



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: July 12, 2017

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

RE: Watson Memorial Home
Certificate #: 444120

Dear Ms. Sveda:

As a result of the Department of Human Services' licensing inspection on May 3, 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Janine Wenzig".

Janine Wenzig
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

PGH Name: WATSON MEMORIAL HOME		License Number: 44412
Address: 1200 CONEWANGO AVENUE, WARREN, PA 16365		County: Warren
Adminstrator: Erinn Sveda		Region: WEST
Legal Entity Name: WATSON MEMORIAL HOME		
Legal Entity Address: 1200 CONEWANGO AVENUE, WARREN, PA 16365		
Certificate(s) of Occupancy Other 04/05/1982 L&I		RECEIVED JUN 26 2017 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 26	Waking Staff: 20
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 05/03/2017: Hoover, Josh; Culler, Jan		
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: 25 Number of Residents Served: 19 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: 1 Number of Hospice Residents in past year: 2	Number of Residents who: Receive Supplemental Security Income: 4 Are 60 Years of Age or Older: 19 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 7 Have a Physical Disability: 0	

Violation Report: 44412 - 05/03/2017 - Hoover, Josh
 PCH Name: WATSON MEMORIAL HOME

1. REGULATION 55 Pa.Code §2600
 2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION
 On 5/21/2017, at approximately 6:45p.m., staff person A reported to his/her supervisor, staff person B, that he/she heard staff person C screaming at resident #1. Staff person C was yelling so loudly it could be heard through the closed door, down the hall, and around the corner. This allegation of verbal abuse was not reported to the local Area Agency on Aging until 5/22/2017 at 2:02 p.m.

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 documents - Page 2A of 5
 JH
 5/22/17

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Erin Sveda, Administrator</u>	Date <u>6/22/17</u>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>7/5/17</u> (Date) The above plan of correction was approved by <u>[Signature]</u> (Initials)	Plan of correction implementation status as of <u>7/5/17</u> (Date) <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
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Violation Report: 44412 - 05/03/2017 - Hoover, Josh

PCH Name: WATSON MEMORIAL HOME

1. REGULATION 55 Pa.Code 2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act and 6 Pa. Code Sections 15.21-15.27 and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 5/21/2017, at approximately 6:45 pm, staff person A reported to his/her supervisor, staff person B that he/she heard staff person C screaming at resident #1. Staff person C was yelling so loudly, it could be heard through the closed door down the hall and around the corner. This allegation of verbal abuse was not reported to the local Area Agency on Aging until 5/22/2017.

3. PLAN OF CORRECTION (POC)

Please notice:

This violation report date is prior to the incident occurring.

I would like to appeal this decision as abuse allegations were not verbalized to staff person B on May 21, 2017. Staff person A approached staff person B and stated that [redacted] was unhappy with the way that staff person C approached some of the residents. Staff person B never made an abuse allegation during this conversation, but did express that [redacted] was concerned about staff person C's approach and tone of voice.

Staff person B states that after this occurred, [redacted] as the building supervisor approached staff person C and discussed this with [redacted] also, as the building supervisor, stayed present, in ear shot anytime staff person C was interacting with residents throughout the rest of that shift and states that [redacted] never witnessed inappropriate or disrespectful communication from staff person C.

Please see my attached time line of what occurred involving this incident.

POC if this violation is not appealed: /

All staff will be re-trained on OAPSA Mandated Reporting, as well as the steps to follow when reporting abuse. Staff will also be re-trained on different types of abuse and what classifies as abuse. This training will be completed on 6/28/2017. All staff will complete a quiz on this training in order to prove that they have learned what is classified as abuse and the correct steps to report abuse. This training will be conducted by the Administrator of the building.

IMMEDIATELY - Any staff person who is aware of any instance of abuse of a resident, including verbal abuse, will ensure allegation is immediately reported as per home's policy and the home will ensure the Area Agency on Aging is notified immediately.

Erin Sveda, Administrator 6/22/17

W 7/5/17

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RECEIVED

Violation Report: 44412 - 05/03/2017 - Hoover, Josh
PCH Name: WATSON MEMORIAL HOME

JUN 20 2017

1. REGULATION 55 Pa.Code §2600

2600.15(b) - If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

2a. DESCRIPTION OF VIOLATION

On 5/21/2017, at approximately 6:45p.m., staff person A reported to his/her supervisor, staff person B, that he/she heard staff person C screaming at resident #1. Staff person C was yelling so loudly it could be heard through the closed door, down the hall, and around the corner. Staff person C continued to work in the home unsupervised, until his/her shift ended at 11 p.m. that night. Staff person C was suspended the following day, and terminated from employment by the home on 5/24/2017.

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 pages - 3A of 5

7/5/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Erinn Sveda Erinn Sveda

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Erinn Sveda, Administrator

Date

6/22/17

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7/5/17
(Date)

Plan of correction implementation status as of

7/5/17
(Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by


(Initials)

Violation Report: 44412 – 05/03/2017 –Hoover, Josh

PCH Name: WATSON MEMORIAL HOME

1. REGULATION 55 Pa.Code 2600

2600.15(b) – If there is an allegation of abuse of a resident involving a home’s staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

2a. DESCRIPTION OF VIOLATION

On 5/21/2017, at approximately 6:45 pm, staff person A reported to his/her supervisor, staff person B that he/she heard staff person C screaming at resident #1. Staff person C was yelling so loudly, it could be heard through the closed door down the hall and around the corner. Staff person C continued to work in the home unsupervised, until his/her shift ended at 11 p.m. that night. Staff person C was suspended the following day, and terminated from employment by the home on 5/24/2017.

