



July 24, 2019

Ms. Caroline DeAugustine
Executive Director
Shenango Presbyterian Seniorcare
238 South Market Street
New Wilmington, Pennsylvania 16142

RE: Shenango Presbyterian Home
Certificate #: 440340

Dear Ms. DeAugustine:

As a result of the Department's Bureau of Human Services Licensing annual inspection on May 17, 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 Services

Enclosure
Violation Report

Violation Report

Facility Information

Name: SHENANGO PRESBYTERIAN HOME
Address: 238 SOUTH MARKET STREET, NEW WILMINGTON, PA 16142
County: LAWRENCE Region: WESTERN

License Number: 4403-10

Administrator

Name: Phone: 7249463516 Email: SBOSTAPH@SRCARE.ORG

Legal Entity

Name: SHENANGO PRESBYTERIAN SENIORCARE
Address: 238 SOUTH MARKET STREET, PA, 16142

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: Total Daily Staff: 52 Waking Staff: 39

Inspection

Type: Full BHA Docket #: Notice:
Reason:

Inspection Dates and Department Representative

05/17/2019 - On-Site: Cindy Mulick, Lori Gillette

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 46 Residents Served: 37

Secured Dementia Care Unit

In Home: Yes Area: SDU Capacity: 14 Residents Served: 11

Hospice

Current Residents: 5

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 37
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 15 Have Physical Disability: 0

Shannon Bostaph PCMH
6-20-19

25c4 - Payment Responsibility

Regulations

2600. At a minimum, the contract must specify the following:
25.c.4. The party responsible for payment.

Description of Violation

Resident #1's contract dated 4/11/19. does not indicate the party responsible for payment.

Resident #2's contract dated 4/17/19 does not indicate the party responsible for payment.

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. Contracts for residents # 1 and 2 were completed with the party responsible for payment. (see attached)
2. Reviewed all current personal care contracts to ensure completion.
3. Admissions team educated to regulation 2600.25.c.4 regarding contracts.
4. Administrator or designee will monitor quarterly to ensure contracts are completed and report results at quarterly QA meeting.

Legal Entity Representative

Signature *Shawna M Bostaph PCMA*

Printed Name and Title *Shawna M Bostaph PCMA*

Date *6-20-19*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of *7/8/19*
(Date)

Plan of correction implementation status as of *7/8/19*
(Date)

The above plan of correction was approved by *JW*
(Initials)

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

41e - Signed Statement

Regulations

2600.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

Resident #1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

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 signed the resident rights on June 12, 2019 and complaint procedures on June 18, 2019.
2. Admissions team educated to regulation 2600.41.e and Resident Rights policy. Instructed that if a resident refuses to sign the admission contract, they must sign a copy of the resident rights and complaint procedure separately. (see attached)
3. Administrator or designee will monitor quarterly to ensure resident rights and complaint procedures are being addressed with resident at admission and report results at quarterly QA meeting.

Legal Entity Representative

Signature *Shawn M. Bostzyl RCHA*

Printed Name and Title *Shawn M. Bostzyl RCHA*

Date *6-20-19*

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- Not Implemented

05/17/2019

3 of 7

Shawn M. Bostzyl RCHA
6-20-19

51 - Criminal Background Check

Regulations

2700.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

The criminal background check for staff person A, hired 4/1/19, was requested on 3/20/19. However, it is under review and not completed.

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. Background check for staff person A obtained 5-17-19 and given to surveyor immediately day of survey. (see attachment)
2. Reviewed all current personal care team members to ensure background checks were completed by 6-19-2019.
3. Human resources team re-educated to regulation 2600.51 and HR pre-employment policy. (see attachments)
4. HR team is using a tracking system for pre-employment necessary requirements. It was updated to include a manager review to ensure completion. (See attachment)
5. Administrator or designee will monitor quarterly to ensure background checks are being documented per regulation and report results at quarterly QA meeting.

Legal Entity Representative

Signature *Shawna M. Bishop PCHA* Printed Name and Title *Shawna M Bishop PCHA* Date *6-20-19*
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141a 1-10 Medical Evaluation Information

Regulations

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #3's medical evaluation dated 9/5/18, was left blank in the areas of pulse rate, blood pressure and temperature.

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

1. Annual DME for resident #3 was completed. (see attached)
2. All current personal care DME's were reviewed to ensure completion.
3. Personal care nursing team will be educated by July 31, 2019 to regulation 2600.141.a and policy regarding DME completion. (see attached)
4. Administrator or designee will monitor quarterly to ensure DME is completed thoroughly report results at quarterly QA meeting.

Legal entity representative

Signature Shawn M. Bostaph Printed Name and Title Shawn M Bostaph Date 6-20-19
PCMA PCMA

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231e - No Objection Statement

Regulations

2600.

231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

Description of Violation

Resident #1 was transferred to the Secure Dementia Care Unit on 4/29/19. The home has no documentation that the resident has not objected to the admission.

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 signed statement on June 18, 2019, that they did not object to admission (see attached).
2. Admissions team educated to regulation 2600.231.e regarding documentation for admission to secured dementia.
3. Administrator or designee will monitor quarterly to ensure appropriate documentation is completed and report results at quarterly QA meeting.

Legal Entity Representative

Signature *Shawn M. Boatright PCMA* Printed Name and Title *Shawn M. Boatright PCMA* Date *6-20-19*

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