

Department of Human Services  
Bureau of Human Service Licensing

July 13, 2022

[REDACTED] 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 [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/13/2022, 06/14/2022 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: *ELIZABETH SETON MEMORY CARE CENTER* License #: *44577* License Expiration: *09/14/2022*  
Address: *129 DEPAUL CENTER ROAD, GREENSBURG, PA 15601*  
County: *WESTMORELAND* Region: *WESTERN*

**Administrator**

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

**Legal Entity**

Name: *ELIZABETH SETON CARE CENTER*  
Address: *129 DEPAUL CENTER ROAD, GREENSBURG, PA, 15601*  
Phone: *7248537948* Email: *jlong@scsh.org*

**Certificate(s) of Occupancy**

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

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *24* Waking Staff: *18*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *06/14/2022*

**Inspection Dates and Department Representative**

06/13/2022 - On-Site: [REDACTED]  
06/14/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *24* Residents Served: *12*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Entire facility* Capacity: *24* Residents Served: *12*

**Hospice**

Current Residents: *8*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *12*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *12* Have Physical Disability: *1*

**Inspections / Reviews**

**06/13/2022 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/01/2022*

Inspections / Reviews (*continued*)

## 07/05/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *07/11/2022*

## 07/11/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *07/18/2022*

## 07/13/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 17 - Record Confidentiality

### 1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

#### Description of Violation

*On 6/13/22, the privacy coding document, which included the name of resident #2, was attached to the licensing inspection summary, dated 6/2/21 and posted in the home's dining room. Also, the privacy coding document, which included the name of resident #1, was attached to the licensing inspection summary, dated 10/3/19, and was posted in the home's dining room.*

#### Plan of Correction

**Accept**

*On 6/14/2022 Interim Administrator removed name of resident #2 found in licensing inspection summary dated 6/2/21, which was posted in the home's dining room. On 6/14/2022 Interim Administrator removed the entire licensing inspection summary dated 10/3/19 from the public folder.*

*Going forward, the Administrator and Resident Care Director will ensure that all confidential resident information is removed from any files required to be posted for public review. All resident records will be kept confidential and only accessible to the resident or those persons entitled to the information in accordance with Department guidelines.*

**Completion Date:** 06/14/2022

#### Document Submission

**Implemented**

*On 6/14/2022 Interim Administrator removed name of resident #2 found in licensing inspection summary dated 6/2/21, which was posted in the home's dining room. On 6/14/2022 Interim Administrator removed the entire licensing inspection summary dated 10/3/19 from the public folder.*

*Going forward, the Administrator and Resident Care Director will ensure that all confidential resident information is removed from any files required to be posted for public review. All resident records will be kept confidential and only accessible to the resident or those persons entitled to the information in accordance with Department guidelines.*

## 132a - Monthly Fire Drill

### 1. Requirements

2600.

- 132.a. An unannounced fire drill shall be held at least once a month.

#### Description of Violation

*No fire drills were conducted in January, 2022 or February, 2022.*

#### Plan of Correction

**Accept**

*January and February 2022 fire drills were not conducted by the previous Administrator.*

*On 6/16/22 Interim ESMCC Administrator contacted Caritas Christi Administrator and scheduled a 3rd shift fire drill which was conducted 6/20/22--documentation will follow. ESMCC Administrator will maintain regular contact with the Caritas Christi Administrator to schedule and conduct monthly fire drills.*

*The Administrator and Resident Care Director will work in coordination with the Administrator of Caritas Christi Building to ensure that unannounced fire drills are held at a minimum of once per month, including an observed fire drill and an observed complete evacuation fire drill. Our fire drills will include a nighttime fire drill at least once*

**132a - Monthly Fire Drill (continued)**

every 6 months.

