



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 02 2017

Ms. Erinn Sveda,
Administrator
Watson Memorial Home
1200 Conewango Avenue
Warren, Pennsylvania 16365

RE: Watson Memorial Home
License #: 444120

Dear Ms. Sveda:

As a result of the Department of Human Services' annual licensing inspection on February 23, 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 that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 44412 - 02/23/2017 - Garrigan, Laurie

PCH Name: WATSON MEMORIAL HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.91 - 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

None of the emergency service telephone numbers, except 9-1-1, were posted on or by each of the telephones throughout the home, to include the nearest hospital, police department and poison control.

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.

Please See the attached 4 pages regarding this plan of correction.

See Page 2A of 7

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Erinn Sveda, Administrator

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Erinn Sveda, Administrator

Date

4/10/2017

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

The above plan of correction is approved as of

5/4/17
(Date)

Plan of correction implementation status as of

5/4/17
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *[Signature]*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

[Signature]
(Initials)

RECEIVED

APR 13 2017

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44412 – 02/23/2017 – Garrigan, Laurie

PCH Name: WATSON MEMORIAL HOME

1. REGULATION 55 Pa.Code 2600

2600.91 – 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

None of the emergency service telephone numbers, except 911 were posted on or by each of the telephones throughout the home, to include the nearest hospital, police department and poison control.

3. PLAN OF CORRECTION (POC)

On June 17, 2015, during our facility's annual inspection, the home received a violation for 2600.91 because at that time, we utilized stickers on all phones in the facility, which had all emergency numbers printed on them. The violation came when it was found that one of the residents had ripped part of the sticker off of [redacted] phone and it no longer contained all of the numbers needed. At that time, the inspector, made the suggestion of having something made to permanently hang in every room that had a phone. For our plan of correction in 2015, we had placards made with these numbers. When I submitted the plan of correction, we had ordered only 4 placards with emergency numbers. I submitted a picture of these with the plan of correction and waited until the plan of correction was approved before ordering them for every phone in the building (due to the cost). I did not want to order all of them and then find out that the plan of correction was not acceptable. The plan of correction was returned and marked "approved" so we ordered placards for all phones in the building and placed them permanently near the phones. Now, less than two years later, we are receiving a violation for the very placards that were approved in our plan of correction in 2015.

I understand that by the way 2600.91 reads, we are to have all numbers listed. I have no problem ordering new placards to correct this but am disappointed that the inspectors "approved" these placards two years ago, when they really should not have been approved. Had this been caught during the first violation, our facility would not be ordering these and paying for these twice, and we would not be receiving a violation of the same kind 2 years later. This violation is a result of lack of attention to detail by the person who "approved" our plan of correction two years ago, not by lack of attention from the facility. Because of this, I am not in agreement that we are receiving a violation for this during another inspection. Please see all attached paperwork that we sent and approved in 2015- including the picture of the placard that was approved that year.

To correct this violation, we have ordered new placards to be hung near every phone in the building. The placards have the following numbers listed: Warren General Hospital, State Police Department, Glade Township Fire Department, Local Ambulance Service, Polson Control Center, Local Emergency Management, 911, and the Personal Care Home Complaint Hotline. Please see the picture of the updated placard.

Upon this placard being approved, the Administrator will order them for every phone in the building. The Maintenance Director will hang a placard near every phone in the building as soon as the placards are received (typically within one week of ordering). These placards will be hung permanently to ensure they cannot be removed.

Erinn Sveda, Administrator
Erinn Sveda, Administrator

4/10/2017

Violation Report: 44412 - 02/23/2017 - Garrigan, Laurie
PCH Name: WATSON MEMORIAL HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.93(a) - Each ramp, interior stairway and outside steps must have a well-secured handrail.

2a. DESCRIPTION OF VIOLATION

There is no handrail at the following ramps:

- * Exit ramp from the kitchen pantry leading to employee parking lot
- * Exit ramps from each of the two doors in the living area of the infirmary hallway leading to the side porch

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.

Please see the attached 4 pages regarding this violation.

see page 3A of 7

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Erinn Sveda, Administrator

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Erinn Sveda, Administrator

Date

4/10/2017

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

The above plan of correction is approved as of

5/4/17
(Date)

Plan of correction implementation status as of

5/4/17
(Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

[Signature]
(Initials)

Violation Report: 44412 - 02/23/2017 - Garrigan, Laurie
PCH Name: WATSON MEMORIAL HOME

1. REGULATION 55 Pa.Code 2600
2600.93 (a) Each ramp, interior stairway and outside steps must have a well-secured handrail.

2a. DESCRIPTION OF VIOLATION
There is no handrail at the following ramps: Exit ramp from the kitchen pantry leading to the employee parking lot. Exit ramps from each of the two doors in the living area of the infirmary hallway leading to the side porch.

