

Department of Human Services
Bureau of Human Service Licensing

June 1, 2021

[REDACTED] INTERIM 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 [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/26/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Mia Johnson

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

Administrator

Name: [REDACTED] **Phone:** 4846439590 **Email:** [REDACTED]

Legal Entity

Name: PRESBYTERIAN HOMES INC
Address: ONE TRINITY DR, EAST SUITE 201, DILLSBURG, PA, 17019
Phone: 6109982400 **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 01/27/2004 **Issued By:** Department of L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 10 **Waking Staff:** 8

Inspection

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 04/26/2021

Inspection Dates and Department Representative

04/26/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 84 **Residents Served:** 10

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:** 10
Diagnosed with Mental Illness: 10 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 0 **Have Physical Disability:** 2

Inspections / Reviews

04/26/2021 - Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 05/22/2021

Inspections / Reviews (*continued*)

5/24/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *05/27/2021*

5/26/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *05/29/2021*

6/1/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

18 - Compliance With Laws

1. Requirements

2600.

- 18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

Personal care and assisted living homes must post the required influenza information in a public place in the home year-round as required by the Influenza Awareness Act (HB 1785). The home did not have an influenza poster anywhere.

Plan of Correction

Accept

The Influenza Awareness Act poster was hung directly in the PC area as soon as identified by the surveyor. This was completed prior to the surveyor leaving the facility. There was already an Influenza poster on the bulletin board next to the elevator that is shared by PC and AL. Random audits will be done by the PCHA/designee to ensure the posting is still hung and visible to residents.

Completion Date: 05/22/2021

Document Submission

Implemented

Poster hung

64a - Admin Training

1. Requirements

2600.

- 64.a. Prior to initial employment as an administrator, a candidate shall successfully complete the following:
 1. An orientation program approved and administered by the Department.
 2. A 100-hour standardized Department-approved administrator training course.
 3. A Department-approved competency-based training test with a passing score.
 4. Paragraphs (1), (2) and (3) do not apply to an administrator hired or promoted prior to October 24, 2005.

Description of Violation

Staff person A, who is the home's interim administrator, has not successfully completed the Department-approved and administered orientation program.

Plan of Correction

Accept

The interim had taken the course back in 2014 but didn't have the certificate available. [redacted] will though be taking it on May 27, 2021 thru [redacted]

Completion Date: 05/27/2021

Document Submission

Implemented

Course completed 5/27/21 and certificated emailed to Department 6/1/21

123c - Evacuation Diagrams

1. Requirements

2600.

- 123.c. For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

123c - Evacuation Diagrams (continued)

Description of Violation

The home currently serves 10 residents. However, there are no emergency evacuation diagram posted in a conspicuous place. The diagram was sitting on the table.

Plan of Correction

Accept

The diagrams were down to facility painting, they were hung as soon as identified by the surveyor. The signs were hung prior to surveyor leaving the facility. Random audits will be done by the PCHA/designee to ensure signs are posted in a conspicuous and public place.

Completion Date: 05/22/2021

Document Submission

Implemented

Diagrams hung

162c - Menus Posted

1. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

On 04/26/21, the home's menu for the current week of 04/25/21-05/01/21 and the following week from 05/02/21-05/08/21, was not posted in a conspicuous place.

Plan of Correction

Accept

Menus were posted on the wall in the lobby area. They were made larger and posted prior to the surveyor exiting the facility in a conspicuous and public place in the home.

Random audits will be done by the PCHA/designee to ensure signs are posted in a conspicuous and public place.

Completion Date: 05/22/2021

Document Submission

Implemented

Menus Posted

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.

185a - Implement Storage Procedures (continued)

Description of Violation

On [redacted], [redacted] for resident #1 read [redacted]. The medication administration record (MAR) was documented as [redacted].

On [redacted], [redacted] for resident #1 read [redacted]. The MAR was documented as [redacted].

On [redacted], [redacted] for resident #1 read [redacted]. The MAR was documented as [redacted].

Plan of Correction

Accept

Training was completed with the Med Tech staff to ensure that they accurately document the blood sugar readings and the glucometer reading and in the MAR match so they base the sliding scale insulin needed on the correct number. Audits will be completed after each shift daily x 1 month, then monthly x 4 by the licenses nurse to ensure glucometer reading and the MAR documentation.

Completion Date: 05/22/2021

Document Submission

Implemented

Training emailed to Department on 6/1/21

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 [redacted]. On [redacted] the residents [redacted]; however the MAR was documented as [redacted]. Resident #1 was administered [redacted] however the resident should have been administered [redacted].

Plan of Correction

Accept

Training was completed with the Med Tech staff to ensure that they accurately document the [redacted] readings and the [redacted] reading and in the MAR match so they base the sliding scale insulin needed on the correct number. Audits will be completed after each shift daily x 1 month, then monthly x 4 by the licenses nurse to ensure [redacted] reading and the MAR documentation.

Completion Date: 05/22/2021

Document Submission

Implemented

Training emailed to Department 6/1/21