

RECOMMENDATION FOR CERTIFICATE OF COMPLIANCE (RENEWALS ONLY)

INSTRUCTIONS: Regional Program Office completes form, makes two copies, keeps one copy and forwards the original and one copy to the Licensing Office. (This form is to be used for RENEWALS ONLY.)

REGION SOUTHEAST	COUNTY CHESTER
NAME AND ADDRESS OF AGENCY/FACILITY SOUTHEASTERN VETERANS' CENTER	
FACILITY E-MAIL NVETTER@PA.GOV	
ONE VETERANS' DRIVE, 4TH FLOOR	
SPRING CITY 19475	
MAILING ADDRESS OF FACILITY	
LEGAL E-MAIL RA-VA-INFO@PA.GOV	
ONE VETERANS' DRIVE	
SPRING CITY PA 19475	
TELEPHONE NO.: 610-948-2569	
NAME OF LEGAL ENTITY DEPARTMENT OF MILITARY AND VETERANS' AFFAIRS	
FEIN/SSN:	
CURRENT CERTIFICATE NUMBER 138370	TYPE OF CONTROL <input type="checkbox"/> PUBLIC <input checked="" type="checkbox"/> PRIVATE
EFFECTIVE DATE FROM 03/27/2020 TO 03/27/2021	IF PRIVATE <input type="checkbox"/> PROFIT <input checked="" type="checkbox"/> NON-PROFIT

TYPE OF FACILITY & TYPE OF SERVICE PROVIDED:	
ADULT RESIDENTIAL FACILITIES PERSONAL CARE HOMES	
DATE(S) OF INSPECTION 6/28/21 & 6/29/21	

RECOMMENDATIONS:			
<input checked="" type="checkbox"/> CERTIFICATE RECOMMENDED	TYPE <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> PROVISIONAL	IF PROVISIONAL <input type="checkbox"/> FIRST <input type="checkbox"/> SECOND <input type="checkbox"/> THIRD <input type="checkbox"/> FOURTH	
SCORE		PERIOD FROM _____ TO _____	
<input type="checkbox"/> CERTIFICATE NOT RECOMMENDED	REASON <input type="checkbox"/> DENIAL <input type="checkbox"/> NON-RENEWAL <input type="checkbox"/> REVOCATION <input type="checkbox"/> VOLUNTARY CLOSURE <input type="checkbox"/> OTHER	FIRE SAFETY APPROVAL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
LIST REGULATION CHAPTER 2600 Personal Care Home		DATE 05/19/1994	TYPE OTHER
		LICENSED CAPACITY 54	CURRENT CENSUS 33

LIST ANY RESTRICTIONS TO OCCUPANCY OR WAIVERS OF REGULATION

Mia Johnson
SIGNATURE - PERSON MAKING RECOMMENDATION

APPROVED BY

Department of Human Services
Bureau of Human Service Licensing

September 13, 2021

NANCY IATAROLA, ADMINISTRATOR
DEPARTMENT OF MILITARY AND VETERANS' AFFAIRS
ONE VETERANS' DRIVE
SPRING CITY, PA 19475

RE: SOUTHEASTERN VETERANS'
CENTER
ONE VETERANS' DRIVE, 4TH FLOOR
SPRING CITY, PA, 19475
LICENSE/COC#: 13837

Dear Ms. IATAROLA,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/28/2021, 06/29/2021 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: *SOUTHEASTERN VETERANS' CENTER* License #: *13837* License Expiration Date: *03/27/2022*
 Address: *ONE VETERANS' DRIVE, 4TH FLOOR, SPRING CITY, PA 19475*
 County: *CHESTER* Region: *SOUTHEAST*

Administrator

Name: *NANCY IATAROLA* Phone: *6109482569* Email: *NIATAROLA@PA.GOV, miajohnson@pa.gov*

Legal Entity

Name: *DEPARTMENT OF MILITARY AND VETERANS' AFFAIRS*
 Address: *ONE VETERANS' DRIVE, SPRING CITY, PA, 19475*
 Phone: *6109482569* Email: *RA-VA-INFO@PA.GOV*

