

Department of Human Services
Bureau of Human Service Licensing

September 2, 2020

DAVID NICHOLSON, ADMINISTRATOR
PRESBYTERIAN HOMES INC
ONE TRINITY DR, EAST SUITE 201
DILLSBURG, PA 17019

RE: STEWARD PLACE
7 EAST LOCUST STREET
OXFORD, PA, 19363
LICENSE/COC#: 10063

Dear Mr. Nicholson,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/23/2020, 07/29/2020, 08/07/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Claire Mendez

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY**

Facility Information

Name: *STEWARD PLACE* License #: *10063* License Expiration Date: *05/25/2021*
 Address: *7 EAST LOCUST STREET, OXFORD, PA 19363*
 County: *CHESTER* Region: *SOUTHEAST*

Administrator

Name: *David Nicholson* Phone: *6109982439* Email: *dnicholson@PSL.org*

Legal Entity

Name: *PRESBYTERIAN HOMES INC*
 Address: *ONE TRINITY DR, EAST SUITE 201, DILLSBURG, PA, 17019*
 Phone: *6109982400* Email: *DNICHOLSON@PLS.ORG*

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: Total Daily Staff: *19* Waking Staff: *14*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *08/07/2020*

Inspection Dates and Department Representative

07/23/2020 - Off-Site: Youn Hie Chung
07/29/2020 - Off-Site: Youn Hie Chung
08/07/2020 - Off-Site: Youn Hie Chung

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *84* Residents Served: *18*

Secured Dementia Care Unit

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

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *18*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *1* Have Physical Disability: *0*

Inspections / Reviews

07/23/2020 - Partial

Lead Inspector: *Youn Hie Chung*Follow-Up Type: *POC Submission*Follow-Up Date: *08/24/2020*

8/21/2020 - POC Submission

Lead Reviewer: *Claire Mendez*Follow-Up Type: *POC Submission*Follow-Up Date: *08/23/2020*

8/24/2020 - POC Submission

Lead Reviewer: *Claire Mendez*Follow-Up Type: *Document Submission*Follow-Up Date: *08/28/2020*

9/2/2020 - Document Submission

Lead Reviewer: *Claire Mendez*Follow-Up Type: *Not Required*

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

On 07/20/2020 at bedtime, seven residents who require assistance with medication administration did not receive this assistance as required.

Plan of Correction

Do Not Accept

See attached

Completion Date: 08/20/2020

Update - 08/21/2020

Please enter the plan of correction in the plan of correction box.

Plan of Correction

Accept

1. The involved residents responsible parties and primary care physicians were notified for all 7 residents that missed their medications on 7/20/2020. Involved residents had no adverse reactions noted from missing the medications.

2. Staff will utilize the electronic medication administration system. If needed, a back up paper medication administration record will be utilized in the event a staff member is denied access or if connection failure would occur.

3. Staff responsible for administering medication will be educated on the back up paper medication administration record to be utilized in the event a staff member is denied access or if connection failure would occur by the Administrator or designee by 8/24/2020. .

Completion Date: 08/21/2020

Document Submission

Implemented

Please see attached example of split schedule for PC/AL we will be utilizing into the future and related Education.

42v - Resident-Home Contract

1. Requirements

2600.

42.v. A resident has the right to receive services contracted for in the resident-home contract.

Description of Violation

On 07/20/2020 at bedtime, the home failed to provide medication administration service to seven residents, as contracted for in the resident-residence contract.

Plan of Correction

Do Not Accept

See attached

Completion Date: 08/20/2020

Update - 08/21/2020

Please enter the plan of correction in the plan of correction box.

42v - Resident-Home Contract (continued)

Plan of Correction

Accept

1. The involved residents responsible parties and primary care physicians were notified for all 7 residents that missed their medications on 7/20/2020. Involved residents had no adverse reactions noted from missing the medications.

2. Staff will utilize the electronic medication administration system. If needed, a back up paper medication administration record will be utilized in the event a staff member is denied access or if connection failure would occur.

3. Staff responsible for administering medication will be educated on the back up paper medication administration record to be utilized in the event a staff member is denied access or if connection failure would occur by the Administrator or designee by 8/24/2020. .

Completion Date: 08/21/2020

Document Submission

Implemented

Please see attached example of split schedule for PC/AL we will be utilizing into the future and related Education

60b - Additional Staffing

1. Requirements

2600.

60.b. The Department may require additional staffing as necessary to protect the health, safety and well-being of the residents. Requirements for additional staffing will be based on the resident's assessment and support plan, the design and construction of the home and the operation and management of the home.

Description of Violation

On 07/20/2020 at bedtime, 7 residents did not receive medication administration service, as required by his/her assessment and support plan. There was only one agency LPN present, who had a trouble with the e-MAR system. A call-bell log review between 08:00 PM on 07/20/2020 and 06:00 AM next day shows that multiple call bells from multiple residents went unanswered as well. Considering that the home has several residents with dementia and a roam guard, the home needs more than one staff during each shift.

There are two licensed communities (Personal Care home and Assistance Living Residence) in the same building but they don't have a separate staffing schedule for each licensed setting, which makes it difficult to decide who works on which side at any given time. There were no daily assignment sheets available.

