



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 26 2018

Ronald Berlingo
Administrator
Elizabeth Seton Care Center
129 Depaul Center Road
Greensburg, Pennsylvania 15601

RE: Elizabeth Seton Memory Care Center
Certificate #: 445770

Dear Mr. Berlingo:

As a result of the Department of Human Services' annual licensing inspection on September 27, 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: ELIZABETH SETON MEMORY CARE CENTER		License Number: 44577
Address: 129 DEPAUL CENTER ROAD, GREENSBURG, PA 15601		County: Westmoreland
Administrator: Ron Berlingo		Region: WEST
Legal Entity Name: ELIZABETH SETON CARE CENTER		RECEIVED
Legal Entity Address: 129 DEPAUL CENTER ROAD, GREENSBURG, PA 15601		
Certificate(s) of Occupancy C-2 09/27/1999 Labor & Industry		DEC 27 2017 WEST VIRGINIA POLICE OFFICE Police Services / Training
Staffing Hours		
Resident Support: N/A	Total Daily Staff: 24	Waking Staff: 18
Type of Inspection: Full	BHA Docket Number: N/A	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 09/27/2017: Park, Beth; Grace, Desmond		
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: 24 Number of Residents Served: 12 Secured Dementia Care Unit in Home: Yes Area: Elizabeth Seton Memory Care Center Secured Dementia Unit Capacity, if Applicable: 24 Number of Residents Served in Secured Dementia Care Unit, if applicable: 12 Number of Current Hospice Residents: 4 Number of Hospice Residents in past year: 6		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 12 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 12 Have a Physical Disability: 0

Violation Report: 44577 - 09/27/2017 - Park, Beth
PCH Name: ELIZABETH SETON MEMORY CARE CENTER

DEC 20 2017

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

At approximately 11:20 AM, the staff office door was unlocked and unattended. Inside the office was a note requesting a psychology consult for resident #6 due to mood changes as well as a written request to discontinue the medication Mupirocin for resident #7.

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.

The door to the Resident Care Director's office is usually kept locked when unattended. However, the at the time of the review, the door was open due to the installation of carpet in the facility. Residents were not present on the floor at that time.

The Resident Care Director has placed a cover sheet over the list for residents requiring a doctor's visit. All confidential resident information posted in the office has been removed. Resident Care Director will ensure that no confidential resident information is visible.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Ron Berlingo*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Ron Berlingo - Administrator Date 12/19/17

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

The above plan of correction is approved as of 2/15/18 (Date)

Plan of correction implementation status as of 2/15/18 (Date)

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

The above plan of correction was approved by *pd* (Initials)

Violation Report: 44577 - 09/27/2017 - Park, Beth
 PCH Name: ELIZABETH SETON MEMORY CARE CENTER

RECEIVED

DEC 20 2017

REGISTRY OF SENIORS
 Human Resources Office

1. REGULATION 65 Pa.Code §2600

2600.20(b)(3) - The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

2a. DESCRIPTION OF VIOLATION

The home did not obtain resident #4's signature for the receipt of the following disbursements:

- \$15.00 on 9/14/2017
- \$15.00 on 9/7/2017
- \$15.00 on 8/31/2017
- \$15.00 on 8/17/2017
- \$15.00 on 8/10/2017
- \$15.00 on 8/3/2017

The home did not obtain resident #5's signature for the receipt of the following disbursements:

- \$45.00 on 9/14/2017
- \$20.00 on 9/7/2017
- \$15.00 on 8/31/2017
- \$15.00 on 8/17/2017
- \$15.00 on 8/10/2017

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.

Petty cash funds are no longer maintained for residents by the facility.

