



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: August 16, 2018

Ms. Kim Horvath
Administrator
Pennsylvania Soldiers and Sailors Home
560 East Third Street
Erie, Pennsylvania 16507

RE: Pennsylvania Soldiers and Sailors Home
Certificate #: 448290

Dear Ms. Horvath:

As a result of the Department's Bureau of Human Services Licensing inspection on June 15, 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 black ink that reads "Janine Wenzig". The signature is written in a cursive style with a long, sweeping tail on the final letter.

Janine Wenzig
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

PCH Name: PENNSYLVANIA SOLDIERS AND SAILORS HOME		License Number: 44829
Address: 560 E 3RD STREET P O B 6239, ERIE, PA 16512		County: Erie
Administrator: Kim Horvath		Region: WEST
Legal Entity Name: PENNSYLVANIA SOLDIERS AND SAILORS HOME		
Legal Entity Address: 560 EAST THIRD STREET, ERIE, PA 16512		
Certificate(s) of Occupancy C2 A2 09/18/1997 L & I		RECEIVED JUL 20 2018 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 69	Waking Staff: 52
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 06/15/2018: McConnell, Deb		
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: 100 Number of Residents Served: 69 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: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 49 Have Mental Illness: 47 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 3	

Violation Report: 44829 - 06/15/2018 - McConnell, Deb
 PCH Name: PENNSYLVANIA SOLDIERS AND SAILORS HOME

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600
 2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION
 On 6/11/18, at approximately 7:00 p.m., resident #1 informed staff of an allegation of sexual abuse against staff person A which allegedly occurred at 3:30 p.m. that day. The police and legal counsel were notified; however, the home did not report the allegation to the local Area Agency on Aging until 6/12/18, at 10:45 a.m.

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 staff member alleged of the abuse was immediately removed from the unit.

Nursing staff/Administration will be re-educated on regulation 2600.15(a) by the Nurse Educator/designee.

Regulation 2600.15(a) will be reviewed at the quarterly QA meeting to determine further actions as necessary.

Completion date: 9/27/2018

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kim Horvath - Personal Care Home Administrator</i>	Date <i>7/19/18</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>8/14/18</u> (Date) The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	Plan of correction implementation status as of <u>8/14/18</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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JUL 20 2018

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44829 - 06/15/2018 - McConnell, Deb
PCH Name: PENNSYLVANIA SOLDIERS AND SAILORS HOME

1. REGULATION 55 Pa.Code §2600
2600.225(c) - The resident shall have additional assessments as follows:
(1) Annually.
(2) If the condition of the resident significantly changes prior to the annual assessment.
(3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION
The assessment, dated 11/29/17, for resident #1, indicates the resident has no problem with judgement and hallucinations. However, multiple staff and resident interviews indicate the resident cuts himself/herself when upset and is being treated for auditory and visual hallucinations.

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.

Care plan of resident #1 was corrected immediately.

All care plans will be reviewed by the PCU Administrator & Social Worker to ensure any updates are included

Nursing staff will be re-educated by Nurse Educator/designee on updates to the care plans

10% of care plans will be reviewed for updates quarterly xl by the PCU Administrator and Social Worker.

The results of these audits will be reviewed at the quarterly QA meeting to determine further actions as necessary.

Completion date: 9/27/2018

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Kim Horvath*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kim Horvath - Personal Care Home Administrator* Date *7/19/18*

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The above plan of correction is approved as of 8/14/18
(Date)

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

Plan of correction implementation status as of 8/14/18
(Date)

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