

Department of Human Services  
Bureau of Human Service Licensing

October 12, 2021

[REDACTED], PERSONAL CARE HOME ADMINISTRATOR  
[REDACTED]  
[REDACTED]

RE: SHENANGO PRESBYTERIAN HOME  
238 SOUTH MARKET STREET  
NEW WILMINGTON, PA, 16142  
LICENSE/COC#: 44034

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/10/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
[REDACTED]

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: *SHENANGO PRESBYTERIAN HOME* License #: *44034* License Expiration Date: *11/03/2021*  
Address: *238 SOUTH MARKET STREET, NEW WILMINGTON, PA 16142*  
County: *LAWRENCE* Region: *WESTERN*

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

[REDACTED]

**Certificate(s) of Occupancy**

Type: *C-1* Date: *11/10/1981* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *57* Waking Staff: *43*

**Inspection**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *08/10/2021*

**Inspection Dates and Department Representative**

08/10/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *46* Residents Served: *34*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Memory Care* Capacity: *14* Residents Served: *13*

**Hospice**

Current Residents: *4*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *34*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *23* Have Physical Disability: *0*

**Inspections / Reviews**

**08/10/2021 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/19/2021*

Inspections / Reviews (*continued*)

## 9/21/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *09/23/2021*

## 10/4/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *10/08/2021*

## 10/12/2021 - 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

The Care Facility Carbon Monoxide Alarms Standards Act, enacted 6/23/2016, requires carbon monoxide alarms to be "installed in close proximity of, but not less than 15 feet from, any fossil fuel device or appliance." There are no carbon monoxide alarms near the 2 commercial gas dryers in the laundry room.

Plan of Correction

Accept

- 1. A carbon monoxide alarm was purchased from Grainger on 08/20/2021 and installed on 08/23/2021 (see attached invoice #9028906171 and attached visuals).
- 2. Routine safety checks are conducted to ensure compliance as well as monthly safety committee meetings.

Completion Date: 08/23/2021

Document Submission

Implemented

- 18-Compliance with Laws
- Please see Attachment 1
- Please see Attachment 2
- Please see Attachment 3

103f - Refrigerator/Freezer Temps

1. Requirements

2600.

- 103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

At 10:30 a.m., the temperature in the reach in freezer was 10 degrees Fahrenheit and at 2:55 p.m., it was 6 degrees Fahrenheit.

In addition, at 10:35 a.m., the temperature in the pie freezer was 4 degrees Fahrenheit.

There was no thermometer in the ice cream freezer in "The Grill" kitchen.

There was no thermometer in the black refrigerator in the SDCU kitchen.

103f - Refrigerator/Freezer Temps (continued)

Plan of Correction

Accept

Immediate Action(s) Taken:

- 1. The refrigeration repair company called 08/10/2021, and serviced the pie freezer and the reach in freezer the same day.
- 2. A thermometer was placed in the ice cream freezer in "The Grill" kitchen on 08/10/2021. This was corrected on site prior to the inspector leaving the facility.
- 3. A thermometer was placed in the black refrigerator in the SDCU on 08/10/2021. This was also corrected on site prior to the inspector leaving the facility.

We will prevent this from happening in the future by retraining staff and conducting routine cooler temperature and thermometer placement checks.

The detailed steps to preventing the violation from occurring in the future:

- 1. Atom-matic Refrigeration, Inc. assessed and adjusted the pre-programmed electronic thermostats to the proper temperatures. Also, freezer was checked for proper operation and adjustments were made as necessary (see invoice # 54897).
- 2. Staff retrained on reporting any missing and/or broken thermometers to their direct supervisor. Missing and/or broken thermometers to be replaced with new ones.

Completion Date: 08/10/2021

Document Submission

Implemented

- 103f Refrigerator/Freezer Temps
- See Attachment 4
- See Attachment 5
- See Attachment 6

103g - Storing Food

1. Requirements

- 2600.
- 103.g. Food shall be stored in closed or sealed containers.

