



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 06 2018

Mr. 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's Bureau of Human Services Licensing annual inspection on September 11, 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: 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		
Legal Entity Address: 129 DEPAUL CENTER ROAD, GREENSBURG, PA 15601		RECEIVED
Certificate(s) of Occupancy C-2 LP 09/27/1999 Labor and Industry		11/21/2018 Western Region Field Office Bureau of Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 24	Waking Staff: 18
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 09/11/2018: Roser, Ashley; Duncan, Amy; Mazza, Larry		
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: entire home 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: 5		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: 1

Violation Report: 44577 - 09/11/2018 - Roser, Ashley
PCH Name: ELIZABETH SETON MEMORY CARE CENTER

Western Region Field Office
Bureau of Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

There was no flu poster posted in a public place in the home in accordance with the Influenza Act, enacted July 2016.

The Care Facility Carbon Monoxide Alarms Standards Act, enacted 06/23/16, requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from any fossil-fuel burning device or appliance. No carbon monoxide detector was present in the home's kitchen, which has a gas stove.

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.

1. 9/12/18 Flu poster was printed from the Department of Health website and is displayed on public bulletin board. Photo Attached.
2. Carbon Monoxide detector has been installed in the kitchen. A comprehensive carbon monoxide system will be installed in the near future. Photo Attached.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)



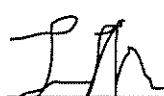
Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Ron Berlingo, Administrator

Date 11/21/18

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The above plan of correction is approved as of 11/26/18
(Date)

The above plan of correction was approved by 
(Initials)

Plan of correction implementation status as of 11/26/18
(Date)

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

Violation Report: 44577 - 09/11/2018 - Roser, Ashley **RECEIVED**
 PCH Name: ELIZABETH SETON MEMORY CARE CENTER

11/21/2018

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications: Western Region Field Office
Bureau of Human Services Licensing
 (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
 (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
 (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

Direct care staff person B, hired 7/24/18, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse registry.

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.

Staff person B is no longer employed at Elizabeth Seton Memory Care Center.
 A review of personnel files is underway to ensure all staff meet regulatory requirements.
 We have developed a Direct Care Staff Employee Qualifications check list which will be used for each new hire going forward. Copy attached.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Ron Berlingo, Administrator	Date 11/21/18
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Violation Report: 44577 - 09/11/2018 - Roser, Ashley PCH Name: ELIZABETH SETON MEMORY CARE CENTER	Western Region Field Office Bureau of Human Services Licensing
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1. REGULATION 55 Pa.Code §2600
 2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION
 The following staff persons did not receive training on any of the topics indicated in 2600.65(a):
 *Staff person A, hired 2/2/18
 *Staff person B, hired 7/24/18

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.

Staff persons A & B are no longer employed at Elizabeth Seton Memory Care Center. Administrator and Nurse Manager will ensure all staff have received required training. We are developing a packet for all new hires that will include the orientation materials listed above.

Repeat Violation: No	Date(s) of Previous Violation(s):	
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 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Ron Berlingo, Administrator	Date 11/21/18
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Violation Report: 44577 - 09/11/2018 - Roser, Ashley	Western Region Field Office
PCH Name: ELIZABETH SETON MEMORY CARE CENTER	Bureau of Human Services Licensing

1. REGULATION 55 Pa.Code §2600
 2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
- (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION
 The following staff persons did not receive training on any of the topics indicated in 2600.65(b):
 *Staff person A, hired 2/2/18
 *Staff person B, hired 7/24/18

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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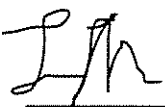

Staff persons A & B are no longer employed at Elizabeth Seton Memory Care Center. Administrator and Nurse Manager will ensure all staff receive required training. The Resident Rights, Emergency Medical Plan and Abuse Reporting and Reporting of reportable incidents and conditions documents will be included in the new hire packet.

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Ron Berlingo, Administrator	Date 11/21/18
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Violation Report: 44577 - 09/11/2018 - Roser, Ashley
 PCH Name: ELIZABETH SETON MEMORY CARE CENTER
 Western Region Field Office
 Bureau of Human Services Licensing

1. REGULATION 55 Pa.Code §2600
 2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:
 (1) Training that includes a demonstration of job duties, followed by supervised practice.
 (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
 (3) Initial direct care staff person training to include the following:
 (i) Safe management techniques.
 (ii) ADLs and IADLs.
 (iii) Personal hygiene.
 (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 (vi) Implementation of the initial assessment, annual assessment and support plan.
 (vii) Nutrition, food handling and sanitation.
 (viii) Recreation, socialization, community resources, social services and activities in the community.
 (ix) Gerontology.
 (x) Staff person supervision, if applicable.
 (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 (xii) Safety management and hazard prevention.
 (xiii) Universal precautions.
 (xiv) The requirements of this chapter.
 (xv) Infection control.
 (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION
 Direct care staff person B, hired 7/24/18, began providing unsupervised ADL's on 8/14/18; however, did not successfully complete and pass the Department-approved direct care training course and competency test.

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.



