



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 0 1 2017

Ms. Nicole Zdunowski,
Administrator
Department of Military and Veterans' Affairs
One Veterans' Drive, Fourth Floor
Spring City, Pennsylvania 19475

RE: Southeastern Veterans' Center
License #: 138370

Dear Ms. Zdunowski:

As a result of the Department of Human Services' annual licensing inspection on March 9, 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,

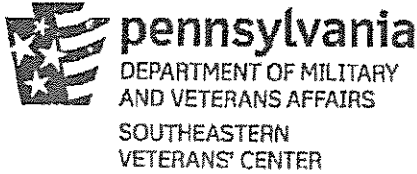
Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: SOUTHEASTERN VETERANS CENTER		License Number: 13837
Address: ONE VETERANS DRIVE 4TH FLOOR, SPRING CITY, PA 19475		County: Chester
Administrator: Nicole Zdunowski		Region: CENTRAL
Legal Entity Name: DEPARTMENT OF MILITARY AND VETERANS' AFFAIRS		
Legal Entity Address: ONE VETERANS' DRIVE, SPRING CITY, PA 19475		
Certificate(s) of Occupancy		
C-1 05/19/1994 Dept. of Health		
Staffing Hours Resident Support: 0		Total Daily Staff: 68 Walking Staff: 51
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 03/07/2017: Showers, Michael; Sprngs, Israel		
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: 54 Number of Residents Served: 46 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 36 Are 60 Years of Age or Older: 40 Have Mental Illness: 11 Have an Intellectual Disability: 0 Have a Mobility Need: 22 Have a Physical Disability: 24	

Violation Report: 13837 - 03/07/2017 - Showers, Michael PCH Name: SOUTHEASTERN VETERANS CENTER	
1. REGULATION 55 Pa.Code §2800 2800.85(a) - Sanitary conditions shall be maintained.	
2a. DESCRIPTION OF VIOLATION On 3/7/2017 a house stock glucometer was used on Resident 1 to take a blood sugar reading of 284 at 8:07 am, and on 3/6/2017 a reading of 229 at 4:13 pm. That same house stock glucometer was used on Resident 2 to take a blood sugar reading of 260 at 1:07 pm on 3/4/2017, and a reading of 210 at 6:05 pm on 3/3/2017. The shared use of glucometers presents a risk of passing blood borne pathogens between residents.	
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>	
Please see Attachment 1A. on Page 2A of 2	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Nicole Zdunowski</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Nicole Zdunowski, PC Administrator</i>	Date <i>03/17/2017</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>3/27/17</u> (Date)	Plan of correction implementation status as of <u>5/4/17</u> (Date)
The above plan of correction was approved by <u>BAS</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



One Veterans' Drive
Spring City, Pennsylvania 19475-1241
Phone: 610-948-2400

03/17/2017

Attachment 1A

Plan of Correction for DHS inspection conducted at Southeastern Veterans' Center on
March 07, 2017

Plan of Correction

A house sweep was conducted by the PC Administrator to make sure all diabetics on the PC Unit have their own glucometer, including Resident 1 and Resident 2. All staff will be re-educated on the importance of everyone on the unit having their own glucometer in accordance with safety and regulation standards by the Nurse Educator or designee. All residents will be informed and educated that staff are to obtain accuchecks using their own personal glucometer, and if they ever have had, or currently have, concerns regarding this practice, they should discuss these concerns with the Personal Care Administrator as appropriate.

Monthly audits will be completed of random nurses on the units for all three shifts to assure compliance with the provision of individual glucometers for resident blood sugar testing. The audits will be completed by the PC Administrator or designee and will be presented as part of a monthly Quality Assurance Committee. These audits will be completed until successful compliance has been regularly maintained. Target date for complete correction of this citation will be April 28, 2017.

Nicole Zdunowski, Personal Care Administrator

A handwritten signature in black ink that reads "Nicole Zdunowski". The signature is written over a horizontal line.

Date

A handwritten date in black ink that reads "03/17/2017". The date is written over a horizontal line.