



MAILING DATE: November 20, 2018

Ms. Morgan Wiser
PCHA
Presbyterian Home in the Presbytery of Huntingdon
220 Newry Street
Hollidaysburg, Pennsylvania 16648

RE: Presbyterian Home
Certificate #: 343400

Dear Ms. Wiser:

As a result of the Department's Bureau of Human Services Licensing inspection on September 18, 2018 of the above facility, a violation with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary was found.

The violation 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,

Gloria Emick

Gloria Emick
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 34340 - 09/18/2018 - Hoover, Douglas

PCH Name: PRESBYTERIAN HOME

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Interdisciplinary notes for Resident #1 indicate increased depression on 2/14/18 and 3/16/18 with notification to the physician. On 3/18/18, Resident #1 was observed as, "seems depressed, asking to die and keeping eyes closed when people talk to him."

The Resident Assessment and Support Plan (RASP), dated 12/28/17 for Resident #1, was not updated to include depression and suicidal ideation.

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.

In June 2018 we began reviewing nurses notes daily. Please see attached spread sheet that will be implemented in our nurses notes review. RASP education was provided to LPW's on 10/11/18. The attached spread sheet will be used for shift to shift report.

The spread sheets will be used to identify how the home plans to meet each resident's needs. - GE

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Margon Burroughs RCHA* Date *10/25/18*

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

The above plan of correction is approved as of <u>11/20/18</u> (Date)	Plan of correction implementation status as of <u>11/20/18</u> (Date)
The above plan of correction was approved by <u>GE</u> (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