Staff person B is no longer employed at Elizabeth Seton Memory Care Center.
 All employee files are being reviewed. Administrator and Nurse Manager will ensure that all future employees meet required training by including the test requirement or note of exemption on the new hire checklist that will be included in the new hire packet.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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11/21/2018

Western Region Field Office
Bureau of Human Services Licensing

Violation Report: 44577 - 09/11/2018 - Roser, Ashley
PCH Name: ELIZABETH SETON MEMORY CARE CENTER

1. REGULATION 55 Pa.Code §2600

2600.102(i) - A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

2a. DESCRIPTION OF VIOLATION

At 10:10 a.m., there was no soap available at the bathroom sink in bedroom #165.

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.

Each resident room is supplied with soap.

The resident in room 165 at the time of inspection would empty the soap container onto the floor, creating a slipping hazard. For that reason, the soap container for that resident was kept in the resident's bathroom cupboard. The resident in the room at the time of inspection is now deceased. The soap dispenser is now located within reach of the bathroom sink. Photo attached.

Immediately: A designated staff person shall check each bathroom sink to ensure a dispenser with soap is present. *IAH*

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 11/21/18

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IAH
(Initials)

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Violation Report: 44577 - 09/11/2018 - Roser, Ashley
PCH Name: ELIZABETH SETON MEMORY CARE CENTER

Western Region Field Office
Bureau of Human Services Licensing

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 home's fire drill records do not indicate the exact time of the fire drill conducted on 6/21/18 at 4:15 am. The records indicate the residents evacuated within 5-7 minutes.

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 alarm which occurred on 6/21/18 at 4:15 AM was a false alarm.

A representative at PA Department of Human Services was contacted and we were told that this alarm could be used as our regular monthly drill, and that an estimation of the fire drill time was acceptable to use.

All fire drills are now recorded with precise times. Copies of subsequent fire drills are attached.

Immediately: A designated staff person shall review all fire drill records monthly to ensure all items specified in 2600.132c, including the exact time of the evacuation, are indicated. *IM*

Repeat Violation: Yes

Date(s) of Previous Violation(s):

09/27/2017

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 11/21/18

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11/21/2018

Violation Report: 44577 - 09/11/2018 - Roser, Ashley PCH Name: ELIZABETH SETON MEMORY CARE CENTER	Western Region Field Office Bureau of Human Services Licensing
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1. REGULATION 55 Pa.Code §2600
 2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION
 The current menu posted in the home was dated 9/17/18 through 9/23/18.

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.



Administrator and Nurse Manager will ensure two weeks of menus are posted.
 Photo attached.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Ron Berlingo, Administrator	Date 11/21/18
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Violation Report: 44577 - 09/11/2018 - Roser, Ashley
 PCH Name: ELIZABETH SETON MEMORY CARE CENTER
 Western Region Field Office
 Bureau of Human Services Licensing

1. REGULATION 55 Pa.Code §2600
 2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION
 Resident #2 was admitted to the home's secured dementia care unit (SDCU) on 7/30/18; however, the resident's medical evaluation, dated 7/6/18, does not include a list of the resident's current medications.

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.

A list of resident #2's medications dated 7/30/18 from the previous facility is included in the resident's chart.

We will obtain a new DME with a current list of medications signed by the doctor when he returns from vacation no later than 11/28/18.

Immediately: A designated staff person shall review all completed medical evaluations for accuracy and completion. *IM*

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 11/21/18
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Violation Report: 44577 - 09/11/2018 - Roser, Ashley
PCH Name: ELIZABETH SETON MEMORY CARE CENTER

Western Region Field Office
Bureau of Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.231(c) - A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the SDCU on 12/20/18; however, the resident's cognitive preadmission screening is undated.

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.

Pre-admission screening is now dated. Copy Attached.

Administrator and Nurse Manager will ensure that all pre-admission paperwork is properly dated by having the file reviewed by second staff person.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Ron Berlingo, Administrator


Date 11/21/18

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Violation Report: 44577 - 09/11/2018 - Roser, Ashley
 PCH Name: ELIZABETH SETON MEMORY CARE CENTER

1. REGULATION 55 Pa.Code §2600

2600.234(a) - Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

2a. DESCRIPTION OF VIOLATION

Resident #2's assessment, dated 7/30/18, indicates the resident requires some degree of assistance with the following personal care needs; however, the resident's support plan, dated 7/30/18, does not address the care needs which are needed:

- *Bowel management
- *Personal hygiene
- *Managing health care
- *Securing health care
- *Securing and using transportation
- *Using the telephone
- *Making and keeping appointments
- *Caring for personal possessions
- *Writing correspondence
- *Engaging in social and leisure activities

RECEIVED

11/21/2018

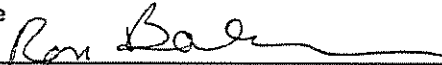
Western Region Field Office
 Bureau of Human Services Licensing

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 resident's support plan is currently updated and addresses the above mentioned needs of the resident. Copy of RASP attached. Going forward, each new admission file will be reviewed by a second person to ensure the file is correct and complete.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Ron Berlingo, Administrator


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