3. PLAN OF CORRECTION (POC)
Exit ramp from the kitchen pantry leading to the employee parking lot: To correct this, a permanent railing has been installed at this door and ramp. Please see the attached photographs.
Exit ramps from each of the two doors in the living area of the infirmary hallway leading to the side porch: A railing has been permanently installed outside each of these doors. Please see attached photographs.
The maintenance department was responsible for the installation of these railings and will maintain them as needed.

Within 30 days of receipt of the plan of correction - A designated staff person will check the home at least monthly to ensure placement of a well-secured handrail at each ramp, interior stairway and outside steps.

[Signature]
5/4/17

RECEIVED
APR 13 2017
WEST REGION FIELD OFFICE
Human Services Licensing

[Signature]
Erinn Sveda, Administrator

Erinn Sveda, Administrator

4/12/2017

Violation Report: 44412 - 02/23/2017 - Garrigan, Laurie
PCH Name: WATSON MEMORIAL HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.102(d)(1) - Toilet and bath areas must have grab bars, hand rails or assist bars.

2a. DESCRIPTION OF VIOLATION
There is no grab bar, hand rail or assist bar for the toilet in the bathroom off the administrator's conference room.

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.

Please See attached 1 pages ^{error} regarding this violation.

See page 4A of 7

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Erin Sveda, Administrator*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Erin Sveda, Administrator* Date *4/10/2017*

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

The above plan of correction is approved as of 5/4/17
(Date)

Plan of correction implementation status as of 5/4/17
(Date)

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

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

Violation Report: 44412 - 02/23/2017 - Garrigan, Laurie

PCH Name: WATSON MEMORIAL HOME

1. REGULATION 55 Pa.Code 2600

2600.102 (d) (1) Toilet and bath areas must have grab bars, hand rails or assist bars

2a. DESCRIPTION OF VIOLATION

There is no grab bar, hand rail or assist bar for the toilet in the bathroom off of the Administrator's conference room

3. PLAN OF CORRECTION (POC)

The Maintenance Director has installed a permanent grab bar to the Administrator's restroom. Please see attached pictures. This grab bar is permanent and cannot be removed.

Immediately: A designated staff person shall inspect all toilets and bath areas to ensure grab bars, hand rails or assist bars are present.

[Signature]
5/4/17

RECEIVED
APR 13 2017
WEST REGION FIELD OFFICE
Human Services Licensing

Erin Sveda, Administrator
Erinn Sveda, Administrator

4/10/2017

APR 18 2017

Violation Report: 44412 - 02/23/2017 - Garrigan, Laurie

PCH Name: WATSON MEMORIAL HOME

WEST PENNSYLVANIA 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

There were two locked screen doors at the exit doors in the living area of the infirmary hallway leading to the side porch. The screen doors had a slide lock mechanism approximately 6 feet high at the top of each screen 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.

Please see attached 3 pages regarding this plan of correction

see page 5A of 7

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/05/2016	
-----------------------	-----------------------------------	------------	--

Signature of Legal Entity Representative
(Required on EVERY Page) *Erin Sveda, Administrator*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Erin Sveda, Administrator* Date *4/10/2017*

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

The above plan of correction is approved as of 5/4/17
(Date)

Plan of correction implementation status as of 5/4/17
(Date)

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

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

Violation Report: 44412 – 02/23/2017 – Garrigan, Laurle

PCH Name: WATSON MEMORIAL HOME

1. REGULATION 55 Pa.Code 2600

2600.121 (a)- Stairways, hallways, doorways, passageways and egress routes from rooms and rom the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION

There were two locked screen doors at the exit doors in the living area of the infirmary hallway leading to the side porch. The screen doors had a slide lock mechanism approximately 6 feet high at the top of each screen door.

3. PLAN OF CORRECTION (POC)

The locks on the screen doors have been removed (please see attached pictures). These doors are now labeled as EXIT doors- In the past we were advised by inspectors that they needed to be labeled "This is not an EXIT." These locks were permanently removed by the maintenance department of the home and will not be re-installed. This violation again comes from a misunderstanding between different inspectors over the past three inspections, in which we have been told three different appropriate methods to deal with these doors.

These are the only doors in the resident living areas of our building that are not wired, and cannot be wired, for our "code-alert" system to avoid elopement. Because of this, we had requested that the screen doors be locked, as these doors are not considered a part of our Emergency Evacuation Plan. In the past, we were told that we were permitted to put locks on the screen doors and label the doors as "This is not an EXIT." This was also approved by our fire safety inspector due to the many Emergency Exits that remain in the building. These doors will now remain unlocked and will be labeled as an EXIT.

