



**Sent via e-mail carisa.livingston@presbyinspiredlife.org
Sent via e-mail mavoucheka.jean@presbyinspiredlife.org
February 28, 2020**

Ms. Carisa Livingston
Administrator
Philadelphia Presbytery Homes, Inc.
2002 Joshua Road
Lafayette Hill, PA 19444

RE: Spring Mill Presbyterian Village
License #: 127920

Dear Ms. Livingston:

As a result of the Department's Bureau of Human Services Licensing inspection on May 30, 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.

Sincerely,

A handwritten signature in black ink that reads "Mia Johnson". The signature is written in a cursive, flowing style.

Mia Johnson
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report

Facility Information

Name: *SPRING MILL PRESBYTERIAN VILLAGE*

License Number: *127920*

Address: *2002 JOSHUA ROAD, LAFAYETTE HILL, PA 19444*

County: *MONTGOMERY*

Region: *SOUTHEAST*

Administrator

Name: *Carisa Livingston*

Phone: *6108284848*

Email:

[*carisa.livingston@presbyinspiredlife.org*](mailto:carisa.livingston@presbyinspiredlife.org),

[*mavoucheka.jean@presbyinspiredlife.org*](mailto:mavoucheka.jean@presbyinspiredlife.org)

Legal Entity

Name: *PHILADELPHIA PRESBYTERY HOMES INC*

Address: *2002 JOSHUA ROAD, LAFAYETTE HILL, PA, 19444*

Certificate(s) of Occupancy

Type: *I-1*

Date:

Issued By:

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *72*

Waking Staff: *54*

Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*

Reason: *Incident*

Inspection Dates and Department Representative

05/30/2019 - On-Site: Dean Gray

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *107*

Residents Served: *48*

Secured Dementia Care Unit

In Home: *Yes*

Area: *Cedar Grove*

Capacity: *27*

Residents Served: *21*

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *45*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *24*

Have Physical Disability: *0*

42c - Treatment of Residents

Regulations

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On 05/11/19, during dinner, staff person A forced resident #1 to a seated position and pushed the resident and her chair back to the dinner table against the resident's wishes.

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.)

Preparation and/or execution of the Plan of Correction do not constitute admission by the providers of the truth of the facts alleged, or conclusions set forth in the statement of deficiencies. The Plan of Correction is prepared solely as a matter of compliance with state law.

- The community acted in accordance with all policies, procedures, laws, and regulations in response to this incident. In addition, preventative measures which include staff training on a variety of prevention, recognition, and reporting procedures had been conducted regularly prior to.
- Staff person A was suspended upon notification and then terminated upon conclusion of the investigation.
- The resident did not appear to suffer any immediate distress and no injuries were noted.
- Staff were re-educated following this incident specific to Abuse, OAPSA, and resident rights (attached)
- All staff trainings continue per training plan. Community will take immediate action should there be any future concerns regarding dignity and respect
- Incidents are reviewed daily on an individual basis and discussed monthly through quality management

Legal Entity Representative

Caissa Livingston
Signature

Caissa Livingston ED
Printed Name and Title

9.16.2019
Date

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

The above plan of correction is approved as of 2/28/20 (Date)

Plan of correction implementation status as of 2/28/20 (Date)

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

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

54a - Direct Care Staff

Regulations

2600.

54.a. Direct care staff persons shall have the following qualifications:

1. Be 18 years of age or older, except as permitted in subsection (b).
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

Direct care staff person B, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

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.)

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- A copy of the high school diploma was collected for staff person B and is on file (attached)
- Employee files were reviewed to ensure other high school diplomas are on file if applicable immediately following the survey
- HR manager in place at time of onboarding staff person B is no longer with the organization
- HR team to audit files and report findings through the community quality management program

Legal Entity Representative

Carisa Livingston
Signature

Carisa Livingston ES
Printed Name and Title

9.16.2019
Date

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202 - Prohibitions

Regulations

2600.

202. The following procedures are prohibited:

1. Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited. This does not include the admission of a resident in a secured dementia care unit in accordance with § 2600.231 (relating to admission).
2. Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
3. Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
4. A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited. A chemical restraint does not include a drug ordered by a physician or dentist to treat the symptoms of a specific mental, emotional or behavioral condition, or as pretreatment prior to a medical or dental examination or treatment.
5. Mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited. Mechanical restraints include geriatric chairs, handcuffs, anklets, wristlets, camisoles, helmet with fasteners, muffs and mitts with fasteners, poseys, waist straps, head straps, papoose boards, restraining sheets, chest restraints and other types of locked restraints. A mechanical restraint does not include a device used to provide support for the achievement of functional body position or proper balance that has been prescribed by a medical professional as long as the resident can easily remove the device.
6. A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited. A manual restraint does not include prompting, escorting or guiding a resident to assist in the ADLs or IADLs.

Description of Violation

On 05/11/19, at dinner, resident #1 was attempting to leave the dining area. Staff person A physically restrained the resident by forcing her to sit in a chair and pushed the chair back to the dining table.

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.)

Preparation and/or execution of the Plan of Correction do not constitute admission by the providers of the truth of the facts alleged, or conclusions set forth in the statement of deficiencies. The Plan of Correction is prepared solely as a matter of compliance with state law.

- Staff person A was suspended, then terminated following the investigation
- Staff were re-educated right away specific to resident rights and abuse
- All staff trainings continue per training plan. Community will take immediate action should there be any future concerns regarding dignity and respect
- Incidents are reviewed daily on an individual basis and discussed monthly through quality management program

Legal Entity Representative

Cansa Livingston
Signature

Cansa Livingston ED 9.16.2019
Printed Name and Title Date

202 - Prohibitions *(continued)*

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