Within 5 days of receipt of the plan of correction: The administrator or designee will review and update resident support plans with the plan to meet the service need, frequency and responsible person for all residents who require any level of assistance with managing finances. *ju. 2/15/18*

Within 30 days of receipt of the plan of correction: The administrator or designee will update the home's written description of services to reflect the change in services offered. *ju. 2/15/18*

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Ron Berlingo*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) **RON BERLINGO, ADMINISTRATOR** Date **12/19/17**

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 (Date)

Plan of correction implementation status as of 2/15/18
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *ju.*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *ju.*
 (initials)

Violation Report: 44577 - 09/27/2017 - Park, Beth
PCH Name: ELIZABETH SETON MEMORY CARE CENTER

DEC 20 2017

1. REGULATION 66 Pa.Code §2600
2600.29a(b)(1) - A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met: A physician, who is not an employee or contractor of the home, has certified in writing that the resident is actively dying and may suffer bodily injury or a hastened death as a result of participation in a fire drill.

2a. DESCRIPTION OF VIOLATION
Resident #1, who receives hospice services, was not evacuated during the fire drill on 7/12/2017 1:30 PM. The home does not have written certification from a physician, who is not an employee or contractor of the home, that the resident is actively dying and may suffer bodily injury or a hastened death as a result of participation in a fire drill.

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.

The facility will comply with RCG guidelines and remove all residents for all fire alarms.
The Administrator and Resident Care Director will develop a policy compliant with the regulations regarding fire alarm evacuation and actively dying residents.

Within 15 days of receipt of the plan of correction: All staff persons will be educated on the new policy regarding the evacuation of residents who are actively dying. Documentation of the education shall be kept. *RM. 2/15/18*

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Ron Berlingo*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *RON BERLINGO, ADMINISTRATOR*

Date *12/19/17*

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(Date)

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- Partially Implemented - Adequate Progress *RM.*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *RM.*
(Initials)

Violation Report: 44577 - 09/27/2017 - Park, Both
PCH Name: ELIZABETH SETON MEMORY CARE CENTER

DEC 20 2017

1. REGULATION 55 Pa.Code §2600

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

The stand alone freezer by the sink in the kitchen measured 8 degrees Fahrenheit at approximately 10:35 AM and measured 10 degrees Fahrenheit at approximately 2:00 PM.

The "Baker's" freezer by the large mixer in the kitchen measured 4 degrees Fahrenheit at approximately 10:35 AM and at approximately 2:00 PM.

The freezer section of the "Baker's" refrigerator/freezer in the kitchen did not contain a thermometer.

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.

Freezer and refrigerator temperatures have been adjusted to meet the regulation. A thermometer has been added to the Baker's refrigerator/freezer. The Administrator and Dietary Manager will check regularly to ensure that all temperatures are at the correct levels.

Refrigerator & freezer checks shall be at least weekly & documented. per 2/15/18

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

Signature of Legal Entity Representative (Required on EVERY Page) *Ron Berlingo*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) RON BERLINGO, Administrator Date 12/19/17

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- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *RB* (Initials)

Violation Report: 44677 - 09/27/2017 - Park, Beth
PCH Name: ELIZABETH SETON MEMORY CARE CENTER

WESTPAAS
Florida Department of Banking

1. REGULATION 55 Pa.Code §2600
2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The fire drill records for the drills conducted on 10/27/16, 11/4/16, 12/6/16, 1/31/17, 2/28/17, 3/30/17, 4/28/17, 5/29/17, 6/23/17, 8/22/17 and 9/21/17 do not include the amount of time to evacuate in minutes and seconds. The evacuation times are rounded to the minute.

The fire drill record for the drill conducted on 11/4/17 does not include the amount of time to evacuate, the exit route used, the number of residents in the home at the time the alarm sounds, the number of residents evacuated or the number of staff participating in the drill.

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.

The Administrator will ensure that all fire drills now include the time for the evacuation in minutes and seconds.

All drills will include the amount of time to evacuate, exits used, the number of residents in the home at the time the alarm sounds, the number of residents evacuated, and the number of staff participating in the drill.

