



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]
July 11, 2018

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE:

Ms. Katherine Hershey
Senior 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 Ms. Hershey:

As a result of the Department's Bureau of Human Services Licensing inspection on February 21, 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.

Sincerely,

A handwritten signature in cursive script that reads "Shawn Parker".

Shawn Parker
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 10063 - 02/21/2018 - Parker, Shawn
 PCH Name: STEWARD PLACE

1. REGULATION 55 Pa.Code §2600
 2600.15(c) - The home shall immediately submit to the Department's personal care home regional office a plan of supervision or notice of suspension of the affected staff person.

2a. DESCRIPTION OF VIOLATION
 On 12-13-17, an allegation of abuse was made against staff person A regarding resident # 1. The home originally suspended staff person A on 12-14-17 but allowed them to come back to work on 12-23-17 without submitting a plan of supervision to the department.

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.

Request for reconsideration due to:
 Steward Place immediately place employee on administrative leave and notified the department regional office of notice of suspension therefore met the intent of the regulation

- Other contributing factors:
1. Internal investigation completed per policy and abuse was unsubstantiated
 2. Resident retract allegation of abuse
 3. Family denied any abuse had occurred since the start of the allegation
 4. Resident had no signs of abuse
 5. Investigator was unable to substantiate any abuse with the resident.
 6. Employee was placed on administrative leave until internal investigation was concluded

Ongoing plan:
 Personal care manager will continue to review and investigate any allegations of abuse per PSL policy and submit the appropriate documentation to DHS per the regulation.

Staff will continue to be trained on abuse and the Older Adult Protective Service act upon hire and Annually.

The home will submit a plan of supervision OR notice of suspension to the department of personal care home regional office of any allegation of Abuse by a staff person.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Tiffany Small PCM* Date *6/12/18*

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

The above plan of correction is approved as of <u>06-12-18</u> (Date) The above plan of correction was approved by <u>SP</u> (Initials)	Plan of correction implementation status as of <u>07-11-18</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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