



September 18, 2019

Ms. Katherine Hershey
Senior Executive Director
Presbyterian Homes, Inc.
One Trinity Drive, East Suite 201
Dillsburg, Pennsylvania 17019

RE: Steward Place
7 East Locust Street
Oxford, Pennsylvania 19363
License #: 100630

Dear Ms. Hershey:

As a result of the Department's Bureau of Human Services Licensing annual inspection on July 2, 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 (relating to Personal Care Homes) 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 "Kevin Hancock", written over a light blue horizontal line.

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: STEWARD PLACE

License Number: 10063

Address: 7 EAST LOCUST STREET, OXFORD, PA 19363

County: CHESTER

Region: SOUTHEAST

Administrator

Name: Tiffanie Small

Phone: 6109982400

Email: KHESHEY@PSL.ORG

Legal Entity

Name: PRESBYTERIAN HOMES INC

Address: ONE TRINITY DR EAST SUITE 201, DILLSBURG, PA, 17019

Certificate(s) of Occupancy

Type: C-2 LP

Date: 01/27/2004

Issued By: CWOPA/Dept of LI

Staffing Hours

Resident Support Staff: 50

Total Daily Staff: 100

Waking Staff: 75

Inspection

Type: Full

BHA Docket #: NA

Notice: Unannounced

Reason: Renewal

Inspection Dates and Department Representative

07/02/2019 - On-Site: Sabrina Freeman

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 84

Residents Served: 50

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 50

Diagnosed with Mental Illness: 1

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 0

Have Physical Disability: 0

28f - Resident's Funds and 30-day Refund

Regulations

2600.

28.f. Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home. Refunds shall be made within 30 days of discharge.

Description of Violation

Resident #1 was discharged from the home on 9/20/18. The home did not issue the resident a refund until 10/31/18.

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.)

Business office was in-service on on regulation 2600.28f on 7/2/19.

Ongoing business office will issue refund within 30 days of discharge.

Administrator will audit discharged files quarterly for compliance.

Home sent in verification of Inservice, document to be maintained by home and made available for Department review along with quarterly audits. Administrator or designee will continue to ensure refunds are made within 30 days of a resident discharge.

SP 08-20-19

Legal Entity Representative

Tiffanie Small
Signature

Tiffanie Small PCM 8/20/19
Printed Name and Title Date

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

The above plan of correction is approved as of	08-20-19 (Date)	Plan of correction implementation status as of	08-20-19 (Date)
The above plan of correction was approved by	SP (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

65b - Rights/Abuse 40 Hours

Regulations

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- 1. Resident rights.
- 2. Emergency medical plan.
- 3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § 10225.101—10225.5102).
- 4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person A, dietary staff member, was hired 10/2/18. As of 7/2/19 staff person A did not complete the Older Adult Protective Service Act training.

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.)

Staff member received training on 7/2/19.

Ongoing--Administrator will complete training for all staff during New hire orientation and documentation will be maintained in employee file.

Administrator will audit new hire files quarterly for compliance.

See attached orientation schedule

Home sent in orientation schedule and proof staff person A has completed all trainings in 2600.65b. Administrator or designee will continue to ensure all staff members are trained within 40 scheduled working hours. Training to be kept in staff records. SP 08-20-19

Legal Entity Representative

Liffanie Small
Signature

Liffanie Small PCM 8/20/19
Printed Name and Title Date

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(Date)

08-20-19
(Date)

Plan of correction implementation status as of _____

08-20-19
(Date)

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(Initials)

SP
(Initials)

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

107c - Food/Water 3 Day Supply

Regulations

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

On 7/2/19, the home served 50 residents. The home has a water contract, but is required to maintain 50 gallons of water onsite. The home has a cistern. However, they did not provide documentation or verify that the water will be accessible and safe for drinking in the event of an emergency, including power outage.

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.)

Facility purchased 100 gallons of water on 7/17/19.

Administrator will audit water supply quarterly for compliance.

See attached invoice and photos

Home sent in photos and invoice showing additional 100 gallons of water were purchased. Administrator or designee will ensure a 3-day supply of nonperishable food and drinking water is maintained by home for the residents. The administrator or designated staff person will monitor the food of the home weekly to ensure there is at least a three-day supply.

SP 08-20-19

Legal Entity Representative

Tiffanie Small
Signature

Tiffanie Small PCM 8/20/19
Printed Name and Title Date

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