



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

JAN 25 2019

Ms. Kim Horvath  
Administrator  
Pennsylvania Soldiers and Sailors Home  
PO BOX 6239  
560 East Third Street  
Erie, Pennsylvania 16507

RE: Pennsylvania Soldiers and Sailors Home  
Certificate #: 448290

Dear Ms. Horvath:

As a result of the Department's Bureau of Human Services Licensing annual inspection on August 9, 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 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](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 - 55 Pa.Code Chapter 2600**

PCH Name: PENNSYLVANIA SOLDIERS AND SAILORS HOME		License Number: 44829
Address: 560 E 3RD STREET P O B 6239, ERIE, PA 16512		County: Erie
Administrator: Kim Horvalh		Region: WEST
Legal Entity Name: PENNSYLVANIA SOLDIERS AND SAILORS HOME		
Legal Entity Address: 560 EAST THIRD STREET, ERIE, PA 16512		RECEIVED NOV 21 2018
Certificate(s) of Occupancy C2 A2 09/15/1997 L & I		WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 49	Waking Staff: 37
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 08/09/2018: McConnell, Deb; Winters, Lynn; Gillette, Lori		
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: 100	Number of Residents who:	
Number of Residents Served: 49	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit In Home: No	Are 60 Years of Age or Older: 40	
Area:	Have Mental Illness: 39	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 0	
Number of Current Hospice Residents: 0	Have a Physical Disability: 1	
Number of Hospice Residents in past year: 0		

Violation Report: 44829 - 08/09/2018 - McConnell, Deb  
 PCH Name: PENNSYLVANIA SOLDIERS AND SAILORS HOME

1. REGULATION 55 Pa.Code §2600  
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION  
 On 8/8/18, at 4:48 a.m., resident #1's glucometer was used to measure resident #2's blood glucose.

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. Resident #1 received a new glucometer.
2. LPN's will be re-educated on glucometer usage.
3. Audits of the glucometer machines will be conducted by the Personal Care Administrator/designee weekly x4, monthly x3, and quarterly x1 to ensure compliance.
4. The results of these audits will be reviewed at the quarterly Quality Assurance meeting. The Quality Assurance committee will determine the need for continuance and any additional audits/interventions to ensure ongoing compliance.

Immediately - The home will review all of the glucometers to assure that each glucometer is labeled to identify the specific resident it is to be used upon. --JRW 12/21/18

Each resident's physician (for those that receive blood sugar testing) will be notified of the possibility of shared glucometer use and all recommendations made by the physician (i.e. testing for blood borne pathogen) should be followed. Documentation of the notification to the physician, the recommendations of the physician, and the home's follow-up based on the recommendations shall be maintained by the home for Department review. --JRW 12/21/18

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kim Horvath, Personal Care Home Administrator	Date 11/21/18
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>12/21/18</u> (Date)  The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	Plan of correction Implementation status as of <u>01/04/19</u> (Date) <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
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Violation Report: 44829 - 08/09/2018 - McConnell, Deb  
 PCH Name: PENNSYLVANIA SOLDIERS AND SAILORS HOME

1. REGULATION 55 Pa.Code §2600  
 2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:  
 (1) The resident's name.  
 (2) The name of the medication.  
 (3) The date the prescription was issued.  
 (4) The prescribed dosage and instructions for administration.  
 (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION  
 Resident #1 is prescribed blood glucose checks at fasting and at 4:00 p.m. three times weekly with the following sliding scale coverage of Novolin R, U-100 insulin; however, the pharmacy label does not include the sliding scale:  
 \* 200-250=2 units  
 \* 251-300=4 units  
 \* 301-350=6 units  
 \* 351-400=8 units  
 \* 401-450=12 units  
 \* 451-500=15 units  
 \* greater than 500, call MD


