pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 30 2018

Mr. Kirk Hawthorne
Chief Executive Officer
Roman Catholic Diocese of Erie
2250 Shenango Valley Freeway
Hermitage, Pennsylvania 16148

RE: Saint John XXIII Home
License #: 447600

Dear Mr. Hawthorne:

As a result of the Department's Bureau of Human Services Licensing annual inspection on September 18, 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,

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: SAINT JOHN XXIII HOME	**License Number:** 44760
Address: 2250 SHENANGO VALLEY FREEWAY, HERMITAGE, PA 16148	**County:** Mercer
Administrator: LINNY HARDEN	**Region:** WEST
Legal Entity Name: ROMAN CATHOLIC DIOCESE OF ERIE	
Legal Entity Address: 2250 SHENANGO VALLEY FREEWAY, HERMITAGE, PA 16148	

Certificate(s) of Occupancy

C-2 LP	C-2 LP	C-1
01/28/2005	05/16/2001	05/15/1971
LABOR AND INDUSTRY	LABOR AND INDUSTRY	LABOR AND INDUSTRY

Staffing Hours

Resident Support: 0	**Total Daily Staff:** 62	**Waking Staff:** 47

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

09/18/2018: Bartlett, Patricia; 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: 98

Number of Residents Served: 46

Secured Dementia Care Unit in Home: Yes

Area: secured dementia care unit

Secured Dementia Unit Capacity, if Applicable: 32

Number of Residents Served in Secured Dementia Care Unit, if applicable: 17

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: 46

Have Mental Illness: 0

Have an Intellectual Disability: 0

Have a Mobility Need: 16

Have a Physical Disability: 0

Violation Report: 44760 - 09/18/2018 - Bartlett, Patricia
PCH Name: SAINT JOHN XXIII HOME

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 [redacted] 2018 at 8:30 a.m, resident # 1 ceased to breathe. The death was not reported to the Department's personal care home regional office until 9/18/18.

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.

2600.16 c

The death of resident #1 was reported to the Department by the Personal Care Administrator on 9/18/18 at time of discovery of the notification omission.

An audit of the Reportable Incident log revealed no further reporting omissions for reportable events, including but not limited to resident deaths, from 9/2017-9/2018.

Regulation 2600.16© has been reviewed by Personal Care Administrator, related to reporting requirements.

Personal Care Administrator will audit the timely Department Notification of reportable incidents on a per case basis (each required notification) and incorporate such into the Quality Assurance program. (Resident Name, Date of Incident, Type of Incident, Date of Department Notification).

Completed: 9/18/18

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

Signature of Legal Entity Representative
(Required on EVERY Page) Kirk Hawthorne

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) KIRK HAWTHORNE COO | ADMINISTRATOR — **Date** 10/19/2018

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

The above plan of correction is approved as of 10/23/18 (Date)

The above plan of correction was approved by _____ (Initials)

Plan of correction implementation status as of 10/23/18 (Date)

- [ ] Fully Implemented
- [X] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

Violation Report: 44760 - 09/18/2018 - Bartlett, Patricia
PCH Name: SAINT JOHN XXIII HOME

1. REGULATION 55 Pa.Code §2600
2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION
There was a hexagon shaped "STOP" sign measuring approximately 7 inches wide, on the south emergency exit door.

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.

2600.121(a)

The hexagon shaped "stop" sign on the south exit door of the Personal Care (Special Needs dementia unit) was removed at time of survey. No further issues of this type have been identified.

Personal Care Administrator will re-educate all Personal Care staff related to regulation 2600.121(a), including but not limited the use of "stop signs" on Emergency Exit doors.

Personal Care Administrator will audit the enviornmental safety and compliance of 2600.121(a) on a monthly basis and incorporate such into the Quality Assurance Program.

