



November 4, 2019

Ms. Kim Horvath
Administrator
Pennsylvania Soldiers and Sailors Home
PO BOX 6239
560 East Third Street
Erie, Pennsylvania 16507

RE: Pennsylvania Soldiers and Sailors Home
Certificate #: 448290

Dear Ms. Horvath:

As a result of the Department's Bureau of Human Services Licensing annual inspection on August 8, 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 "Kevin Hancock". The signature is fluid and cursive.

Kevin Hancock
Deputy Secretary
Office of Long Term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: PENNSYLVANIA SOLDIERS AND SAILORS HOME
Address: 560 E. 3RD STREET, P.O.B 6239,, ERIE, PA 16512
County: ERIE Region: WESTERN

License Number: 44829

Administrator

Name: Kim Horvath Phone: 8148714531

Email: KIHORVATH@PA.GOV **RECEIVED**

9/27/2019

Legal Entity

Name: PENNSYLVANIA SOLDIERS AND SAILORS HOME
Address: 560 EAST THIRD STREET, P.O. BOX 6239, ERIE, PA, 16512

Western Region Field Office
Bureau of Human Services Licensing

Certificate(s) of Occupancy

Type: Other Date: 09/15/1997 Issued By: Labor and Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 55 Waking Staff: 41

Inspection

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

Inspection Dates and Department Representative

08/08/2019 - On-Site: Ashley Roser, Jan Cutter, Lori Gillette

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 100 Residents Served: 55

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: 43
Diagnosed with Mental Illness: 35 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 0 Have Physical Disability: 12

25c4 - Payment Responsibility

Regulations

2600.

25.c. At a minimum, the contract must specify the following:

- 4. The party responsible for payment.

Description of Violation

Resident #3's resident-home contract , dated 4/11/17, does not specify 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. The resident-home contract for resident #3 was corrected immediately by the PC Administrator.
- 2. All resident-home contracts will be reviewed by the Admissions clerk and the PC Administrator for completion within 30 days of receipt of the plan of correction. 9/27/19
- 3. Admissions will be educated by 10/4/19 by PC Administrator on regulation 2600.25(b) "The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees." *AM*
- 4. All Admission contracts will be audited quarterly x4 on 10/31/19, 1/31/20, 4/30/20 and 7/31/20 by the Admissions clerk and PC Administrator.
- 5. Results of audits will be reviewed at the QA meeting to determine further actions, as necessary.

Legal Entity Representative

Kimberly Horvath
Signature

Kimberly Horvath
Printed Name and Title

9/23/19
Date

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The above plan of correction is approved as of 9/27/19
(Date)

Plan of correction implementation status as of 9/27/19
(Date)

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

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

91 - Telephone Numbers

Regulations

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline on or near the telephones in the following locations:

- * The dining room
- * Outside of room #806

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. Telephone postings in dining room and outside of room #806 were corrected immediately by the PC Administrator.
2. All telephone postings were immediately checked for compliance and corrected by PC Administrator, if needed.
3. PC Administrator will audit phone postings quarterly x4 on 10/31/19, 1/31/20, 4/30/20 and 7/31/20.
4. Results of audits will be reviewed at the QA meeting to determine further actions, as necessary.

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171b5 - First Aid Kit

Regulations

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

At 2:05 p.m., no first aid kit was present in the grey dodge caravan, which is used to transport residents.

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. A first aid kit was immediately placed in the van while the inspector was still present.
- 2. Facility drivers and activities personnel will be educated by the Nurse Educator by 10/4/19 on 2600.171(b) "The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident: 2600.171(5) "The vehicle must have a first aid kit with the contents as specified in 2600.96 (relating to first aid kit).
- 3. Zip ties will be placed on all first aid kits to indicate all content requirements are present. Anytime a zip tie is opened the kit must be taken to the Pharmacy or RN Supervisor to have the missing contents replaced, and a new zip tie put on, before the vehicle is put back into use.
- 4. The facility drivers will audit the vehicle first aid kits weekly x1 week ending 10/4/19, 10/11/19, 10/18/19, 10/25/19 and monthly x1 on 11/15/19.
- 5. The PC Administrator will audit the vehicle first aid kits quarterly x4 on 10/31/19, 1/31/20, 4/30/20 and 7/31/20.
- 6. Results of audits will be reviewed at the QA meeting to determine further actions, as necessary.