*The Administrator is responsible to conduct monthly fire drills. To ensure monthly fire drills are conducted, a month-by-month log has been developed to be used for each fire drill and will be initialed by the Administrator following each fire drill. A monthly fire drill reminder has been entered into the Administrator's calendar on the first day of each month.*

*On 7/5/22, the Interim Administrator read and studied Fire Drill regulations 132a-132J and placed copy of these regulations in the unit's Fire Drill Binder.*

**Completion Date:** 07/05/2022

**Document Submission**

**Implemented**

*January and February 2022 fire drills were not conducted by the previous Administrator.*

*On 6/16/22 Interim ESMCC Administrator contacted Caritas Christi Administrator and scheduled a 3rd shift fire drill which was conducted 6/20/22--documentation will follow. ESMCC Administrator will maintain regular contact with the Caritas Christi Administrator to schedule and conduct monthly fire drills.*

*The Administrator and Resident Care Director will work in coordination with the Administrator of Caritas Christi Building to ensure that unannounced fire drills are held at a minimum of once per month, including an observed fire drill and an observed complete evacuation fire drill. Our fire drills will include a nighttime fire drill at least once every 6 months.*

*The Administrator is responsible to conduct monthly fire drills. To ensure monthly fire drills are conducted, a month-by-month log has been developed to be used for each fire drill and will be initialed by the Administrator following each fire drill. A monthly fire drill reminder has been entered into the Administrator's calendar on the first day of each month.*

*On 7/5/22, the Interim Administrator read and studied Fire Drill regulations 132a-132J and placed copy of these regulations in the unit's Fire Drill Binder.*

**132c - Fire Drill Records**

**1. Requirements**

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

**Description of Violation**

*The fire drill record for the fire drill conducted on 5/25/22 at 3:57pm does not include the exit routes used.*

*The fire drill record for the fire drill conducted on 12/8/21 at 1:00 does not include if the fire drill was conducted in the am or pm, the amount of time it took for evacuation in minutes and seconds, the exit routes used, the number of residents in the home at the time of the drill, the number of residents evacuated or the number of staff persons participating.*

132c - Fire Drill Records (*continued*)**Plan of Correction****Accept**

On 6/20/22 the Interim Administrator placed a copy of Regulation #132.c in the home's Fire Drill file, highlighting the required information.

The Administrator and Resident Care Director will review all fire drill reports to ensure they are completed accurately. Included will be, the date & time of the drill, the amount of time it took for evacuation, the exit route used, number of residents in the home and the number of residents evacuated. We will note the number of staff persons participating, any problems encountered and if the smoke detector or fire alarm is operational.

The Administrator is responsible to conduct monthly fire drills. On 7/5/22 the Interim Administrator reviewed Regulations 2600.132c, copied and placed into fire drill binder. After each monthly fire drill is conducted, the Administrator and Resident Care Director will review the fire drill report for completeness and accuracy.

**Completion Date:** 07/05/2022

**Document Submission****Implemented**

On 6/20/22 the Interim Administrator placed a copy of Regulation #132.c in the home's Fire Drill file, highlighting the required information.

The Administrator and Resident Care Director will review all fire drill reports to ensure they are completed accurately. Included will be, the date & time of the drill, the amount of time it took for evacuation, the exit route used, number of residents in the home and the number of residents evacuated. We will note the number of staff persons participating, any problems encountered and if the smoke detector or fire alarm is operational.

The Administrator is responsible to conduct monthly fire drills. On 7/5/22 the Interim Administrator reviewed Regulations 2600.132c, copied and placed into fire drill binder. After each monthly fire drill is conducted, the Administrator and Resident Care Director will review the fire drill report for completeness and accuracy.

## 141a - Medical Evaluation

**1. Requirements**

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

**Description of Violation**

Resident #3's medical evaluation, dated [REDACTED] indicates "see attached list" under the medication addendum section; however, nothing is attached to the resident's medical evaluation. Resident #3 is prescribed numerous medications, to include [REDACTED]

**Plan of Correction****Directed**

On 6/20/22 Interim Administrator reattached the medication addendum to Resident #3's medical evaluation.

The Administrator and Resident Care Director will audit resident files to ensure the medical evaluation has been completed correctly and that any noted attachments are attached.

