

Department of Human Services
Bureau of Human Service Licensing

June 25, 2021

██████████ ADMINISTRATOR
ELIZABETH SETON CARE CENTER
129 DEPAUL CENTER ROAD
GREENSBURG, PA 15601

RE: ELIZABETH SETON MEMORY CARE
CENTER
129 DEPAUL CENTER ROAD
GREENSBURG, PA, 15601
LICENSE/COC#: 44577

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/02/2021, 06/03/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Jon Kimberland

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: ELIZABETH SETON MEMORY CARE CENTER **Licen e #:** 44577 **Licen e Expiration Date:** 09/14/2021
Addr e : 129 DEPAUL CENTER ROAD, GREENSBURG, PA 15601
County: WESTMORELAND **Region:** WESTERN

Administrator

Name: [REDACTED] **Phone:** 7248537948 **Email:** [REDACTED]

Legal Entity

Name: ELIZABETH SETON CARE CENTER
Address: 129 DEPAUL CENTER ROAD, GREENSBURG, PA, 15601
Phone: 7248537948 **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 09/27/1999 **Issued By:** L & I

Staffing Hours

Re ident Support Staff: 0 **Total Daily Staff:** 22 **Waking Staff:** 17

Inspection

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 06/03/2021

Inspection Dates and Department Representative

06/02/2021 - On-Site: [REDACTED]
06/03/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 24 **Residents Served:** 11

Secured Dementia Care Unit

In Home: Yes **Area:** All **Capacity:** 24 **Residents Served:** 11

Hospice

Current Re ident : 2

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 11
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 11 **Have Physical Disability:** 0

Inspections / Reviews

06/02/2021 - Full

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow-Up Date: *06/25/2021*

6/24/2021 POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *06/30/2021*

6/25/2021 - 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

According to the Care Facility Carbon Monoxide Alarms Standards Act of June 23, 2016, an approved carbon monoxide alarm shall be installed in close proximity of, but not less than 15 feet from, any fossil fuel-burning device or appliance. On 6/2/21, the carbon monoxide detector installed in the center ceiling of the dryer room in the laundry room on the lower level, measures approximately 12' from the closest industrial dryer and approximately 8' from the closest household dryer.

Plan of Correction

Accept

On 6/16/21 a carbon monoxide detector was installed in an electrical outlet greater than 15 ft from any fossil fuel-burning device or appliance. See attached photo. All CO2 detectors were previously installed per manufacturers nstallation instructions.

Completion Date: 06/16/2021

Document Submission

Implemented

see attached

65d - Initial Direct Care Training

1. Requirements

2600.

- 65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:
 - 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person A, hired on [REDACTED], provided unsupervised ADL services until April, 2021. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test.

Plan of Correction

Accept

This staff member is no longer employed at ESMCC at the time of inspection. POC employee files will be reviewed to ensure that documentation of Department-approved direct care training course and a passed competency test are ncluded. See attached check list. Employees' files will be signed by administrator and one other staff member prior to filing. Employee files will also be reviewed annually by administrator.

Completion Date: 06/03/2021

Document Submission

Implemented

see attached

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.

82c - Locking Poisonous Materials *(continued)***Description of Violation**

On 6/2/21 at approximately 11:27 a.m., there was a 32 FL ounce spray bottle of DG Home Window Cleaner with Ammonia with a manufacture's label indicating "If swallowed drink a glass full of milk or water. Contact physician or Poison Control Center immediately", was unlocked, unattended, and accessible on a cooler to the right of the door in the patio/garden. Not all the residents of the home, including resident #1, have been assessed capable of recognizing and using poisons safely.

Plan of Correction**Accept**

A checklist has been created for assigned staff members to routinely check to ensure all poisonous materials are locked and inaccessible to residents as all SDU residents shall be kept safe from poisonous materials. All employees will be instructed upon hiring and then on at least an annual basis regarding regulation 82C. Checklist attached.

Completion Date: 06/16/2021

Document Submission**Implemented**

see attached

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

On 6/2/21 at approximately 11:55 a.m., none of the required telephone numbers were posted on or by the telephone on the bedside table in the bedroom of resident #2.

Plan of Correction**Accept**

Prior to inspection a laminated list of all emergency phone numbers had been attached to all resident bed-side phones and outside line phones. The one removed from a resident's phone unbeknownst to staff has been replaced. See attached photo. We will educate all residents, family members, POA's and visitors that it is a State requirement to have emergency numbers posted near each phone with an outside line and advise them not to remove the information. This information will be reviewed with all new admissions by administrator. Staff is advised on hiring and will be reminded annually of requirement of emergency numbers on all phone that have an outside line. Checking for emergency numbers is on the mock state inspection check list (see attached) and will be done at a minimum monthly by the administrator and or designated staff.

Completion Date: 06/16/2021

Document Submission**Implemented**

see attached

233c - Key-Locking Devices

1. Requirements

2600.

233c - Key-Locking Devices *(continued)*

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock e its, directions for their operation shall be conspicuously posted near the device.

Description of Repeat Violation

On 6/2/21, the code to operate the keypad locking mechanism was not posted on the exterior side of the door in the garden/patio to reenter the home.

Repeat: 10/3/19

Plan of Correction

Accept

The access code was not posted on the outside garden door to prevent unexpected persons from entering the facility as a measure of security. The inspector educated the administrator that families need a way to reenter he unit from the garden without staff assistance. Therefore, the code has been posted on the exterior side of the garden door. Please see attached photo. The administrator will check at least monthly and staff will check weekly to ensure codes are posted properly.

Completion Date: *06/16/2021*

Document Submission

Implemented

see attached