Completed: 9/18/18

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

Signature of Legal Entity Representative (Required on EVERY Page) KIRK Hawthorne

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) KIRK HAWTHORNE COO/ADMINISTRATOR

Date 10/19/2018

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Violation Report: 44760 - 09/18/2018 - Bartlett, Patricia
PCH Name: SAINT JOHN XXIII HOME

1. REGULATION 55 Pa.Code §2600
2600.123(c) - For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

2a. DESCRIPTION OF VIOLATION
The emergency evacuation diagram on the wall near bedroom # 314 did not indicate the correct orientation to fire exits. The emergency evacuation diagram was configured backwards.

The emergency evacuation diagram posted on the wall near bedroom #132 indicates there are additional bedrooms #129, #131, and #133. However, these bedrooms do not exist and a dining room is in place.

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.

2600.123c
The Emergency evacuation diagram posted outside of room #314 has been updated to reflect proper orientation. The Emergency Evacuation diagram outside of room #132 has been replaced with an accurate rendition of the diagram including provisions of 2600.123c.

Three additional Emergency evacuation diagram issues have been identified, through facility wide audit and have been corrected accordingly by Maintenance Director.

Facility Maintenance Director and Personal Care Administrator have reviewed the standards of 2600.123c.

Personal Care Administrator will audit the enviornmental safety and compliance of 2600.123(c) on a monthly basis and incorporate such into the Quality Assurance Program.

Completion: 11/2/2018

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

Signature of Legal Entity Representative
(Required on EVERY Page) KIRK Hawthorne

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) KIRK HAWTHORNE – COO/ADMINISTRATOR **Date** 10/19/2019

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Violation Report: 44760 - 09/18/2018 - Bartlett, Patricia
PCH Name: SAINT JOHN XXIII HOME

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 home's menu was posted only for the period 9/16/18 to 9/23/18. The home had no menu posted for the period 9/24/18 to 9/30/18.

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.

2600.162c
Upon discovery, during survey, the "upcoming week Menu" was posted at the Personal Care Dining Room, on the Special Needs (dementia unit) and within the Personal Care unit by the Personal Care Administrator.

It is the responsbility of the Personal Care Administrator and Dietary Manager to co-ordinate the displaying/posting of menus according to regulation 2600.162c. Both the Personal Care Administrator and Dietary manager have been reviewed 2600.162c.

The Personal Care Administrator will audit the posting of menus on a weekly basis to assure current and upcoming menu's are posted weekly.

The results of the weekly menu posting audit will be incorporated into the Quality Assurance program.

Completed: 9/18/18

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

Signature of Legal Entity Representative (Required on EVERY Page) Kirk Huntsman

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) KIRK HUNTSMAN - COO/ADMINISTRATOR

Date 10/19/2018

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Violation Report: 44760 - 09/18/2018 - Bartlett, Patricia
PCH Name: SAINT JOHN XXIII HOME

1. REGULATION 55 Pa.Code §2600
2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION
Resident #4 is prescribed Prosource Liquid, take 30ml by mouth with water 3 times a day as a dietary supplement. However, the September 2018 medication administration record is not initialed by the staff person who administered the medication as follows: 9/3/18, 9/4/18, 9/5/18, 9/8/18, 9/9/18, 9/10/18 at 12:00 p.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.

2600.187(b)

The failure to properly document the administration of Prosource for Resident (#4) on six episodes in September 2018 was the result of one nurse (LPN). This nurse has been counseled and re-educated related to 2600.187(b), including but not limited to proper documentation of medication administration. No further issues of this nature were identified at this time.

Personal Care Administrator will re-educate all Medication Administration personnel related to 2600.187(b)

Personal Care Administrator will audit the clinical record/Medication administration record (MAR) for 5 residents weekly for proper documentation and medication administration documentation as per regulation.

The results of the above audit will be incorporated into the Quality Assurance Program.