Plan of Correction

Do Not Accept

See attached

Completion Date: 08/20/2020

Update - 08/21/2020

Please enter the plan of correction in the plan of correction box.

60b - Additional Staffing (continued)

Plan of Correction

Accept

1. The involved residents responsible parties and primary care physicians were notified for all 7 residents that missed their medications on 7/20/2020. Involved residents had no adverse reactions noted from missing the medications.
2. Staff will utilize the electronic medication administration system. If needed, a back up paper medication administration record will be utilized in the event a staff member is denied access or if connection failure would occur.
3. Staff responsible for administering medication will be educated on the back up paper medication administration record to be utilized in the event a staff member is denied access or if connection failure would occur by the Administrator or designee by 8/24/2020. .
4. The master staff schedule has been revised to clearly reflect assignments by designation for Assisted Living and Personal Care. If changes to the schedule occur, the Administrator or designee will revise the form to reflect assignment changes.
5. Staff will continue to carry a pager tied to the call bell system for timely response to resident needs. Staff will be re-educated on the use of the call bell pager system by the Administrator or a designee by 8/24/2020.

Completion Date: 08/21/2020

Document Submission

Implemented

Please see attached example of split schedule for PC/AL we will be utilizing into the future and related Educations completed.

185a - Implement Storage Procedures

1. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

On 07/20/2020 at bedtime, the home failed to administer medications to seven residents due to an issue with the home's electronic medication administration record system. The home does not address this contingency in its medication related policies and procedures.

Plan of Correction

Do Not Accept

See attached

Completion Date: 08/20/2020

Update - 08/21/2020

Please enter the plan of correction in the plan of correction box.

185a - Implement Storage Procedures (continued)

Plan of Correction

Accept

- 1. The involved residents responsible parties and primary care physicians were notified for all 7 residents that missed their medications on 7/20/2020. Involved residents had no adverse reactions noted from missing the medications.
- 2. Staff will utilize the electronic medication administration system. If needed, a back up paper medication administration record will be utilized in the event a staff member is denied access or if connection failure would occur.
- 3. Staff responsible for administering medication will be educated on the back up paper medication administration record to be utilized in the event a staff member is denied access or if connection failure would occur by the Administrator or designee by 8/24/2020. .
- 4. Medication administration policy reflects the contingency to utilize paper documentation as needed.

Completion Date: 08/21/2020

Document Submission

Implemented

Please see the attached education training for staff and policy reflecting updates to issues when electronic options are unavailable.

187d - Follow Prescriber's Orders

1. Requirements

- 2600.
- 187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 is prescribed Atorvastatin 20 mg, Metoprolol 25 mg, Trazadone 50 mg and Cetaphil Lotion at 08:00 PM. On 07/20/2020, he did not get these medications. Six other residents were also not administered their bedtime medication during the same evening.

Plan of Correction

Do Not Accept

See attached

Completion Date: 08/20/2020

Update - 08/21/2020

Please enter the plan of correction in the plan of correction box.

187d - Follow Prescriber's Orders (continued)

Plan of Correction

Accept

1. The involved residents responsible parties and primary care physicians were notified for all 7 residents that missed their medications on 7/20/2020. Involved residents had no adverse reactions noted from missing the medications.
2. Staff will utilize the electronic medication administration system. If needed, a back up paper medication administration record will be utilized in the event a staff member is denied access or if connection failure would occur.
3. Staff responsible for administering medication will be educated on the back up paper medication administration record to be utilized in the event a staff member is denied access or if connection failure would occur by the Administrator or designee by 8/24/2020. .
4. Staff who administer medications have been re-educated on the importance of reviewing physician orders and adhering to parameters set by the Administrator or designee by 8/24/2020.

Completion Date: 08/21/2020

Document Submission

Implemented

Please see attached medication administration & physician order education .

227d - Support Plan Medical/Dental

1. Requirements

2600.

- 227.d. Each home shall document in the resident’s support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident’s physician, physician’s assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

On 07/16/2020, resident #2 wandered into resident #1's bedroom. When resident #1 confronted resident #2, resident #2 pushed resident #1, who fell and suffered an abrasion on his back. Resident #2 was admitted to the home on 07/08/2020 and his final support plan has not been completed. The home failed to document how they would manage resident #2's behavior.

Plan of Correction

Do Not Accept

See attached

Completion Date: 08/20/2020

Update - 08/21/2020

Please enter the plan of correction in the plan of correction box.

227d - Support Plan Medical/Dental (*continued*)**Plan of Correction****Accept**

1. Signage to serve as a reminder was added to the room door of Resident #2 to assist him with recognition of his room.
2. A stop sign was added to the room door of Resident #1 to discourage unintentional entry of another resident.
3. Resident #2 support plan had been updated to note how his behaviors were managed. Resident #2 was seen by our medical director 7/24/20 following the incident. His medications were adjusted.

4. Resident #2 is no longer a resident of the community.

5. Staff responsible for care plan alterations following incidents will be educated on the importance of making those adjustments timely to ensure resident safety by the Administrator or designee by 8/24/2020.

Completion Date: 08/21/2020

Document Submission**Implemented**

Please see attached documents to show signage, medical director visit, and support plan alterations.