3. PLAN OF CORRECTION (POC)

Please notice:

This violation report date is prior to the incident occurring.

I would like to appeal this decision as abuse allegations were not verbalized to staff person B on May 21, 2017. Staff person A approached staff person B and stated that [redacted] was unhappy with the way that staff person C approached some of the residents. Staff person B never made an abuse allegation during this conversation, but did express that [redacted] was concerned about staff person C’s approach and tone of voice.

Staff person B states that after this occurred, [redacted], as the building supervisor, approached staff person C and discussed this with [redacted]. She also, as the building supervisor, stayed present, in ear shot anytime staff person C was interacting with residents throughout the rest of that shift and states that [redacted] never witnessed inappropriate or disrespectful communication from staff person C.

Please see my attached time line of what occurred involving this incident.

POC if this violation is not appealed:

All staff will be re-trained on OAPSA Mandated Reporting, as well as the steps to follow when reporting abuse and steps that are to be taken by the supervisor in regards to supervising or suspending the accused abuser. This training will be completed on 6/28/2017. This training will be conducted by the Administrator of the building.

Eina Sveda, Administrator 6/22/17

[Handwritten signature] 7/5/17

RECEIVED

Violation Report: 44412 - 05/03/2017 - Hoover, Josh
PCH Name: WATSON MEMORIAL HOME

JUL 05 2017

1. REGULATION 55 Pa.Code §2600
2600.42(c) - A resident shall be treated with dignity and respect.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 5/21/2017, at approximately 6 p.m., Staff person C yelled at residents in the dining room very loudly. The yelling upset the residents in the dining room. Approximately a half-hour later, at 6:30 p.m., staff person C was assisting resident #1 in his/her bedroom. Staff person C was heard screaming "You have to get up!" and "Put one foot in front of the other!" while standing behind the resident. Resident #1 needs assistance with transferring and ambulation. Staff person C was suspended on 5/22/2017 and terminated from employment at the home on 5/24/2017.

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 documentation Page 4A of 5.
J 7/5/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Erinn Sveda

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Erinn Sveda

Date 7/22/17

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7/5/17
(Date)

Plan of correction implementation status as of

7/5/17
(Date)

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

The above plan of correction was approved by


(Initials)



Violation Report: 44412 - 05/03/2017

PCH Name: WATSON MEMORIAL HOME

1. REGULATION 55 Pa.Code 2600

2600.42 (c)- a resident shall be treated with dignity and respect

2a. DESCRIPTION OF VIOLATION

On 5/21/2017, at approximately 6 pm, staff person C yelled at residents in the dining room very loudly. The yelling upset the residents in the dining room. Approximately a half hour later, at 6:30 pm, staff person C was assisting resident #1 in her bedroom. Staff person C was heard screaming "you have to get up!" and "put one foot in front of the other!" while standing behind the resident. Resident #1 needs assistance with transferring and ambulation. Staff person C was suspended on 5/22/2017 and terminated from employment at the home on 5/24/2017.

3. PLAN OF CORRECTION (POC)

Please notice:

This violation report date is prior to the incident occurring.

Also, we have received two violations for the above incident. The other violation was page 3 of the violation report. Although they are the same incident, the times are different on each violation notice.

Also, if staff person C was heard yelling at the resident with the door shut which is stated in the prior violation for the same incident, I question how your investigation found that [redacted] was doing this while standing behind the resident. It states that [redacted] was heard yelling. The prior violation for this same incident states that staff person C was heard from down the hall and behind closed doors. How does staff person A know that this was while standing behind the resident if what [redacted] heard was from down the hall around the corner? The details of this investigation don't seem clear.] * NOT ACCEPTABLE PORTION OF POC

All Watson Memorial Home staff will be re-trained on resident rights and treating residents with dignity and respect on June 28, 2017. Please see all attachments that detail what will be given to each employee at that training. After the training has occurred, I will send a copy of the sign in sheet showing all who attended. JHW 7/5/17

The disciplinary procedure for not treating residents with dignity and respect will also be reviewed. This policy will not change. Staff person C who was reported for treating a resident in a disrespectful manner was suspended and then terminated immediately. [redacted] was not permitted to work with any of the residents after the incident was reported. This will continue for any employee who is disrespectful in the future.

The LPN's, Med Tech's, Department Supervisors, Director of Nursing, and Administrator are all responsible for monitoring the behavior of all employees whom they supervise. If at any time they witness an employee treating a resident with disrespect, they are to intervene and remove the employee from any direct care with residents.

RECEIVED

JUL 05 2017

WEST REGION FIELD OFFICE
Human Services Licensing

[Handwritten signature] 7/5/17

Erin Dreda, Administrator 6/22/2017