



July 5, 2019

Ms. Jodie L. Smiley
Executive Director
Paxton Street Home Benevolent Society, Inc.
2001 Paxton Street
Harrisburg, Pennsylvania 17111

RE: Paxton Street Home Benevolent Society
Certificate #: 342010

Dear Ms. Smiley:

As a result of the Department's Bureau of Human Services Licensing's annual licensing inspection on June 5, 2019 and June 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 "J. Rowe". The signature is written in a cursive, flowing style.

Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report

Facility Information

Name: *PAXTON STREET HOME BENEVOLENT SOCIETY*
Address: *2001 PAXTON STREET, HARRISBURG, PA 17111*
County: *DAUPHIN* Region: *CENTRAL*

License Number: *342010*

Administrator

Name: *Jodie Smiley* Phone: Email:

Legal Entity

Name: *PAXTON STREET HOME BENEVOLENT SOCIETY INC*
Address: *2001 PAXTON STREET, PA, 17111*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *02/01/1995* Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *83* Waking Staff: *62*

Inspection

Type: *Full* BHA Docket #: Notice: *Unannounced*
Reason: *Renewal*

Inspection Dates and Department Representative

06/05/2019 - On-Site: Michael Showers, Hope O'Pake
06/06/2019 - On-Site: Michael Showers, Hope O'Pake

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *85* Residents Served: *83*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *62* Are 60 Years of Age or Older: *44*
Diagnosed with Mental Illness: *49* Diagnosed with Intellectual Disability: *25*
Have Mobility Need: *0* Have Physical Disability: *5*

65f - Training Topics

Regulations

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

- 2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- 3. Care for residents with dementia and cognitive impairments.
- 5. Personal care service needs of the resident.

Description of Violation

During the training year of 2018, Staff Person A did not receive annual training in "Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation, and support plan", "Care for residents with dementia and cognitive impairments", and "Personal care service needs of the resident".

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.)

See Attachment 1 on Page 2A

Legal Entity Representative


Signature

Jodie Smiley, Executive Director 6/17/19
Printed Name and Title Date

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

The above plan of correction is approved as of 6/18/19
(Date)

Plan of correction implementation status as of 6/18/19
(Date)

The above plan of correction was approved by BAS
(Initials)

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

65f - Training Topics

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2600.

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- 2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- 3. Care for residents with dementia and cognitive impairments.
- 5. Personal care service needs of the resident.

Description of Violation

During the training year of 2018, Staff Person A did not receive annual training in "Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation, and support plan", "Care for residents with dementia and cognitive impairments", and "Personal care service needs of the resident".


Plan of Correction (POC)

- 1. Staff Person A received training in the above topics on 6/12/19. **(See Appendix B)**
- 2. A new Staff Training Tracking System has been developed for immediate implementation. Required trainings for each category of staffing (Ancillary, Direct Care Trained, Direct Care & Medication Trained) will be tracked, showing completion dates, as well as any outstanding due dates. **(See Appendix A 1,2,3)**
- 3. The training records of all staff will be audited by an Administrator or designee on or before 7/15 & 11/15 of each calendar year. Staff will be scheduled to complete any past due required trainings in a timely manner and before the close of the training year.

Legal Entity Representative



 Signature

 Executive Director 6/12/19

 Printed Name and Title Date

65g - Annual Training Content

Regulations

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- 2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
- 3. Resident rights.
- 5. Falls and accident prevention.

Description of Violation

During the training year of 2018, Staff Person B did not receive annual training in "Emergency preparedness procedures and recognition and response to crises and emergency situations", "Resident rights", and "Falls and accident prevention"

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.)

See Attachment 2 on Page 3A

Legal Entity Representative

Jodie Smiley
Signature

Jodie Smiley, Executive Director 6/12/19
Printed Name and Title Date

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Regulations

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- 2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
- 3. Resident rights.
- 5. Falls and accident prevention.

Description of Violation

During the training year of 2018, Staff Person B did not receive annual training in "Emergency preparedness procedures and recognition and response to crises and emergency situations", "Resident rights", and "Falls and accident prevention"

Plan of Correction (POC)

- 1. Staff Person B received training in the above topics on 6/11/19. **(See Appendix C)**
- 2. A new Staff Training Tracking System has been developed for immediate implementation. Required trainings for each category of staffing (Ancillary, Direct Care Trained, Direct Care & Medication Trained) will be tracked, showing completion dates, as well as any outstanding due dates. **(See Appendix A 1,2,3)**
- 3. The training records of all staff will be audited by an Administrator or designee on or before 7/15 & 11/15 of each calendar year. Staff will be scheduled to complete any past due required trainings in a timely manner and before the close of the training year.

Legal Entity Representative



 Signature

Jodie Smiley Executive Director 6/12/19

 Printed Name and Title Date

132d - Evacuation

Regulations

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The fire drill conducted on 7/19/2018 took 4 minutes and 13 seconds to evacuate the home. The maximum evacuation time designated by the fire safety expert is 4 minutes.

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.)

See Attachment 3 on Page 4A

Legal Entity Representative

Signature 

Printed Name and Title Jodie Smiley, Executive Director Date 6/12/19

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132d - Evacuation

Regulations

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The fire drill conducted on 7/19/2018 took 4 minutes and 13 seconds to evacuate the home. The maximum evacuation time designated by the fire safety expert is 4 minutes.

Plan of Correction (POC)

1. If at any time our fire drill evacuation time exceeds 4 minutes, the Director of Facilities or his designee shall conduct another random drill during the month in which the evacuation time was exceeded.
2. An Administrator or designee will audit the results of each fire drill monthly to assure compliance.

*In the event that an evacuation exceeds the designated time, the administrator will investigate the reasons why the lapse occurred and implement a plan to address all issues found during the investigation. This investigation and implementation of corrective measures will occur prior to the performance of the second drill as stated in #1 (above). BAS 6/18/19

Legal Entity Representative



 Signature

Jodie Smiley Executive Director 6/12/19

 Printed Name and Title Date

252 - Record Content

Regulations

2600.

252. Content of Resident Records - Each resident's record must include the following information:

23. If the resident dies in the home, a copy of the official death certificate.

Description of Violation

Resident 2's record did not contain a copy of the death certificate.

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.)

See Attachment 4 on Page 5A

Legal Entity Representative

Jodie Smiley
Signature

Jodie Smiley Executive Director 6/12/19
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252 – Record Content

Regulations

2600.

252. Content of Resident Records - Each resident’s record must include the following information:

- 23. If the resident dies in the home, a copy of the official death certificate.

Description of Violation

Resident 2's record did not contain a copy of the death certificate.

Plan of Correction (POC)

1. In addition to requesting the information from the family, an application for the official Death Certificate was submitted to Vital Records on 6/5/19, along with a letter explaining the regulatory reason that a copy of the death certificate is required. Additionally, during our inspection, Michael Showers called Vital Records requesting that they expedite our request. When the death certificate for Resident 2 is received it will be filed in the resident’s record and a copy will be forwarded to BHSL.
2. In the future, if a resident passes away at our facility an Administrator or designee will audit the record to assure that it contains an official Death Certificate before being filed in the area where records of former residents are stored.

*Prior to closing the file for a resident who is no longer being served in the facility, the administrator will audit the record to ensure that all of the information required by this regulation is present. Missing information will be added immediately. BAS 6/18/19

Legal Entity Representative



 Signature

Jodie Smiley Executive Director 6/12/19

 Printed Name and Title Date