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Signature

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181c - Self-administration Assessment

Regulations

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident #5 is prescribed Sildenafil 50 mg-Take 1 tablet by mouth once per day up to twice per week. Take 1 orally no less than 30 minutes, up to 4 hours prior to activity. The medication was found in the resident's bedroom and is being self-administered by the resident; however, the resident has not been assessed by a physician, physician's assistant or certified registered nurse practitioner as capable of self-administering this medication.

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. Medication was removed from resident room and locked in the medication cart.
2. Nursing staff will be re-educated by the Nurse Instructor by 10/4/19 on regulation 2600.181(c) " The resident's assesment shall identify if the resident is able to self-administer medications as specified in 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.
3. Twenty five percent of charts will be reviewed weekly x4 for week ending 10/4/19, 10/11/19, 10/18/19, 10/25/19 and quarterly x4 on 10/31/19, 1/31/20, 4/30/20 and 7/31/20 by QA for compliance.
4. The results of these audits will be reviewed at the QA meeting to determine further actions as necessary.

Immediately: A designated staff person shall inspect resident bedrooms weekly to ensure no medications are present for residents who have not been assessed by a physician, physician's assistant or certified registered nurse practitioner as capable of self-administering medications.

9/27/19
AM

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183b - Meds and Syringes Locked

Regulations

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

The following medications were unlocked and unattended in resident #1's bedroom:

*Fluticasone Propionate

*Mirtazapine-15 mg

The following medications were unlocked and unattended in resident #2's bedroom:

*Proair HFA inhaler

*Ketoconazole-2% cream

*2 tubes of Antibiotic Ointment

*Refresh Classic eye drops

*Nyquil Cough medicine

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. The medication was secured immediately in the residents' locked drawer and residents were re-educated on the importance of securing medications and OTC's.
2. Resident rooms were immediately audited by the PC Administrator to ensure medications and OTC's were in a safe, secure location.
3. PCU residents self-administering medications will be re-educated by the Pharmacist/designee by 10/4/19 on the importance of securing all medications and OTC's.
4. Twenty five percent of resident rooms will be audited quarterly x1 on 10/31/19, 1/31/20, 4/30/20, and 7/31/20 by the PC Administrator for compliance.
5. The results of these audits will be reviewed at the QA meeting to determine further actions as necessary.

183b - Meds and Syringes Locked (continued)

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Signature

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Printed Name and Title

9/23/19
Date

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(Date)

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(Date)

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(Initials)

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

183d - Prescription Current

Regulations

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

Resident #3's Sucralfate 1 gm-Take 1 tablet 4 times daily on an empty stomach was discontinued on 7/25/19; however, this medication was still present in the home's medication cart.

Resident #3's Ondansetron HCL 4 mg-Take 1 tablet every 8 hours as needed for nausea was discontinued on 7/24/19; however, this medication was still present in the home's medication cart.

Resident #4's Hydroxyzine 25 mg-Take 1 capsule orally every 6 hours as needed for anxiety was discontinued on 10/25/18; however, this medication was still present in the home's medication cart.

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. Medication carts were immediately audited for discontinued medications.
- 2. Nurse Educator will re-educate nursing staff by 10/4/19 on regulation 2600.183(d) "Only current prescription , OTC, sample and CAM for individuals living in the home may be kept in the home.
- 3. Audits of medication carts will be done by nursing monthly x1 on 10/1/19 and QA will audit quarterly x4 on 10/31/19, 1/31/20, 4/30/20 and 7/31/20.
- 4. The results of these audits will be reviewed at the QA meeting to determine further actions as necessary.

Legal Entity Representative



 Signature

Kimberly Horvath
 Printed Name and Title

9/23/19
 Date

183d - Prescription Current (*continued*)

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	(Date)		(Date)
The above plan of correction was approved by		<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	
	(Initials)		