Immediately: The administrator will review the fire drill record at least monthly to ensure all required information, including the amount of time to evacuate in minutes and seconds, the exit route used, the number of residents in the home at the time the alarm sounds, the number of residents evacuated and the number of staff participating in the drill is recorded for each fire drill. *g.u. 2/15/18*

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Ron Berlingo*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *RON BERLINGO, Administrator* Date *12/19/17*

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- Partially Implemented - Inadequate Progress
- Not Implemented

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(Initials)

Violation Report: 44677 - 09/27/2017 - Park, Bell
 PCH Name: ELIZABETH SETON MEMORY CARE CENTER
 DEC 20 2017

1. REGULATION 55 Pa.Code §2600
 2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION
 Residents of the home utilize internal fire safe areas, designated as #5, #6 and #8, as evacuation routes during fire drills. However, the home has not had these areas designated in writing by a fire safety expert within the past year.

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.

The fire safety expert has identified the fire safe areas by their designated number in writing. (See Attachment C). The Administrator will ensure that the form is properly completed every year.

Immediately: The administrator will review the fire drill record at least monthly to ensure residents are able to evacuate the entire building to a public thoroughfare, or to a fire-safe area within the period of time specified in writing by the fire-safety expert. *g.u. 2/15/18*

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Lon Belh...*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *RON BERLINGO, ADMINISTRATOR* Date *12/19/17*

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Violation Report: 44577 - 09/27/2017 - Park, Both
PCH Name: ELIZABETH SETON MEMORY CARE CENTER

DEC 28 2017

1. REGULATION 55 Pa.Code §2600
2600.132(f) - Alternate exit routes shall be used during fire drills.

WEST REGIONAL OFFICE:
Human Services Center

2a. DESCRIPTION OF VIOLATION

The home used the same exit, #8 or Dorlan Hall, to evacuate during 11 of the last 13 fire drills conducted.

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.

The facility will rotate exit routes during the year. The route used will be documented on the fire drill report. The Administrator will ensure rotation schedule and documentation.

Alternate exits were used during the fire drills conducted on 12/22/17, 1/25/18 and 1/26/18. *gu. 2/15/18*

Immediately: The administrator will review the fire drill record at least monthly to ensure alternate exit routes are used during fire drills. *gu. 2/25/18*

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
(Required on EVERY Page) *Ron Berlingo*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Ron BERLINGO, ADMINISTRATOR* Date *12/19/17*

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The above plan of correction was approved by <u><i>gu.</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>gu.</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44577 - 09/27/2017 - Park, Beth
PCH Name: ELIZABETH SETON MEMORY CARE CENTER

WEST PENNSYLVANIA COLLEGE
HUMAN SERVICES EDUCATION

1. REGULATION 55 Pa.Code §2600

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION

At approximately 11:50 AM, the medication room was unlocked and unattended allowing access to residents' medications to include:

- For resident #3, Quetiapine Fumerate 25mg, Lisinopril 5mg, and Levothyroxine 0.125mcg
- For resident #4, Spironactone 100mg, Escitalopram 20mg, and Donepezil 10mg.

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.

Under normal circumstances, the medication room is always locked. The door was unlocked at the time of the survey to allow for installation of carpet in the facility. Once it was brought to the attention of the Resident Care Director, a staff member was assigned to monitor the area.

Going forward, the Resident Care Director will ensure that the medication room is always locked when not in use.

Immediately: A designated staff person will check the home daily to ensure all medications are kept in an area that is locked. *pc. 2/15/18*

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
(Required on EVERY Page) *Ron Berlingo*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *RON BERLINGO, Administrator* Date *12/19/17*

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(Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *pc.*
(Initials)

Violation Report: 44577 - 09/27/2017 - Park, Both
 PCH Name: ELIZABETH SETON MEMORY CARE CENTER

DEC 28 2017

1. REGULATION 55 Pa.Code §2600

2600.251(b) - The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

2a. DESCRIPTION OF VIOLATION

Resident #5's financial records contained white out which covered two dates of withdrawals so that the original entries could not be determined.

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.

Facility no longer maintains petty cash funds for residents.

Staff persons received education on proper documentation requirements in resident records on 1/20/18. *pl. 2/15/18*

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Ron Berlingo*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>RON BERLINGO, ADMINISTRATOR</i>	Date <i>12/19/17</i>
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