RECEIVED
APR 13 2017
WEST REGION FIELD OFFICE
Human Services Licensing

Erin Sveda, Administrator
Erin Sveda, Administrator

4/16/2017

Violation Report: 44412 - 02/23/2017 - Garrigan, Laurie
PCH Name: WATSON MEMORIAL HOME

WEST VIRGINIA FIELD OFFICE
Human Services Training

1. REGULATION 55 Pa.Code §2600
2600.226(a) - The resident shall be assessed for mobility needs as part of the resident's assessment.

2a. DESCRIPTION OF VIOLATION
Resident #1's assessment, dated 10/7/16, indicates he/she has a minimal mobility need. However, resident #1's support plan, dated 10/11/16, indicates staff assistance is needed when the resident is out of his/her bedroom since the resident has a visual impairment and certain areas of the hallway are dark.

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.

Please find the attached 5 pages regarding this plan of correction.

See page 6A of 7

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Erinn Sveda, Administrator*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Erinn Sveda, Administrator* Date *4/12/2017*

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

The above plan of correction is approved as of 5/4/17
(Date)

Plan of correction implementation status as of 5/4/17
(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: 44412 – 02/23/2017 – Garrigan, Laurie

PCH Name: WATSON MEMORIAL HOME

1. REGULATION 55 Pa.Code 2600

2600.226 (a) – The resident shall be assessed for mobility needs as part of the resident's assessment.

2a. DESCRIPTION OF VIOLATION

Resident #1's assessment, dated 10/7/2016, indicates he/she has a minimal mobility need. However, resident #1's support plan, dated 10/11/2016 indicates staff assistance is needed when the resident is out of his/her bedroom since the resident has a visual impairment and certain areas of the hall way are dark.

3. PLAN OF CORRECTION (POC)

This resident does have minimal mobility needs. This resident ambulates without needing physical assistance from staff. At times, [REDACTED] requests a staff member to walk beside [REDACTED] to give [REDACTED] verbal cues. At other times, [REDACTED] walks in the halls without anybody giving [REDACTED] verbal cues. This resident's visual deficit varies on a day to day basis and throughout the day. Different lighting in the building and changes in the brightness of the sun affect [REDACTED] visual deficits and this resident recognizes when [REDACTED] needs a staff member to walk beside [REDACTED]. When the staff member walks beside [REDACTED] the staff member does not have to give any physical assist for ambulation. The staff member gives verbal cues to the resident of when to turn or to maneuver around any obstacles.

Please see the attached documents that show how this was worded in the RASP on the day of the inspection and how it has been updated to explain in more detail, the needs of the resident.

In the future, the assessments and support plans will be written in more detail to avoid confusion on a resident's mobility needs. This is the responsibility of the Director of Nursing.

RECEIVED

APR 13 2017

WEST PENNSYLVANIA OFFICE
Human Services Licensing

Erinn Sveda, Administrator
Erinn Sveda, Administrator

4/12/2017

APR 13 2017

Violation Report: 44412 - 02/23/2017 - Garrigan, Laurie
PCH Name: WATSON MEMORIAL HOME

WEST VIRGINIA BUREAU OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(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 #1 uses a bedrail on his/her bed; however, this is not addressed on the resident's support plan, dated 10/11/16.

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.

Please see attached 2 pages regarding this POC.

page 7A of 7

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Erinn Sveda, Administrator*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Erinn Sveda, Administrator*

Date *4/12/2017*

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

The above plan of correction is approved as of *5/4/17*
(Date)

Plan of correction implementation status as of *5/4/17*
(Date)

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

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

Violation Report: 44412 – 02/23/2017 – Garrigan, Laurie

PCH Name: WATSON MEMORIAL HOME

1. REGULATION 55 Pa.Code 2600

2600.227 (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 #1 uses a bedrail on his/her bed; however, this is not addressed on the resident support plan, dated 10/11/2016.

3. PLAN OF CORRECTION (POC)

This bed rail was being trialed by a contracted home health physical therapist to encourage this resident to sleep in [redacted] bed and assist with [redacted] mobility needs while [redacted] was in bed.

The support plan has been updated with the information regarding the resident’s use of the bed rail. Please see the attached copy of the assessment and support plan updates and changes. The Director of Nursing has spoken with all home health agency therapists and requested that they inform her of any equipment that is being added for the residents’ use and to meet the residents’ needs. The Director of Nursing will then be responsible to obtain any needed orders and will immediately make the necessary changes to the residents’ support plans when assistive devices are issued to the residents. *All staff persons providing care to the residents shall be informed of the changes in the residents care needs.*

RECEIVED
APR 13 2017
WEST REGION FIELD OFFICE
Human Services Licensing

Erin Sveda, Administrator
Erin Sveda, Administrator

4/12/2017