Certificate(s) of Occupancy

Type: *Other* Date: *05/19/1994* Issued By: *commonwealth of Pennsylvania*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *35* Waking Staff: *26*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *06/29/2021*

Inspection Dates and Department Representative

06/28/2021 - On-Site: Charlotte Wiley
06/29/2021 - On-Site: Charlotte Wiley

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *54* Residents Served: *33*

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: *32*
 Diagnosed with Mental Illness: *9* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *2* Have Physical Disability: *0*

Inspections / Reviews

06/28/2021 - Full

Lead Inspector: *Charlotte Wiley*Follow-Up Type: *POC Submission*Follow-Up Date: *07/25/2021*

8/13/2021 - POC Submission

Lead Reviewer: *Mia Johnson*Follow-Up Type: *Document Submission*Follow-Up Date: *08/16/2021*

9/13/2021 - Document Submission

Lead Reviewer: *Mia Johnson*Follow-Up Type: *Not Required*

25b - Contract Signatures

1. Requirements

2600.

- 25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated 11/19/19, for resident 1 was not signed by the resident.

Plan of Correction

Accept

1: Resident 1 resident home contract missing signature received on 6.28.2021.

2: Audit of existing resident contract and signature review initiated by Business Office and/or designee with expected completed date of 7.31.2021.

3: New admission contracts will be audited following each new admission to SEVC Personal Care for a period of 3 months by the PCHA or designee to ensure that applicable documented signatures are recorded.

4: Audit results will be reviewed and reported in monthly QAPI meeting for 3 months.

Completion Date: 10/31/2021

Document Submission

Implemented

Attached Documents for completion of POC 1 & 2.

41e - Signed Statement

1. Requirements

2600.

- 41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

Resident 1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

Plan of Correction

Accept

1: Resident 1 documented education on resident rights and complaint procedures was completed on 6.28.2021.

2: PCHA will review and document education on resident rights and complaint procedures with residents by 7.31.2021.

3: New admission contracts, including resident rights and complaint procedures, will be audited following each admission to SEVC Personal Care for a period of 3 months by the PCHA or designee to ensure that applicable documented signatures are recorded to reflect the receipt of these documents.

4: Audit results will be reviewed and reported in monthly QAPI meeting for 3 months.

Completion Date: 10/31/2021

Document Submission

Implemented

Attached Documents for completion of POC 1 & 2.

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 6/15/21, resident 2's glucometer reading at 8:00 showed 138. However the residents Medication Administration Record (MAR) was documented as 134.

On 6/15/21, 1 round small white people, 1 small oval white pill, and 1 white capsule were observed in the medication cart.

Plan of Correction

Accept

1: Audit of medication carts will be completed by a pharmacy representative or designee weekly for 4 weeks then monthly for 2 months.

2: A 25% resident audit will be completed by PCHA or designee on glucometer readings for accuracy in transcribing weekly for 4 weeks then monthly for 2 months.

3: Audit results will be reviewed and reported in monthly QAPI meeting for 3 months

Completion Date: 10/31/2021

Document Submission

Implemented

Attached Documents for POC 1 & weekly audits for POC 2.

191 - Resident Right to Refuse

1. Requirements

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident 1, admitted 11/19/19, has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error. On 6/28/21, the home could not provide signed documentation.

Plan of Correction

Accept

1: Resident 1 documented education on the right to refuse medication was completed on 6.28.2021 and 7.15.2021.

2: PCHA will document education on resident right to refuse medication with residents by 7.31.2021.

3: New admission contracts, including resident right to refuse medications, will be audited following each admission to SEVC Personal Care for a period of 3 months by the PCHA or designee to ensure that applicable documented signatures are recorded to reflect the receipts of these documents.

4: Audit results will be reviewed and reported in monthly QAPI meeting for 3 months.

Completion Date: 10/31/2021

Document Submission

Implemented

Attached Documents for completion of POC 1 & 2.