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. Resident #1 sliding scale order was determined to be unnecessary and discontinued.
2. All residents with sliding scale insulin orders will have their labels reviewed to ensure the full order is present.
3. Pharmacist will be educated by the Chief Medical Officer/designee regarding prescription labeling.
4. Sliding scale insulin labels will be audited by the Personal Care Administrator/designee monthly x3, quarterly x1 to ensure compliance with the full order.
5. The results of these audits will be reviewed at the quarterly Quality Assurance meeting. The Quality Assurance committee will determine the need for continuance and any additional audits/interventions to ensure ongoing compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)		<i>Kim Horvath</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date	
Kim Horvath, Personal Care Home Administrator		11/21/18	

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 (Date)

The above plan of correction was approved by   
 (Initials)

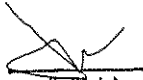
Plan of correction implementation status as of 01/04/19  
 (Date)

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

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NOV 21 2018

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 44829 - 08/09/2018 - McConnell, Deb PCH Name: PENNSYLVANIA SOLDIERS AND SAILORS HOME	
<p><b>1. REGULATION 55 Pa.Code §2600</b> 2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.</p>	
<p><b>2a. DESCRIPTION OF VIOLATION</b> On multiple days, resident #4 refused several medications to include the following; however, these refusals were not reported to the prescriber: * Donepezil, 5 mg - 8/1/18 through 8/3/18; 8/6/18 and 8/7/18, at 8:00 p.m. * Simvastatin, 10 mg - 8/1/18 through 8/3/18; 8/6/18 and 8/7/18, at 8:00 p.m.</p>	
<p><b>3. PLAN OF CORRECTION (POC)</b> (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></p> <ol style="list-style-type: none"> <li>1. Certified Registered Nurse Practitioner was notified of Resident #4 refusal of Donepezil and Simvastatin 8/1/18-8/3/18 and 8/6/18-8/7/18.</li> <li>2. LPNs will be re-educated regarding informing Certified Registered Nurse Practitioner of medication refusals.</li> <li>3. 25% of Medication Administration will be audited by the Personal Care Administrator/designee monthly x3, quarterly x1 to ensure compliance with <del>the full code</del> Medical Provider notification.</li> <li>4. The results of these audits will be reviewed at the quarterly Quality Assurance meeting. The Quality Assurance committee will determine the need for continuance and any additional audits/interventions to ensure ongoing compliance.</li> </ol>	
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Violation Report: 44829 - 08/09/2018 - McConnell, Deb PCH Name: PENNSYLVANIA SOLDIERS AND SAILORS HOME	
1. REGULATION 55 Pa.Code §2600 2600.187(d) - The home shall follow the directions of the prescriber.	
2a. DESCRIPTION OF VIOLATION Resident #1 is prescribed blood glucose checks at fasting and at 4:00 p.m. three times weekly with the following sliding scale coverage of Novolin R, U-100 insulin: * 200-250=2 units * 251-300=4 units * 301-350=6 units * 351-400=8 units * 401-450=12 units * 451-500=15 units * greater than 500, call MD  On 8/3/18, at 6:00 a.m. resident 1's blood glucose level was 201. 2 units of Novolin should have been administered; however, no insulin was administered.  On 8/3/18, at 4:00 p.m. resident #1's blood glucose level was 284. 4 units of Novolin should have been administered; however, no insulin was administered.	
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>	
<ol style="list-style-type: none"> <li>1. Resident #1 sliding scale order was determined to be unnecessary and discontinued.</li> <li>2. All residents with sliding scale insulin orders will have their labels reviewed to ensure the full order is present.</li> <li>3. Pharmacist will be educated by the Chief Medical Officer/designee regarding prescription labeling.</li> <li>4. Sliding scale insulin labels will be audited by the Personal Care Administrator/designee monthly x3, quarterly x1 to ensure compliance with the full order.</li> <li>5. The results of these audits will be reviewed at the quarterly Quality Assurance meeting. The Quality Assurance committee will determine the need for continuance and any additional audits/interventions to ensure ongoing compliance.</li> </ol>	
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