

Department of Human Services
Bureau of Human Service Licensing

March 25, 2021

██████████ CEO
ROMAN CATHOLIC DIOCESE OF ERIE
2250 SHENANGO VALLEY FREEWAY
HERMITAGE, PA 16148

RE: SAINT JOHN XXIII HOME
2250 SHENANGO VALLEY FREEWAY
HERMITAGE, PA, 16148
LICENSE/COC#: 44760

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/25/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Janine Wenzig

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing

March 12, 2021

[REDACTED] CEO
ROMAN CATHOLIC DIOCESE OF ERIE
2250 SHENANGO VALLEY FREEWAY
HERMITAGE, PA 16148

RE: SAINT JOHN XXIII HOME
2250 SHENANGO VALLEY FREEWAY
HERMITAGE, PA, 16148
LICENSE/COC#: 44760

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 02/25/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

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,
Janine Wenzig

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: SAINT JOHN XXIII HOME **Licence #:** 44760 **Licence Expiration Date:** 05/25/2021
Address: 2250 SHENANGO VALLEY FREEWAY, HERMITAGE, PA 16148
County: MERCER **Region:** WESTERN

Administrator

Name: [REDACTED] **Phone:** 7249813200 **Email:** [REDACTED]

Legal Entity

Name: ROMAN CATHOLIC DIOCESE OF ERIE
Address: 2250 SHENANGO VALLEY FREEWAY, HERMITAGE, PA, 16148
Phone: 7249813200 **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-1	Date: 05/15/1971	Issued By: L&I
Type: C-2 LP	Date: 05/16/2001	Issued By: L&I
Type: C-2 LP	Date: 01/28/2005	Issued By: L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 39 **Working Staff:** 29

Inspection

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 02/25/2021

Inspection Dates and Department Representative

02/25/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 98 **Residents Served:** 29

Secured Dementia Care Unit

In Home: Yes **Area:** Special Needs Unit **Capacity:** 32 **Residents Served:** 10

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 29
Diagnosed with Mental Illness: 0	Diagnosed with Intellectual Disability: 0
Have Mobility Need: 10	Have Physical Disability: 0

Inspections / Reviews

02/25/2021 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*

Follow-Up Date: *03/14/2021*

3/12/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *03/23/2021*

3/25/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

82c - Locking Poisonous Materials

1. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

At approximately 10:10a.m., there were 5 boxes of McKesson Dental Cleanse Tablets with a manufacturer's label indicating, "if ingested contact poison control," in the top of an unlocked and unattended linen cart near bedroom in the Secured Care Dementia Unit (SDCU).

At approximately 10:13a.m., there was a container of Purell Hand Sanitizing Wipes with a manufacturer's label indicating, "contact a physician or poison control if ingested," in the SDCU tub room.

Not all residents of the home, including resident #1, have been assessed capable of recognizing and using poisons safely.

Plan of Correction

Accept

1. Identified poisonous materials were immediately secured by Administrator at time of discovery.
2. All staff have been re-educated related to the standards of 2600.82.c. by the Administrator, including but not limited to the specific situations found during survey.
3. Administrator will complete a daily audit (rounds) related to Environmental safety, including proper storage of hazardous/poisonous materials.
4. Results of the above audits will be incorporated into the facility Quality Assurance/QAPI program.

Completion Date: 03/13/2021

Document Submission

Implemented

Staff training verification submitted with POC. No errors found when completing audits.

91 - Telephone Numbers

1. Requirements

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 were numerous telephones with outside lines that did not have emergency numbers posted nearby, including:

- Wall phone in the main kitchen
- 2 cordless phones in the SDCU nurse's station
- Multiple wall phones in the home's corridors

Plan of Correction

Accept

1. Administrator has completed a facility wide audit of all telephones and has posted Emergency Telephone numbers with/at each phone, including but not limited to the phones identified during survey.
2. Administrator will complete "emergency phone number posting audits" on a quarterly basis to ensure ongoing compliance.
3. Results of the above audits will be incorporated into the facility Quality Assurance/QAPI program.

Completion Date: 03/13/2021

91 - Telephone Numbers *(continued)***Document Submission****Implemented**

Photograph of phone tags provided at time of POC submission. Administrator has verified that all phones are properly labeled.

103d - Storing Food Off Floor

1. Requirements

2600.

103.d. Food shall be stored off the floor.

Description of Violation

There were numerous boxed food items stored on the floor of the food service department's dry storage area, including potato chips, canned corn, and condiments.