Completion: 11/2/2018

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

Signature of Legal Entity Representative
(Required on EVERY Page) KIRK Hawthorne

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) KIRK HAWTHORNE COO/ADMINISTRATOR

Date 10/19/2018

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Violation Report: 44760 - 09/18/2018 - Bartlett, Patricia
PCH Name: SAINT JOHN XXIII HOME

1. REGULATION 55 Pa.Code §2600
2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION
Resident #5 was admitted to the home on 5/30/18. However, the home did not complete an initial assessment for the resident.

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.

2600.225(a)

Initial assessment for Resident (#5) was inadvertantly missed upon admission. Personal Care Administrator completed an updated assessment following discovery at time of survey. This update has been submitted to the department and is attached.

Personal Care Administrator has completed an audit of all admissions from 1/1/18 thru 10/19/18 and found that all Initial Assessments were present and completed timely.

Personal Care Administrator will re-educate all Personal Care staff related to 2600.225(a)

Personal Care Administrator will audit the timely completion of the Initial Assessment for all new admissions within 15 days of the admission date.

The results of the above audits will be incorporated into the Quality Assurance Program.

Completed: 10/1/18

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

Signature of Legal Entity Representative (Required on EVERY Page) KIRK Hawthorne

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) KIRK HAWTHORNE - COO\ADMINISTRATOR

Date 10/19/2018

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Violation Report: 44760 - 09/18/2018 - Bartlett, Patricia
PCH Name: SAINT JOHN XXIII HOME

1. REGULATION 55 Pa.Code §2600
2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION
Resident #4 initial support plan, dated 5/2/18, indicates the resident is diagnosed with depression. The initial support plan does not indicate the care and services the home will provide to meet the needs of the resident's diagnosis. The resident's support plan indicates the resident is able to safely transfer self from bed, toilet, and wheelchair. However, the resident experienced numerous falls in the home including 5/28/18, 6/16/18, 9/12/18, 9/16/18 (resulting in hospitalization from 9/16 to 9/18. The support plan does not indicate the care and services the home will provide to meet the resident's needs to prevent falls.

Resident #5 was admitted to the home on 5/30/10. However, the home has not completed an initial support plan for the resident.

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.

2600.227(a)

The Support Plan for Resident (#4) has been updated to include provisions for depression, grief and fall prevention (attached). Support Plan for Resident (#5) has been completed (attached).

Personal Care Administrator will audit the records of five residents weekly for timeliness and accuracy/thoroughness of Support Plans and update as deemed necessary. Personal Care Administrator will verify/audit completion of the initial support plan development and implementation for each NEW admission within 30 days of admission date.

Personal Care Administrator will re-educate all Personal Care staff related to 2600.227(a) requirements.

The results of the above audits will be incorporated into the Quality Assurance Program.

Completed 10/01/18

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

Signature of Legal Entity Representative
(Required on EVERY Page) Kirk Hawthorne

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) KIRK HAWTHORNE - COO | ADMINISTRATOR

Date 10/19/2018

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Violation Report: 44760 - 09/18/2018 - Bartlett, Patricia
PCH Name: SAINT JOHN XXIII HOME

1. REGULATION 55 Pa.Code §2600
2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION
Resident #5 was admitted to the home on 5/30/18. However, there is no photograph of the resident in the resident's record.

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.

2600.252

Photograph of resident (#5) was added to the record on 9/18/18. Facility wide audit of resident photographs within the record, completed by the Personal Care Administrator revealed no other missing photograph issues.

All Personal Care staff will be re-educated by the Personal Care Administrator related to 2600.252 (record contents), including but not limited to resident photographs.

All current residents have a photograph within their record. The Personal Care Administrator will personally place photographs of new admissions within the resident record. Photograph verification audit will be completed by the Personal Care Administrator prior to EACH Quality Assurance meeting. The results of the audit will be incorporated into the Quality Assurance Program.

Completed: 9/18/18

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

Signature of Legal Entity Representative
(Required on EVERY Page) KIRK Hawthorne

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) KIRK HAWTHORNE - COO/ADMINISTRATOR

Date 10/19/2018

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