



AUG 30 2017

Mr. Kevin W. Jones,
Executive Director
Presbyterian Homes, Inc.
One Trinity Drive, East Suite 201
Dillsburg, Pennsylvania 17019

RE: Steward Place
7 East Locust Street
Oxford, Pennsylvania 19363
License #: 100630

Dear Mr. Jones:

As a result of the Department of Human Services' annual licensing inspection on May 31, 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". The signature is written in a cursive, flowing style.

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: STEWARD PLACE		License Number: 10063
Address: 7 EAST LOCUST STREET, OXFORD, PA 19363		County: Chester
Administrator: Taffanle Small		Region: SOUTHEAST
Legal Entity Name: PRESBYTERIAN HOMES INC		
Legal Entity Address: ONE TRINITY DR EAST SUITE 201, DILLSBURG, PA 17019		
Certificate(s) of Occupancy C-2 LP 07/11/2005 Commonwealth of PA		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 49	Waking Staff: 37
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 06/03/2017: Kazlmer, Lauren; Parker, Shawn		
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: 84 Number of Residents Served: 49 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: 0 Are 80 Years of Age or Older: 49 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 10083 - 05/03/2017 - Kezimer, Lauren
 PCH Name: STEWARD PLACE

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
 Resident #1's last medical evaluation was completed on 10/1/2015. Their current medical evaluation was completed on 10/31/2016.

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.

Resident Service Manager and LPN re-educated on regulation 2600.141(b)(1).
 LPN will conduct an audit monthly to ensure compliance of all DME

Tickler file created to track DME and notify family and physician a month prior to due date of DME to be in compliance

RSM will oversee all completion of all DME within the required time frame.

Personal Care Manager will oversee to ensure ongoing compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Tiffanie Small PCML*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Tiffanie Small PCML</i>	Date <i>6/16/17</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <i>4/23/17</i> (Date)	Plan of correction implementation status as of <i>6/23/17</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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

Violation Report: 10063 - 05/03/2017 - Kazimer, Lauren
 PCH Name: STEWARD PLACE

1. REGULATION 55 Pa.Code §2600

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 #2's PRN Glucagon 1mg emergency kit was not available in the home on 5/31/2017.
- Resident #3's PRN Tylenol 325mg and PRN Dulcolax suppository were not available in the home on 5/31/2017.

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.

Resident #2 Glucagon kit discontinued; Resident has an order for Glucagon gel that was present in the home
 Resident # 3 Tylenol was reordered on 5/24/17 and suppository per physician orders discontinued for non-use. Tylenol is present in the home.

Personal Care Staff will conduct monthly audits of medication drawers
 LPN will oversee audits and ensure compliance. LPN will follow up with physician and pharmacy with any concerns.
 LPN will follow up with pharmacy if medication is not delivered in a timely manner.

Personal Care Manager will oversee to ensure ongoing compliance

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Tiffany Small PCRM*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Tiffany Small PCRM</i>	Date <i>6/16/17</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *6/23/17*
 (Date)

Plan of correction implementation status as of *6/23/17*
 (Date)

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

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