



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 17 2018

Mr. Dan March
Senior Director
Presbyterian Senior Care, Inc.
880 South Main Street
Washington, Pennsylvania 15301

RE: Southminster Place
Certificate #: 415930

Dear Mr. March:

As a result of the Department's Bureau of Human Services Licensing annual inspection on February 12, 2018; February 13, 2018; February 14, 2018 and February 16, 2018, 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, appearing to read 'J. Rowe'.

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: SOUTHMINSTER PLACE		License Number: 41593
Address: 880 SOUTH MAIN STREET, WASHINGTON, PA 15301		County: Washington
Administrator: Glenn Delich		Region: WEST
Legal Entity Name: PRESBYTERIAN SENIOR CARE INC		
Legal Entity Address: 880 SOUTH MAIN STREET, WASHINGTON, PA 15301		
Certificate(s) of Occupancy I-2 01/02/2001 Township of South Strabane		RECEIVED JUL 18 2018 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 96	Waking Staff: 72
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 02/12/2018: Winters, Lynn; Rahuba, Matt 02/13/2018: Winters, Lynn; Rahuba, Matt 02/14/2018: Winters, Lynn 02/16/2018: Winters, Lynn		
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: 90 Number of Residents Served: 73 Secured Dementia Care Unit In Home: Yes Area: Woodside Secured Dementia Unit Capacity, If Applicable: 20 Number of Residents Served in Secured Dementia Care Unit, If applicable: 18 Number of Current Hospice Residents: 3 Number of Hospice Residents in past year: 10	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 73 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 23 Have a Physical Disability: 0	

Violation Report: 41593 - 02/12/2018 - Winters, Lynn
PCH Name: SOUTHMINSTER PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

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

The Leader True Track glucometer with serial number 8335509 belonging to resident #2 was not calibrated correctly to date and time. The glucometer read 12/17/17 at 8:54 AM when the correct date and time was 2/13/18 at 11:02 AM.

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.

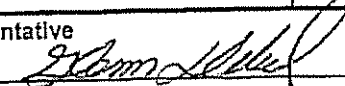
REGULATION 2600 185.(a)

GLUCOMETER FOR RESIDENT 2 WERE SET UP AND CALIBRATED TO THE CORRECT DATE AND TIME - SEE EXHIBIT A.

ALL MED TRAINED TEAM MEMBERS WILL COMPLETE EDUCATION BY THE CERTIFIED MEDICATION TRAINER BY 8/3/18, REGARDING PROCEDURES TO CALIBRATE THE GLUCOMETER FOR ACCURATE DATES AND TIMES, SEE EXHIBIT B FOR ADDITIONAL EDUCATION MATERIAL.

Documentation of training shall be kept. ^{ms staff} ^{ms staff} TO MONITOR, NURSING WILL CONDUCT ^{twice} MONTHLY AUDITS X 2 FOR COMPLIANCE. AUDITS SHALL BE FORWARDED TO THE ADMINISTRATOR FOR REVIEW & VERIFICATION OF COMPLIANCE. Any glucometer not calibrated to the correct date and time will immediately be calibrated for accuracy. ^{ms staff} within 30 days of receipt of the plan of correction - the administrator will review glucometer audits at quality management meetings. ^{ms 8/2/18}

Repeat Violation: Yes Date(s) of Previous Violation(s): 02/15/2017

Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) GLENN DELICH, EXECUTIVE DIRECTOR Date 7/18/18

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

The above plan of correction is approved as of 8/2/18 (Date)

Plan of correction implementation status as of 8/2/18 (Date)

The above plan of correction was approved by MS (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress ^{MS}
- Partially Implemented - Inadequate Progress
- Not Implemented

JUL 18 2018

Violation Report: 41593 - 02/12/2018 - Winters, Lynn
PCH Name: SOUTHMINSTER PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #2 is prescribed Ultram 50 mg tablet - Take 1 tablet every 12 hours as needed for pain. However, the medication administration record reads, "Take 1 tablet by mouth as necessary as needed for pain," and does not include the frequency of administration.

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 PRESCRIBED ULTRAM 50 mg TABLET - TAKE 1 TABLET EVERY 12 HOURS AS NEEDED FOR PAIN WAS CORRECTED ON THE MEDICATION ADMINISTRATION RECORD TO READ AS ORDERED. SEE EXHIBIT C FOR VERIFICATION OF CORRECTED MEDICATION ADMINISTRATION RECORD.

ALL LICENSED NURSING TEAM MEMBERS WILL RECEIVE TRAINING IN POLICY AND PROCEDURE FOR RECEIPT AND PROCESSING OF MEDICATION ORDERS BY 8/3/18. SEE EXHIBIT D. TRAINING WILL BE COMPLETED BY ADMINISTRATOR.

ALL MED TRAINED TEAM MEMBERS WILL COMPLETE EDUCATION FROM THE CERTIFIED MEDICATION TRAINER IN MEDICATION ADMINISTRATION PROCEDURE. EXHIBIT E BY 8/3/18. Documentation of training shall be kept. msta/18

LICENSED NURSING TEAM WILL COMPLETE MONTHLY MED CART AUDITS EFFECTIVE 8-1-18. SEE EXHIBIT F. ADMINISTRATOR WILL REVIEW COMPLIANCE.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/15/2017
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Signature of Legal Entity Representative
(Required on EVERY Page)



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

GLENN DELICH, EXECUTIVE DIRECTOR

Date: 7-18-18

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