Resident file audit was completed 6/24/22.

141a - Medical Evaluation (continued)

The DME is included on the Admission Checklist and will be initialed by the RCD or ARCD when file is audited after each admission to make sure the DME is completed correctly and includes any noted attachments. (DIRECTED: Within 7 calendar days of receipt of the plan of correction: The RCD and ARCD shall be educated on completing the new admission checklist, which includes initialing the checklist once the resident's medical evaluation has been completed and reviewed for accuracy and completeness. Documentation of the education shall be kept. Copies of the completed new admission checklist shall be kept in each resident's record. [REDACTED] 7/11/22).

Completion Date: 07/06/2022

Document Submission

Implemented

On 6/20/22 Interim Administrator reattached the medication addendum to Resident #3's medical evaluation. The Administrator and Resident Care Director will audit resident files to ensure the medical evaluation has been completed correctly and that any noted attachments are attached.

Resident file audit was completed 6/24/22.

The DME is included on the Admission Checklist and will be initialed by the RCD or ARCD when file is audited after each admission to make sure the DME is completed correctly and includes any noted attachments. (DIRECTED: Within 7 calendar days of receipt of the plan of correction: The RCD and ARCD shall be educated on completing the new admission checklist, which includes initialing the checklist once the resident's medical evaluation has been completed and reviewed for accuracy and completeness. Documentation of the education shall be kept. Copies of the completed new admission checklist shall be kept in each resident's record. [REDACTED] 7/11/22).

231b - Medical Evaluation

1. Requirements

2600.

231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident #3 was admitted to the secured dementia care unit (SDCU) on [REDACTED] however, resident #3's medical evaluation, dated [REDACTED] does not include the need for the resident to be served in the home's SDCU.

Resident #4 was admitted to the SDCU on [REDACTED]; however, resident # 4's medical evaluation, dated [REDACTED] does not include the need for the resident to be served in the home's SDCU.

Plan of Correction

Directed

On 6/22/22, the interim Administrator requested subsequent medical evaluations for residents #3 and #4. These completed and accurate evaluations will be included in the appropriate resident's file. DMEs for all admissions will be reviewed for accuracy by Resident Care Director and the Assistant Resident Care Director.

A Medical Evaluation was completed for resident #3 on [REDACTED] and resident #4 on [REDACTED]

All resident files were reviewed for accuracy and completeness on 6/24/22.

The person completing the admission documents will initial the admission checklist to indicate all required documents are included and complete. The completed file will be reviewed by either the RCD or ARCD after each

231b - Medical Evaluation (continued)

admission. (DIRECTED: Within 7 calendar days of receipt of the plan of correction: The RCD and ARCD shall be educated on completing the new admission checklist, which includes initialing the checklist once the resident's medical evaluation has been completed and reviewed for accuracy and completeness. Documentation of the education shall be kept. Copies of the completed new admission checklist shall be kept in each resident's record. LM 7/11/22).

Completion Date: 07/06/2022

Document Submission

Implemented

On 6/22/22, the interim Administrator requested subsequent medical evaluations for residents #3 and #4.

These completed and accurate evaluations will be included in the appropriate resident's file.

DMEs for all admissions will be reviewed for accuracy by Resident Care Director and the Assistant Resident Care Director.

A Medical Evaluation was completed for resident #3 on [REDACTED] and resident #4 on [REDACTED]

All resident files were reviewed for accuracy and completeness on 6/24/22.

The person completing the admission documents will initial the admission checklist to indicate all required documents are included and complete. The completed file will be reviewed by either the RCD or ARCD after each admission. (DIRECTED: Within 7 calendar days of receipt of the plan of correction: The RCD and ARCD shall be educated on completing the new admission checklist, which includes initialing the checklist once the resident's medical evaluation has been completed and reviewed for accuracy and completeness. Documentation of the education shall be kept. Copies of the completed new admission checklist shall be kept in each resident's record. [REDACTED] 7/11/22).