



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 02 2017

Ms. Caroline DeAugustine
Executive Director
Shenango Presbyterian Seniorcare
238 South Market Street
New Wilmington, Pennsylvania 16142

RE: Shenango Presbyterian Home
Certificate #: 440340

Dear Ms. DeAugustine:

As a result of the Department of Human Services' annual licensing inspection on May 10, 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
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: SHENANGO PRESBYTERIAN HOME		Licenses Number: 44034
Address: 238 SOUTH MARKET STREET, NEW WILMINGTON, PA 16142		County: Lawrence
Administrator: Shawna Bostaph		Region: WEST
Legal Entity Name: SHENANGO PRESBYTERIAN SENIORCARE		
Legal Entity Address: 238 SOUTH MARKET STREET, NEW WILMINGTON, PA 16142		RECEIVED
Certificate(s) of Occupancy C-1 11/10/1981 Dept. L & I		AUG 24 2017 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 54	Working Staff: 41
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 05/10/2017: Cutler, Jan; Mullock, Cindy		
		RECEIVED
Off-Site Inspection Dates and Inspectors, If Applicable		OCT 04 2017 Human Services Licensing
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 54 Number of Residents Served: 38 Secured Dementia Care Unit in Home: Yes Area: Woodside Secured Dementia Unit Capacity, if Applicable: 14 Number of Residents Served in Secured Dementia Care Unit, if applicable: 13 Number of Current Hospice Residents: 2 Number of Hospice Residents in past year: 4		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 38 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 16 Have a Physical Disability: 0

Violation Report: 44034 - 06/10/2017 - Culler, Jan
PCH Name: SHENANGO PRESBYTERIAN HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2800

2800.85(d) - Direct care staff persons hired after April 24, 2008 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired on 11/2/2016, began providing unsupervised ADL services in November 2016; however, he/she did not complete the Department-approved direct care training course and pass the competency test until 12/16/2016.

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.

- 1. Staff person A completed the direct care online competency test on 12-16-16 as violation report indicates. (see attached)
- 2. The Employee File Audit Form will be completed by the HR staff for each new hire to ensure test is completed prior to working with residents. (see attached checklist)
- 3. The Employee File review Audit Form will be completed by a different member of the HR staff (see attached checklist)
- 4. Administrator or designee will monitor compliance for all new hires beginning 8-24-17 report to quality assurance committee quarterly. *Immediately - The administrator will develop and implement a system of record keeping to ensure agents of the Department, upon request, have access to records to include staff training records. MS 9/25/17*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Shawna M Bostaph PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Shawna M. Bostaph, Dir PC* Date *8-24-17*

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

The above plan of correction is approved as of <u>9/25/17</u> (Date)	Plan of correction implementation status as of <u>9/25/17</u> (Date)
The above plan of correction was approved by <u>MS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress MS <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented