



MAILING DATE: January 22, 2019

Ms. Lisa Malosh
Senior Director
Presbyterian Senior Care, Inc.
880 South Main Street
Washington, Pennsylvania 15301

RE: Southminster Place
Certificate #: 415930

Dear Mr. Malosh:

As a result of the Department's Bureau of Human Services Licensing inspection on September 14, 2018, of the above facility, the citations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "Janine Wenzig". The signature is written in a cursive, flowing style.

Janine Wenzig
Human Services Licensing Supervisor

Enclosure
Violation Report

**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 04/11/2002 Township of South Strabane		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 102	Waking Staff: 77
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 09/14/2018: Flinner-Alman, Lisa; Graziano, Belinda		RECEIVED DEC 17 2018 WEST REGION FIELD OFFICE Human Services Licensing
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: 72 Secured Dementia Care Unit in Home: Yes Area: WOODSIDE PLACE Secured Dementia Unit Capacity, if Applicable: 20 Number of Residents Served in Secured Dementia Care Unit, if applicable: 19 Number of Current Hospice Residents: 4 Number of Hospice Residents in past year: 15	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 72 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 30 Have a Physical Disability: 0	

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Violation Report: 41593 - 09/14/2018 - Flinner-Alman, Lisa
PCH Name: SOUTHMINSTER PLACE

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 8/29/18 at approximately 8:00 p.m., staff person A was verbally and physically abusive towards resident #1. Staff person B witnessed the incident. On 8/30/18 at approximately 2:30 p.m. at shift change, staff person C noticed a new bruise on resident 1's left hand and a cut on his hip. The home did not report the incident to the local Area Agency on Aging until 8/31/18.

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.

Glenn Delich, Administrator, trained Staff in abuse definition, recognition and reporting as well as on Presbyterian Senior Care Network's policy on abuse on September 27th, September 28th and October 3rd.

Glenn Delich, Administrator has contacted Protective Services and the Ombudsman requesting additional staff training on Older Adults Protective Services Act. Special Training Date(s) to be coordinated/scheduled within the next 30 days.

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) GLENN DELICH, EXECUTIVE DIRECTOR Date 12-14-18

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

The above plan of correction is approved as of 1/7/19 (Date)

The above plan of correction was approved by  (Initials)

Plan of correction implementation status as of 1/7/19 (Date)

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

DEC 17 2018

Violation Report: 41593 - 09/14/2018 - Flinner-Alman, Lisa
PCH Name: SOUTHMINSTER PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.15(b) - If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

2a. DESCRIPTION OF VIOLATION

On 8/29/18 at approximately 8:00 p.m., staff person A was verbally and physically abusive towards resident #1. Resident #1 sustained a bruise to the left hand and a cut on the hip. Staff person B witnessed the incident. The home did not immediately develop and implement a plan of supervision or suspend staff person A. Staff person A continued working unsupervised until 10:30 p.m. on that date.

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.

Glenn Delich, Administrator, trained staff in abuse definition, recognition and reporting on September 27th, September 28th and October 3rd. On the same dates, he also trained staff on Presbyterian SeniorCare Network's policy on Abuse.

Glenn Delich, Administrator has contacted Protective services and the Ombudsman requesting additional staff training on Older Adults Protective Service Act. Specific training date(s) to be coordinated scheduled within the next 30 days SEE BELOW

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

Signature of Legal Entity Representative (Required on EVERY Page) *Glenn Delich*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) GLENN DELICH EXECUTIVE DIRECTOR Date 12-14-18

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The above plan of correction was approved by <i>[Signature]</i> (Initials)	<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

If any future allegations of abuse occur, the home will immediately either suspend the staff person(s) involved or place the accused staff person on a plan of supervision which includes no access to residents without the presence of another qualified direct care staff person. If a plan of supervision is developed, the home will send the plan to the Department for approval. -- JRW 1/7/19

DEC 17 2018

Violation Report: 41593 - 09/14/2018 - Flinger-Alman, Lisa
PCH Name: SOUTHMINSTER PLACE WEST REGION FIELD OFFICE
Human Services / Licensing

1. REGULATION 55 Pa.Code §2600
2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION
On 8/29/18 at approximately 8:00 p.m., staff person A was verbally and physically abusive towards resident #1. Staff person B witnessed the incident. On 8/30/18 at approximately 2:30 p.m., at shift change, staff person C noticed a new bruise on resident #1's left hand and a cut on his hip. The home did not report the incident to the Department until 8/31/18.

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.
Glenn Delich, Administrator, trained staff in abuse definition, recognition and reporting as well as on Presbyterian Senior Care Network's policy on abuse on September 27th, September 28th and October 3rd
Glenn Delich, Administrator has contacted Protective Services and the Ombudsman requesting additional staff training on Older Adult's Protective Services Act. Specific training date(s) to be coordinated/scheduled within the next 30 days.
Immediately - The administrator will ensure that all reportable incidents and conditions as indicated in Chapter 2600.16a are reported to the Department within the required time frame and by the required reporting method. -- JRW 1/7/19

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) GLENN DELICH, EXECUTIVE DIRECTOR Date 12-14-18

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 Partially Implemented - Inadequate Progress
 Not Implemented

DEC 17 2018

WEST REGION HLT DIVISION
Human Services Licensing

Violation Report: 41593 - 09/14/2018 - Pflinner-Alman, Lisa
PCH Name: SOUTHMINSTER PLACE

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

On 8/29/18 at approximately 8:00 p.m., staff person A overheard resident #1, who is diagnosed with dementia, refusing to take a shower for staff person B. Staff person A was in an adjacent room at the time. Staff person A went into resident #1's room and yelled at the resident, "You can't treat me like a female and push me around" and called the resident an "asshole" multiple times.

Staff person A put both of his hands around the resident's waist and pushed him across the room toward the bathroom. Resident #1 was approximately two feet into the bathroom and grabbed door handle. Staff person A forced resident #1 to let go of the door handle and tried to unbutton the resident's shirt.

Staff person B did not intervene and left the room to retrieve resident #1's shower supplies. When staff person B returned approximately 2 minutes later, staff person A was blocking the bathroom door, preventing resident #1 from exiting the bathroom. Staff person A grabbed both of resident #1's arms, which were folded against his chest and tried to force him to get undressed. Then staff person A grabbed the resident and shoved the resident into the wall and down toward the floor. The resident fell next to the toilet. Staff person A told the resident to "Lay there for a while", shut the bathroom door and left. When staff person B opened the bathroom door, the resident had stood up on his own, said he was alright and walked out of the room. Resident #1 sustained bruises on both hands and wrists and an abrasion and bruises on his hip.

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.

Glenn Delich, Administrator, trained staff in abuse definition, recognition and reporting on September 27th, September 28th and October 3rd. On the same dates, he also trained staff on Presbyterian Senior Care Network's Policy on Abuse. Glenn Delich, Administrator, has contacted Protective Services and The Ombudsman requesting additional training on Older Adults Protective Services Act. Specific Training Date(s) to be coordinated/scheduled within the next 30 days.

SEE PAGE 5A OF 5

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *GLENN DELICH, EXECUTIVE DIRECTOR* Date *12-14-18*

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- Not Implemented

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

DEC 17 2018

Cont'd

Violation Report: 41593 - 09/14/2018 - Flinner-Alman, Lisa
PCH Name: SOUTHMINSTER PLACE

WEST PENNSYLVANIA...
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

On 8/29/18 at approximately 8:00 p.m., staff person A overheard resident #1, who is diagnosed with dementia, refusing to take a shower for staff person B. Staff person A was in an adjacent room at the time. Staff person A went into resident #1's room and yelled at the resident, "You can't treat me like a female and push me around" and called the resident an "asshole" multiple times.

Staff person A put both of his hands around the resident's waist and pushed him across the room toward the bathroom. Resident #1 was approximately two feet into the bathroom and grabbed door handle. Staff person A forced resident #1 to let go of the door handle and tried to unbutton the resident's shirt.

Staff person B did not intervene and left the room to retrieve resident #1's shower supplies. When staff person B returned approximately 2 minutes later, staff person A was blocking the bathroom door, preventing resident #1 from exiting the bathroom. Staff person A grabbed both of resident #1's arms, which were folded against his chest and tried to force him to get undressed. Then staff person A grabbed the resident and shoved the resident into the wall and down toward the floor. The resident fell next to the toilet. Staff person A told the resident to "Lay there for a while", shut the bathroom door and left. When staff person B opened the bathroom door, the resident had stood up on his own, said he was alright and walked out of the room. Resident #1 sustained bruises on both hands and wrists and an abrasion and bruises on his hip.

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

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Staff Person A was terminated from Employment following Suspension Pending outcome of The investigation

Immediately - The administrator will implement procedures that ensure compliance with §2600.42(b). The procedures will include, at a minimum, monthly administrator or designee interviews with at least 3 residents regarding care and treatment.

Immediately - During the next quality management plan review and evaluation and ongoing - The home will place an increased emphasis on these plans of correction and take action to improve the quality of its resident rights and Older Adult Protective Services Act (OAPSA) training for all newly hired staff within 40 scheduled working hours in accordance with §2600.65(b)(1) and §2600.65(b)(3) and annually in accordance with §2600.65(g)(3) and §2600.65(g)(4). ---JRW 1/7/18

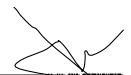
Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) DAWN DELLICH, EXECUTIVE DIRECTOR Date 12-14-18

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