



July 18, 2019

Mr. Glen Delich
Executive Director
Presbyterian Senior Care, Inc.
880 South Main Street
Washington, Pennsylvania 15301

RE: Southminster Place
Certificate #: 415930

Dear Mr. Delich:

As a result of the Department's Bureau of Human Services Licensing annual inspection on February 6, 2019, 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.

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 "Carolyn K. Ellison".

Carolyn K. Ellison,
Deputy Secretary, Office of
Administration
Shared Services for Health and Human

Enclosure
Violation Report

Violation Report: 41593 - 02/06/2019 - Evages, Joseph
PCH Name: SOUTHMINSTER PLACE

1. REGULATION 56 Pa.Code §2800

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

The licensing inspection summary, dated 4/13/18, was posted publicly in the Woodside area of the home. This document included the resident privacy coding which included the names of resident #1 and Resident #2.

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

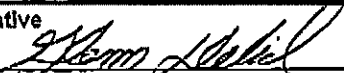
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

THE VIOLATION WAS IMMEDIATELY CORRECTED BY REMOVING THE PAGE THAT INCLUDED THE RESIDENT PRIVACY CODING WHICH INCLUDED RESIDENT NAMES. TRAINING OF SUPERVISORY TEAM SCHEDULED FOR APRIL 23RD & 30TH TO INCLUDE CONFIDENTIALITY PER PA. CODE 2600.17. GLENN DELICH, EXECUTIVE DIRECTOR RESPONSIBLE PARTY.

Immediately, then at least daily, the administrator or designated staff person shall inspect all areas of the home to ensure resident records and documentation are kept confidential and inaccessible.

 7/2/19


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 4-22-19

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

The above plan of correction is approved as of 7/2/19
(Date)

The above plan of correction was approved by 
(Initials)

Plan of correction implementation status as of 7/2/19
(Date)

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

Violation Report: 41593 - 02/06/2019 - Evages, Joseph
 PCH Name: SOUTHMINSTER PLACE

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #3's annual medical evaluation, dated 9/8/18, does not indicate health status or cognitive functioning. These sections of the form are blank.

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

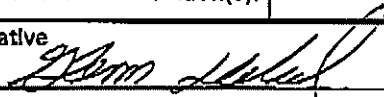
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

MEDICAL EVALUATION CORRECTED, DATED 9-8-18 TO INCLUDE HEALTH STATUS & COGNITIVE FUNCTIONING. MONTHLY AUDITS OF 10% OF RESIDENT MEDICAL EVALUATIONS TO BE COMPLETED FOR SIX MONTHS. TRAINING OF SUPERVISORY TEAM ON CORRECT COMPLETION OF MEDICAL EVALUATION TO BE COMPLETED 4-23-19 & 4-30-19. TORIA HUGHES, RESIDENT SERVICES COORDINATOR RESPONSIBLE PARTY. AUDIT TOOL INCLUDED TO BE USED FOR MEDICAL EVALUATION COMPLIANCE & ACCURACY.

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
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GLENN DELICH EXECUTIVE DIRECTOR


Date

4-22-19

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Violation Report: 41593 - 02/06/2019 - Evages, Joseph
PCH Name: SOUTHMUNSTER PLACE

1. REGULATION 55 Pa.Code §2600
2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION
The first aid kit in van # 1 did not include a breathing shield.

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.

ALL 1ST AIDE KITS HAVE BEEN AUDITED & A LIST OF REQUIRED ITEMS INCLUDED IN ALL KITS. ALL 1ST AID KITS HAVE REQUIRED ITEMS. 1ST KIT FROM VAN #1 DID INCLUDE BREATHING SHIELD. NOTIFIED SURVEY TEAM 2-6-19 VIA TEXT (MESSAGE ATTACHED). BREATHING SHIELD (PHOTO INCLUDED) KEPT IN BAGGAGE IN KIT, PLASTIC SHEET IN APPEARANCE, MAY HAVE BEEN MIS-IDENTIFIED. TRAINING PROVIDED TO NURSING SUPERVISORS ON 4-23-19 & 4-30-19 ON REQUIRED ITEMS FOR 1ST AID KITS.

Immediately, then at least weekly, the administrator or designated staff person shall inspect all first aid kits to ensure they include nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

 7/2/19


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

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Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) GLENN DELIGH, EXECUTIVE DIRECTOR Date 4-22-19

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Violation Report: 41593 - 02/06/2019 - Evéges, Joseph
PCH Name: SOUTHMINSTER PLACE

1. REGULATION 56 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 #3 is prescribed Ondansetron HCL 4mg – take one tab by mouth three times per day. However, the medication label reads: Ondansetron HCL 4mg – take one tab by mouth every four hours as needed.

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.

THE VIOLATION WAS CORRECTED IMMEDIATELY; PLACED CHANGE OF DIRECTION LABEL ON BOTTLE. TRAINING OF NURSING SUPERVISORY TEAM ON MEDICATION LABELING AND HOW TO CORRECT WHEN FREQUENCY CHANGE OCCURS. AUDIT OF 10% OF E-MARS MONTHLY FOR SIX MONTHS TO MONITOR COMPLIANCE/ACCURACY. TONIA HUGHES, RESIDENT SERVICES COORDINATOR RESPONSIBLE PARTY

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative
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GLENN DELICH, EXECUTIVE DIRECTOR

Date *4-22-19*

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Violation Report: 41593 - 02/06/2019 - Evages, Joseph
PCH Name: SOUTHMINSTER PLACE

1. REGULATION 55 Pa. Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #4 is prescribed milk of magnesia - 10ml by mouth at bedtime. However, the resident's January 2019 medication administration record (MAR) reads: milk of magnesia - 10ml every night as needed, take 10ml by mouth at bedtime.

Resident #5's January 2019 MAR did not record the units of insulin administered per the resident's sliding scale on 1/10/19 at 5:00 p.m. and 1/11/19 at 8:00 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.

*RESIDENT #4
 VIOLATION CORRECTED IMMEDIATELY; PLACED CHANGE OF DIRECTION LABEL ON BOTTLE. TRAINING OF NURSING SUPERVISORY TEAM 4-23-19 4-30-19 ON MEDICATION LABELING & HOW TO CORRECT WHEN A FREQUENCY CHANGE OCCURS. AUDIT OF 10% OF E-MARS MONTHLY FOR SIX MONTHS TO MONITOR COMPLIANCE AND ACCURACY. DRUG STORAGE INSPECTION FOR A INCLUDED FOR MONTHLY INSPECTION.
 RESIDENT #5: VIOLATION CORRECTED, ALL E-MARS ADJUSTED WITH STANDARDIZED TIMES FOR SLIDING SCALE, SO BLOOD SUGAR RESULTS ARE NOTED IN SAME AREA AS DOSE GIVEN. NURSING SUPERVISORY TEAM 4-23-19 4-30-19 RECEIVE TRAINING ON NEW STANDARDIZED E-MAR TIMES. AUDIT OF 10% OF E-MARS FOR SIX MONTHS TO BETTER FOR COMPLIANCE/ACCURACY. TONIA HUGHES, RESIDENT COORDINATOR RESPONSIBLE PARTY.*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/12/2018
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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 *4-22-19*

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(Initials)

Violation Report: 41593 - 02/06/2019 - Eveges, Joseph
 PCH Name: SOUTHMINSTER PLACE

1. REGULATION 55 Pa.Code §2600
 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
 Resident #6's pre-admission screening is undated and cannot determine if it was completed timely.

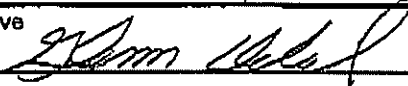
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PRE-ADMISSION SCREENING HAS BEEN CORRECTLY DATED. SUPERVISORY TEAM TRAINING ON 4-23-19 AND 4-30-19 REGARDING CORRECT COMPLETION OF PRE-ADMISSION SCREENING. AUDIT OF 10% OF RESIDENT PRE-ADMISSION SCREENS MONTHLY TO MONITOR COMPLIANCE AND ACCURACY. TORIA HUGHES, COORDINATOR RESIDENT SERVICES RESPONSIBLE PARTY. AUDIT TOOL INCLUDED FOR INSPECTION OF PRE-ADMISSION SCREEN.

Repeat Violation: No

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Printed Name and Title of Legal Entity Representative
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GLENN DELIOH EXECUTIVE DIRECTOR

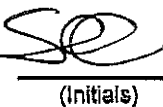
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