



pennsylvania
DEPARTMENT OF HUMAN SERVICES

**Sent via e-mail nvetter@pa.gov
January 15, 2020**

Mr. Norman Vetter
Personal Care Administrator
Department of Military and Veterans' Affairs
One Veterans Drive
Spring City, Pennsylvania 19475

RE: Southeastern Veterans' Center
Fourth Floor
License #: 138370

Dear Mr. Vetter:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on November 25, 2019 of the above facility, the citations specified were found.

We have determined that your plan of correction is:

Acceptable - Compliance has not been verified as implemented. All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,

A handwritten signature in cursive script that reads "Claire Mendez".

Claire Mendez
Human Services Licensing Supervisor

Violation Report

Facility Information

Name: *SOUTHEASTERN VETERANS' CENTER* License Number: *13837*
 Address: *ONE VETERANS' DRIVE, 4TH FLOOR,, SPRING CITY, PA 19475*
 County: *CHESTER* Region: *SOUTHEAST*

Administrator

Name: *Norman Vetter* Phone: *6109482569* Email: *NVETTER@PA.GOV*

Legal Entity

Name: *DEPARTMENT OF MILITARY AND VETERANS' AFFAIRS*
 Address: *ONE VETERANS' DRIVE, SPRING CITY, PA, 19475*

Certificate(s) of Occupancy

Type: *C-1* Date: *05/19/1994* Issued By: *Department of Health*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *58* Waking Staff: *44*

Inspection

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

Inspection Dates and Department Representative

11/25/2019 - On-Site: Denise Gillespie, Natasha Braswell

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *54* Residents Served: *54*

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: *51*
 Diagnosed with Mental Illness: *11* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *4* Have Physical Disability: *19*

16c - Written Incident Report

Regulations

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 11/2/19, after Resident #1 failed to sign in prior to obtaining medication, Resident #2 entered the 4 West Nursing Room and proceeded to hit Resident #1 with his walker. Resident #1 attempted to get Resident #2 to stop hitting him by pushing Resident #2's walker away. Resident #2 backed out of the room, lost their balance, and fell to the floor resulting in his head making contact with the ground. Officer from East Vincent Police arrived at 2230 after 911 was notified by Resident #2's son. The home did not notify the department until 11/4/19.

Plan of Correction (POC)

Regulation: 2600.16 (C) Reportable incidents need to have DHS notified within 24 hours.	SEVC Plan of Correction	Implementation
Reportable incidents need to have DHS notified within 24 of the occurrence	<ol style="list-style-type: none"> 1. Managers, Supervisors and LPN staff will be educated on reporting DHS reportable incidents within a 24-hour time frame. Education will take place on a 1 to 1 basis and also through an instructional email sent to the responsible staff. 2. The SEVC protocols for reporting this type of incident will be reviewed when the PCU Administrator is not on site. Education will take place on a 1 to 1 basis and also through an instructional email sent to the responsible staff. 3. The PCU Administrator and or a designee will do weekly audits on reportable incidents. Audits will be reviewed on a monthly basis at SEVC's Quality Management meetings for a 90-day period. 	Will be implemented upon submission of this POC.

Norman Vetter
Signature

Norman Vetter
Printed Name and Title

11/3/20
Date

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The above plan of correction is approved as of 1/15/2020 (Date) Plan of correction implementation status as of _____ (Date)

The above plan of correction was approved by CM (Initials) Implemented Not Implemented

17 - Record Confidentiality

Regulations

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 11/25/19, at 9:10 A.M., the treatment cart of 4 west was left unlocked and unattended by staff. The cart had resident medications present.

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.)

Regulation: 2600.17	SEVC Plan of Correction	Implementation
At 9:10 AM, 11-25-19 the treatment cart on 4W was unlocked and unattended.	<ol style="list-style-type: none"> 1. Thee treatment cart was locked immediately. 2. The nurse on duty at the time of this occurrence was educated on keeping treatment carts locked when unattended. 3. Education will be provided to all unit nursing staff on a 1 to 1 basis and also through an instructional email message sent to staff who work on the unit. 4. Weekly audits will be completed by the PCU Administrator and the results will be presented at the SEVC monthly QM meeting. This will take place for a 90-day period. 	Upon approval of this POC by DHS.

Legal Entity Representative

Norman Vetter
Signature

Norman Vetter
Printed Name and Title

11/3/20
Date

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(Initials) Not Implemented

132f - Alternate Exit Routes

Regulations

2600.

132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

The 4 east and 4 west were the only exit route used during the fire drills held on March 4th, April 18th, May 30th, June 22nd, July 18th, August 19th, September 19th, October 10th, and November 9th of 2019.

Plan of Correction (POC)

Regulation 2600. 132 (F) Alternate Exit Routes	SEVC Plan of Correction	Implementation
	<ol style="list-style-type: none"> 1. A new fire drill was completed prior to the end of November. Exit routes were different from the previous fire drills. 2. SEVC's new Institutional Fire Safety and Security Specialist (IFSS) will be educated on the need to vary and document the exit routes that are blocked at each monthly fire drill. 3. A monthly audit by the PC Administrator or designee will be completed to ensure that we are providing and educating residents on the various ways to exit the unit. 4. Audits will be reported to the QM Committee for a period of 90 days to ensure we are providing a meaningful unit emergency evacuation. 	<p>This POC was implemented right away upon submission of SEVC's POC.</p>

Legal Entity Representative

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Signature

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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

On 11/25/19 at 4:15 P.M., Clotrimazole cream and Hydrocerin Cream was unlocked, unattended, and accessible in Resident Bedroom 1825.

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.)

Regulation 2600.183 (b)	SEVC Plan of Correction	Implementation
Prescription and OTC Medications shall be kept in a container that is locked.	<ol style="list-style-type: none"> 1. Prescription creams were removed from the resident's room upon discovery 2. Staff also did a sweep of all PCU resident's rooms to ensure that no medications were being stored in a resident room. 3. Education for all nursing staff is taking place on a 1 to 1 basis and also through an instructional email. 4. Audits for any medications discovered that are not locked (and corrective actions) will be performed by the PCU Administrator or designee to ensure compliance with this regulation. 5. The PCU administrator will report the audit findings to the QM Committee for a period of 90 days. 	SEVC's POC will be implemented upon submission of this POC.

Legal Entity Representative

Norman Vetter
Signature

Norman Vetter
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1/3/20
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187a - Medication Record

Regulations

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident # 3 is prescribed Hydrocerin Cream. However, Resident # 3's medication administration record does not include this medication.

Plan of Correction (POC)

Regulation	SEVC Plan of Correction	Implementation
<p>2600. 187(a) A medication record shall be kept for each resident for whom medications are administered.</p>	<ol style="list-style-type: none"> 1. The medications that were found in the resident's room were turned in to the unit nurse on duty upon discovery. 2. Medications were reviewed by the resident's SEVC physician. 3. When approved for use, medications are entered into the resident's electronic medical record. 4. Residents will be educated about not storing any medication items in their room. All resident medications are prescribed and must be stored by nursing staff. This will be discussed as part of the agenda at monthly resident council meetings. 5. Regular room inspections will occur at least on a monthly basis by either nursing or social work staff. Should any medication items be discovered they will be turned in to the nurse on duty. 6. Results of room inspections will be reported at the QM Meetings by the PCU Administrator or designee for a period of 90 days. 	<p>Implementation will begin as of the approval of the POC by DHS.</p>

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Signature

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