE Human Services Licensing	
<p>1. REGULATION 55 Pa. Code §2600 2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:</p> <ol style="list-style-type: none"> (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication. 			
<p>2a. DESCRIPTION OF VIOLATION</p> <p>Resident #4 is prescribed Potassium Chloride 20mEq/16mL, take 16mL by mouth twice daily (take in apple juice); however, the resident's February 2017 MAR indicates to take 20ml by mouth twice daily.</p> <p>Resident #8 is prescribed Acetaminophen 325mg, take 2 tablets (650mg) every 6 hours as needed for pain or fever; however, the resident's February 2017 MAR indicates every 4 hours as needed.</p>			
<p>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.</p> <p>See attached page for corrections</p> <p>Kelly Cross, RN</p> <p style="text-align: right; font-size: 1.2em;">See Page 5A of 6</p>			
Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
Joseph G. Maliszky Sr. Director			6-8-17
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>6/9/17</u> (Date)		Plan of correction implementation status as of <u>6/9/17</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 <u>[Signature]</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

3. Plan of correction (POC)

On February 16, 2017 Kelly Cross RN made corrections to the EMAR of resident #4 to show correct dosage of Potassium Chloride.

On February 16, 2017 Kelly Cross RN also made corrections to the EMAR of resident #5 to correct the dosing schedule for the resident's Acetaminophen.

Nursing staff and med passers were instructed by Kelly Cross RN on the importance of doing multiple checks when entering medications and also when administering medications.

Kelly Cross RN will do monthly EMAR reviews to check the accuracy of EMARs and medication labels with the original MD order.

A representative from the pharmacy [REDACTED] will do monthly cart audits along with periodic spot checks to be sure all orders, medications, and labels are in compliance. These checks will begin February 22, 2017 and continue the third week of each month on Wednesday.

Labels and medications will also be re-checked during the monthly cycle fill of the cart.

These checks will continue each month on the 2nd Wednesday of the month.

Kelly Cross RN

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Violation Report: 41593 - 02/16/2017 - Rahuba, Matt
PCH Name: SOUTHMINSTER PLACE WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600
2600.231(g) - An individual who does not have a primary diagnosis of Alzheimer's disease or other dementia may reside in the secured dementia care unit if desired by the resident.
(1) The individual shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to residence or 30 days after residence.
(2) If the medical evaluation shows that personal care services are needed, the requirements of this chapter apply.
(3) The individual shall have access to and be able to follow directions for the operation of the key pads or other lock-releasing devices to exit the secured dementia care unit.

2a. DESCRIPTION OF VIOLATION
Resident #8, admitted to the secured dementia care unit on [redacted] to be with his/her [redacted] does not have a primary diagnosis of Alzheimer's disease or dementia. However, the resident was unable to operate the keypad locking mechanism on the unit and indicated he/she was never instructed on how to operate it.

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.

[redacted] Director of Resident Services met with resident on February 16th, 2017. The resident was instructed on how to use the key pad to exit the secured unit. Resident demonstrated [redacted] ability to operate the keypad, thus disengaging the lock and making it possible for [redacted] to exit the secured unit. Resident expressed understanding that the other residents residing in this area should not be instructed on how to operate the keypad. Resident also understands that [redacted] is not to allow any other residents to leave the unit with [redacted]

Immediately: Any resident admitted to the home's secured dementia care unit who does not have a diagnosis of Alzheimer's Disease or other dementia shall be educated on operation of the key pads or other lock-releasing devices. Documentation of the education shall be kept. J
6/9/17

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

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Joseph G. Maliskey Sr. Director Date 6-8-17

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

The above plan of correction is approved as of [redacted] (Date)
The above plan of correction was approved by [redacted] (Initials)
Plan of correction implementation status as of 6/9/17 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented