



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 01 2019

Ms. Erinn Sveda
Administrator
Watson Memorial Home
1200 Conewango Avenue
Warren, Pennsylvania 16365

RE: Watson Memorial Home
Certificate #: 444120

Dear Ms. Sveda:

As a result of the Department's Bureau of Human Services Licensing annual inspection on February 12, 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, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
Violation Report

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

PCH Name: WATSON MEMORIAL HOME		License Number: 44412
Address: 1200 CONEWANGO AVENUE, WARREN, PA 16365		County: Warren
Administrator: Erinn Sveda		Region: WEST
Legal Entity Name: WATSON MEMORIAL HOME		
Legal Entity Address: 1200 CONEWANGO AVENUE, WARREN, PA 16365		
Certificate(s) of Occupancy Other-Large PCH 04/05/1982 L & I		RECEIVED APRIL 4 2019 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 19	Waking Staff: 14
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
02/12/2019: McConnell, Deb, 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: 25 Number of Residents Served: 17 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: 2	Number of Residents who: Receive Supplemental Security Income: 4 Are 60 Years of Age or Older: 17 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 2 Have a Physical Disability: 0	

Violation Report: 44412 - 02/12/2019 - McConnell, Deb
 PCH Name: WATSON MEMORIAL HOME

1. REGULATION 55 Pa.Code §2600
 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION
 The Care Facility Carbon Monoxide Alarm Standards Act, enacted 6/23/16, requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from, any fossil-fuel burning device or appliance. No carbon monoxide detectors were present in the home in accordance with The Care Facility Carbon Monoxide Alarm Standards Act. The home has a gas stove in the kitchen, a gas furnace in the basement and a gas fireplace on the main floor.

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.

Carbon Monoxide Detectors were permanently installed within 15 feet ~~(or less)~~ of all fossil-fuel burning devices and appliances. These were installed while the inspectors were present in the building on 4/12/19 and were inspected prior to the inspectors leaving the building. These were installed immediately after the violation was brought to the Maintenance Director's attention. The Maintenance Director was responsible for the installation. To ensure this regulation is followed in the future, the maintenance department has added the "carbon monoxide detectors to their "weekly building walk through checklist." The carbon monoxide detectors will be checked weekly to ensure they are functioning properly. This will be completed by maintenance personnel.

JRW 4/15/19

The administrator will ensure carbon monoxide detectors remain at least 15 feet from any fossil-fuel burning device. – JRW 4/15/19

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Erinn Sveda Date 4/4/19

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

The above plan of correction is approved as of 4/15/19
 (Date)

Plan of correction implementation status as of 4/15/19
 (Date)

The above plan of correction was approved by

[Signature]
 (Initials)

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

Violation Report: 44412 - 02/12/2019 - McConnell, Deb
 PCH Name: WATSON MEMORIAL HOME

1. REGULATION 55 Pa.Code §2600

2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION

The staffing schedule indicates the home routinely schedules 2 staff persons on the 11:00 pm - 7:00 am shift. The home has not conducted a fire drill in the last 12 months with minimum number of staff participating.

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 Maintenance Director plans and orchestrates all fire drills in the Home. In March, 2019, the Maintenance Director conducted a fire drill during sleeping hours with minimal staff members present to evacuate the building (2 staff members). The Maintenance Director will conduct fire drills, during sleeping hours with minimal staff present, every 6 months, to ensure that 2 staff members can safely evacuate all residents from the building.

The Maintenance Director was re-educated on the required fire drills for Pennsylvania Personal Care Homes with focus on fire drills during sleeping hours to ensure safe evacuations when minimal staff is present. Re-education was provided by the Administrator.

The administrator will observe the next sleeping hours fire drill to ensure all requirements are followed. -- JRW 4/15/19


Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) Erinn Sveda, Administrator

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Erinn Sveda Date 4/14/19

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Violation Report: 44412 - 02/12/2019 - McConnell, Deb
 PCH Name: WATSON MEMORIAL 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 Atorvastatin Calcium 10mg; however, the February 2019 medication administration record (MAR) indicates, Lipitor 10mg.
 Resident #1 is prescribed Tylenol 650mg; however, the February 2019 MAR indicates, MAPAP 650mg.
 Resident #1 is prescribed Toprol 25mg; however, the February 2019 MAR indicates, Metoprolol Succinate ER 25mg.

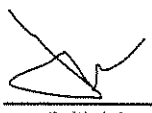
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.
 MAR for Resident #1 was corrected immediately after the inspectors brought this error to the DON and LPN's attention and while the inspectors were still present.
 To ensure that this will not occur in the future, the MAR's will be reviewed by an LPN when received. The LPN will ensure the medications listed on the MAR and the medications listed on the medication cards match, as well as all other information pertaining to the medication (dosage, admin times, etc). The system to compare meds with the MAR was implemented by the DON on 2/13/19. All LPN's and Med Tech's are in process of being re-trained on the 5 Rights of Med. Administration. This will be completed by 4/12/19.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Erinn Sveda, Administrator*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Erinn Sveda* Date *4/4/19*

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Violation Report: 44412 - 02/12/2019 - McConnell, Deb
 PCH Name: WATSON MEMORIAL HOME

1. REGULATION 55 Pa.Code §2600

2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION

Resident #1, admitted 1/28/19, and resident #2, admitted 12/17/18, have not been educated to their right to refuse a medication if they believe there may be a medication error.

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 Administrator is in the process of editing the resident agreement to add "Right to Refuse Medication" to the resident agreement. The edited resident agreement will be utilized with all new residents admitted after 4/4/19.

"The Right to Refuse Medication" will be reviewed with all current residents at the next resident council meeting on 4/15/19. At this meeting, this right will be explained to each resident and the resident will sign off that this has been explained to them. Any resident who does not attend the meeting will have a one on one meeting scheduled for them to have this right explained to them.

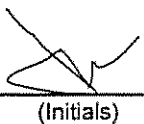
All new residents moving into the home will review this right on the day of admissions. This will be reviewed with the residents by the Administrator, DON, or designee.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Erinn Sveda, Administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Erinn Sveda</i>	Date <i>4/4/19</i>
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Violation Report: 44412 - 02/12/2019 - McConnell, Deb
 PCH Name: WATSON MEMORIAL 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
 The initial support plan for resident #2, dated 1/2/19, does not address how the home will meet the resident's need for weekly blood pressure checks, as indicated in the medical evaluation, dated 12/18/19.

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 RASP for resident #2 was immediately corrected after the inspectors brought this to the DON's attention. This was corrected by the DON.

1 LPN will now review all RASPs in comparison to the DME's to ensure that no orders / treatments / information is missing from the RASPs in the future. This change was implemented by the DON on all RASPs written after 4/4/19. RASPs are also reviewed by the Administrator and the Activities Director upon completion.

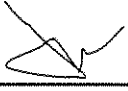
Nursing staff was educated that orders from DME and plans to meet all needs must be listed on the RASP.

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Signature of Legal Entity Representative (Required on EVERY Page) *Erinn Svoda, Administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Erinn Svoda* Date *4/4/2019*

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