Plan of Correction**Accept**

- 1. Food is consistently stored off the floor. The issue identified during survey was the result of food delivery timing. Food was properly stored in designated area(s), off floor by 13:00 on 2/25/2021 by Dietary Manager.*
- 2. All Dietary staff have been re-educated regarding 2600.103.d, by the Dietary Manager.*
- 3. Dietary Manager will audit proper food storage on a daily basis and implement measures to more timely disperse/store food (off floor) on delivery days.*
- 4. Dietary manager will incorporate the findings of the food storage audits into the facility Quality Assurance/QAPI program.*

Completion Date: 03/13/2021

Document Submission**Implemented**

Photograph of "dry storage area" was provided at time of POC submission. Administration has found no further improperly stored food through the audit process.

183b - Meds and Syringes Locked

1. Requirements

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

At approximately 10:10a.m., there was a bottle of Zeasorb AF 2% for resident #2 in the unlocked and unattended linen cart near bedroom [REDACTED] in the SDCU.

Plan of Correction**Accept**

- 1. Identified prescription medications were immediately secured by Administrator at time of discovery.*
- 2. All staff have been re-educated related to the standards of 2600.183.b, by the Administrator, including but not limited to the specific situations found during survey.*
- 3. Administrator will complete a daily audit (rounds) related to Environmental safety, including proper storage of prescription medications and hazardous materials.*
- 4. Results of the above audits will be incorporated into the facility Quality Assurance/QAPI program.*

Completion Date: 03/13/2021

183b - Meds and Syringes Locked (*continued*)**Document Submission****Implemented**

Staff training verification submitted with POC. No errors found when completing audits.

190a Completion Medication Course

1. Requirements

2600.

- 190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Direct Care Staff Person A has not successfully completed the Department-approved medications administration course or passed the Department's performance-based competency test; however, staff person A regularly administers medications to numerous residents in the home's SDCU, to include the following medications for resident #1 at 8:00a.m. on 2/12/2021, 2/13/2021, and 2/14/2021:

- Glipizide ER 10mg
- Ferrex 150mg
- Levothyroxine 50 mcg

Plan of Correction**Accept**

1. *Direct Care Staff (A) previously met the departments standards to pass medications, however, this was outside of the 2 year window. Direct Care Staff (A) will no longer be permitted to administer medications until properly completing the Department approved medications administration course.*
2. *Facility audit of records show that all other designated Medication Pass approved staff are properly qualified/educated.*
3. *Employee (A) and facility Medication Pass Trainer have been re-educated related to the standards of 2600.190.a.*
4. *Resident (1) had no negative outcome as a result of Direct Care Staff (A) passing medications, as medications were properly administered and documented.*
5. *Administrator will audit employee training requirements (including proper qualifications related to medication pass), and incorporate findings into the facility Quality Assurance/QAPI program.*

Completion Date: 03/13/2021

Document Submission**Implemented**

Staff education submitted at time of POC submission. No further errors of this nature have been identified through the audit process. Direct Care Staff (A) completed the necessary/required training on 3/22/2021.

190b - Insulin Injections

1. Requirements

2600.

- 190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Description of Violation

Staff person A has not successfully completed the Department approved diabetes patient education program within the past 12 months. However, staff person A administered Humalog insulin to resident #1 on numerous dates, to include 2/12/2021 and 2/14/2021.

190b - Insulin Injections (*continued*)**Plan of Correction****Accept**

1. *Direct Care Staff (A) previously met the departments standards to administer Insulin injections. Direct Care Staff (A) will no longer be permitted to administer insulin injections until properly completing the Department approved medications administration course and the Department approved diabetes patient education program.*
2. *Facility audit of records show that all other designated Medication Pass approved staff are properly qualified/educated, including Insulin injection/diabetes education.*
3. *Employee (A) and facility Medication Pass Trainer have been re-educated related to the standards of 2600.190.b.*
4. *Resident (1) had no negative outcome as a result of Direct Care Staff (A) administering Insulin injections, as medications were properly administered and documented.*
5. *Administrator will audit employee training requirements (including proper qualifications related to medication pass, insulin injection training and diabetes education) upon hire and quarterly and incorporate findings into the facility Quality Assurance/QAPI program.*

Completion Date: 03/13/2021

Document Submission**Implemented**

Staff education submitted at time of POC submission. No further errors of this nature have been identified through the audit process. Direct Care Staff (A) has not yet completed the necessary/required training to administer insulin, thus, [REDACTED] continues to be prohibited from doing such until properly trained.