



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAR 11 2019

Ms. Nicole Zdunowski
Personal Care Administrator
Department of Military and Veterans' Affairs
One Veterans Drive
Spring City, Pennsylvania 19475

RE: Southeastern Veterans' Center
Fourth Floor
License #: 138370

Dear Ms. Zdunowski:

As a result of the Department's Bureau of Human Services Licensing annual inspection on October 18, 2018 of the above facility, the violations 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 (relating to Personal Care Homes) 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.

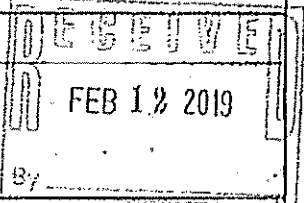
Sincerely,

A handwritten signature in black ink that reads 'J. Rowe'.

Jacqueline L. Rowe
Director

Enclosure
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES - 56 Pa.Code Chapter 2800

PCH Name: SOUTHEASTERN VETERANS CENTER		License Number: 13837
Address: ONE VETERANS DRIVE 4TH FLOOR, SPRING CITY, PA 19476		County: Chester
Administrator: Nicolo Zdonowski		Region: SOUTHEAST
Legal Entity Name: DEPARTMENT OF MILITARY AND VETERANS' AFFAIRS		
Legal Entity Address: ONE VETERANS' DRIVE, SPRING CITY, PA 19476		
Certificate(s) of Occupancy C-1 05/19/1994 Dept of Health		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 67	Working Staff: 43
Type of Inspection: Full	BJA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 10/18/2018: Chung, Youn He; Swisher, Michele		
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: 64 ✓ Number of Residents Served: 60 ✓ 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: 18 Have Mental Illness: 12 Have an Intellectual Disability: 0 Have a Mobility Need: 7 Have a Physical Disability: 7	

Violation Report: 13837 - 10/18/2018 - Chung, Youn Hie PCH Name: SOUTHEASTERN VETERANS CENTER	
1. REGULATION 65 Pa.Code §2800 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.	
2a. DESCRIPTION OF VIOLATION On 10/6/18 there is a reading of 316 in resident 3's glucometer. There is no number recorded on the Medication Administration Record (MAR). On 10/6/18 there is a recording of 233 on resident 3's MAR at 8:00am, there is no corresponding reading in Resident 3's glucometer. On 10/6/18 there is a recording of 198 on resident 3's MAR at 4:30pm, there is no corresponding reading in Resident 3's glucometer. On 10/6/18 there is a recording of 167 on resident 3's MAR at 4:30pm, there is no corresponding reading in Resident 3's glucometer. On 10/7/18 there is a reading of 119 in resident 4's glucometer. There is no number recorded on the MAR. On 10/7/18 there is a reading of 238 in resident 4's glucometer. There is no number recorded on the MAR. On 10/7/18 there is a reading of 194 in resident 4's glucometer. There is no number recorded on the MAR. On 10/14/18 there is a reading of 164 in resident 4's glucometer. There is no number recorded on the MAR. On 10/18/18 at 3:00pm resident 3's glucometer was not calibrated to date and time. The meter's date and time read 06/18/18 and 1:10am On 10/18/18 at 3:30pm resident 4's glucometer was not calibrated to date and time. The meter's date and time read 03/09/18 at 4:00pm	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
<u>Plan of Correction</u>	
A house sweep was conducted by the PC Administrator to make sure all glucometers were calibrated to date and time. Personal Care Administrator or designee will conduct weekly audits of glucometers/ MARS to ensure compliance. Information from this audit will be presented during a monthly Quality Assurance meeting. When any discrepancy is noted, Personal Care Administrator or Designee will address this discrepancy with the licensed nursing staff/responsible party. This will be an ongoing process until 100% compliance is obtained. Nursing educator will also periodically conduct educational sessions with all licensed nursing staff to help maintain compliance with this regulation. Administrator will ensure all glucometers are calibrated to correct date and time. Any staff who handles glucometers, blood sugar readings, or insulin will be trained immediately. Audits and training/educational sessions will be kept by home and made available for Department review. SP	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Nicole Zdenowski, PCHA</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Nicole Zdenowski, PC Administrator</i> Date <i>02/12/2019</i>	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>02-14-19</u> (Date)	Plan of correction implementation status as of <u>02-14-19</u> (Date)
The above plan of correction was approved by <u>SP</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

Violation Report: 13837 - 10/18/2018 - Chung, Youn Hie PCH Name: SOUTHEASTERN VETERANS CENTER	
1. REGULATION 66 Pa.Code §2000 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home:	
2a. DESCRIPTION OF VIOLATION The preadmission screening form for resident 1, admitted 4/18/18, which includes the determination that the home can meet the resident's service needs, is dated 1/10/18. The preadmission screening form for resident 2, admitted 8/1/18, which includes the determination that the home can meet the resident's service needs, is dated 05/30/18.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
<u>Plan of Correction for DHS inspection conducted at Southeastern Veterans' Center on October 18th, 2018</u>	
Personal Care Administrator reviewed all preadmission screening forms located in resident charts on October 22 nd , 2018. All preadmission forms were checked for compliance with regulation 2600.224(a). Any discrepancies were addressed immediately and properly updated to meet compliance. It is now the procedure of the home to complete a preadmission screening form prior to, as well as on the day a new resident is admitted to the home to ensure appropriate level of care. PC charts will be audited monthly to ensure compliance with this regulation.	
Administrator will ensure all new residents have Preadmission screening form completed within 30 days of admission and form is filled out completely. SP 02-14-19	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Nicole Zdurowski, PCHA</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Nicole Zdurowski, PC Administrator</i> Date <i>02/12/2019</i>	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>02-14-19</u> (Date)	Plan of correction implementation status as of <u>02-14-19</u> (Date)
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