Description of Violation

- The following food was opened and unsealed:
- 1/2 full bag of Scandinavian Vegetable blend in the reach in freezer
  - 1 waffle in a bag in the reach in freezer
  - Full container of icing in the pie freezer
  - 1/5 full 1 pound bag of tortilla chips in the pantry
  - 1/2 full 1 pound bag of potato chips in the pantry
  - Full 10 pound bag of fettucine in the pantry
  - (2) full bags sliced bread in "The Grill" kitchen

103g - Storing Food (continued)

Plan of Correction

Accept

Immediate Action(s) Taken:

1. The half full bag of Scandinavian Vegetable blend in the reach in freezer was discarded on site prior to the inspector leaving the facility on 08/10/2021.
2. The single waffle in a bag in the reach in freezer was discarded on site prior to the inspector leaving the facility on 08/10/2021.
3. The full container of icing in the pie freezer was discarded on site prior to the inspector leaving the facility on 08/10/2021.
4. The 1/5 full 1 pound bag of tortilla chips in the pantry was discarded on site prior to the inspector leaving the facility on 08/10/2021.
5. The 1/2 full 1 pound bag of potato chips in the pantry was discarded on site prior to the inspector leaving the facility on 08/10/2021.
6. The full 10 pound bag of fettucine in the pantry was discarded on site prior to the inspector leaving the facility on 08/10/2021.
7. The (2) full bags sliced bread in "The Grill" kitchen were resealed by a staff member during the inspection on 08/10/2021 and was witnessed by the DHS inspector.

We will prevent this from happening in the future by retraining staff and using the proper equipment/supplies to label frozen items.

The detailed steps to preventing the violation from occurring in the future:

1. Dining Services staff retrained on proper food storage including labeling, sealing, and dating on 08/11/2021 with a follow-up training on 09/17/2021.
2. Daymark machine with labels purchased for freezer use. Labels adhere better to frozen products thus preventing labels from falling off.

Completion Date: 08/11/2021

Document Submission

Implemented

103g Storing Food  
See Attachment 7

183e - Storing Medications

1. Requirements

2600.

- 183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident #1's current [REDACTED] was opened but not marked with the date it was opened. According to the manufacturer's instructions, the medication must be discarded 28 days after the first date used.

183e - Storing Medications (continued)

**Plan of Correction**

**Accept**

*Immediate Action Taken: The [redacted] pen was opened and not marked/dated. The pen was disposed of on site during the inspection on 08/10/2021, and was witnessed by the DHS inspector.*

*We will prevent this from happening in the future by immediately marking/dating all [redacted] when they are opened and discarding the medication 28 days after the first date used per the manufacturer's instructions.*

*The detailed steps to preventing the violation from occurring in the future:*

- 1. Med-Techs and LPNs retrained on proper date marking of insulin pens in accordance with the manufacturer's instructions.*
- 2. Med-Techs and LPNs instructed to check all [redacted] for dates at the beginning of their shifts.*

*Completion Date: 08/12/2021*

**Document Submission**

**Implemented**

*183e Storing Medications  
See Attachment 8*

233c - Key-Locking Devices

**1. Requirements**

2600.

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

**Description of Violation**

*The directions for operating the home's locking mechanism are not conspicuously posted near the door to the Secure Dementia Care Unit (SDCU). The code was on an approximate 1 inch long by 1/2 inch height piece of paper that was posted on the upper right corner of a bulletin board approximately 5 feet away from the door and was not viewable when at the door.*

**Plan of Correction**

**Accept**

- 1. Code for operating the SDCU locking mechanism moved from a distant bulletin board to a conspicuous location under the keypad on 08/12/2021 (See visual attachment).*
- 2. Staff education provided with instruction on the operation of the electronic device. Orientation to instruction on keypad use and location of exit codes included in the new hire onboarding process.*

*Completion Date: 08/12/2021*

**Document Submission**

**Implemented**

*233c Key Locking Devices  
See Attachment 9  
See Attachment 10  
See Attachment 11  
See Attachment 12*