



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Emailing Date: August 20, 2022

Presbyterian Senior Care, Inc.
880 South Main Street
Washington, Pennsylvania 15301

RE: Southminster Place
Certificate #: 415930

Dear Presbyterian Senior Care, Inc.:

As the result of your home's recent request to adjust the use of the physical space, the Department has granted an approval for a revised license issued under the authority of 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). The approved capacity revision request is for the conversion of 20 secured dementia care unit beds to personal care beds. The capacity remains at 90 beds. The expiration date of the license remains unchanged.

Any future requests for changes in capacity should be forwarded to the Department for review and consideration in accordance with the applicable regulations. The revised license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Jamie F. Buchenauer".

Jamie Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosure
License

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: *SOUTHMINSTER PLACE* License #: *41593* License Expiration: *06/24/2023*
Address: *880 SOUTH MAIN STREET, WASHINGTON, PA 15301*
County: *WASHINGTON* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: *724.223.5756* Email: [REDACTED]

Legal Entity

Name: *PRESBYTERIAN SENIOR CARE INC*
Address: *880 SOUTH MAIN STREET, WASHINGTON, PA, 15301*
Phone: *7242235756* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *1-2* Date: *08/08/2022* Issued By: *Township of Strabane*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *63* Waking Staff: *47*

Inspection Information

Type: *Partial* Notice: *Announced* BHA Docket #:
Reason: *Interim* Exit Conference Date: *08/04/2022*

Inspection Dates and Department Representative

08/04/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *90* Residents Served: *55*

Secured Dementia Care Unit

In Home: *Yes* Area: *1st Floor* Capacity: *20* Residents Served: *0*

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *55*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *8* Have Physical Disability: *0*

Inspections / Reviews

08/04/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/21/2022*

08/15/2022 - POC Submission

Inspections / Reviews *(continued)*

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/19/2022*

08/15/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *08/19/2022*

08/16/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

85a - Sanitary Conditions

1. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

At 10:41 a.m., there were no paper towels, hand dryer or other sanitary means to dry hands present in the common bathroom near bedroom #131.

No paper towels, hand dryer or other sanitary means to dry hands were present in the remodeled bathrooms, to include the bathrooms in bedrooms #102, #106, #125, and #131.

Plan of Correction

Directed

Upon notification of the violation, housekeeping was called to the first floor to stock the bathrooms with hand towels, consistent with the practice for the rest of the house. Hand towels were placed in all ten units, which includes rooms 102, 106, 125, and 131 noted in the violation. For the common bathroom near room 131, maintenance was called to install an automatic paper towel dispenser and housekeeping followed up to install the paper towels. This task was completed on August 5, 2022. To prevent recurrence, staff involved in the opening of the new neighborhood were educated on the components of 2600.85.a. The administrator/designee will complete audits of the ten units daily x 5, weekly x 4, and monthly x 3 to ensure consistency with this requirement. Results of the audits will be presented to the QAPI team for further recommendation. (DIRECTED: The audits shall also include an inspection of all common restrooms. LM 8/15/22)

Completion Date: 08/12/2022

Document Submission

Implemented

Upon notification of the violation, housekeeping was called to the first floor to stock the bathrooms with hand towels, consistent with the practice for the rest of the house. Hand towels were placed in all ten units, which includes rooms 102, 106, 125, and 131 noted in the violation. For the common bathroom near room 131, maintenance was called to install an automatic paper towel dispenser and housekeeping followed up to install the paper towels. This task was completed on August 5, 2022. To prevent recurrence, staff involved in the opening of the new neighborhood were educated on the components of 2600.85.a. The administrator/designee will complete audits of the ten units daily x 5, weekly x 4, and monthly x 3 to ensure consistency with this requirement. Results of the audits will be presented to the QAPI team for further recommendation. (DIRECTED: The audits shall also include an inspection of all common restrooms. LM 8/15/22)

101j2 - Bedroom Chairs

1. Requirements

2600.
101.j. Each resident shall have the following in the bedroom:
2. A chair for each resident that meets the resident's needs.

Description of Violation

No chairs were present in the remodeled bedrooms, to include bedrooms #102, #106, #125, and #131.

101j2 - Bedroom Chairs (continued)

Plan of Correction

Accept

Upon notification of the violation, the administrator began working with the sales advisor to communicate with incoming residents and/or responsible parties to identify the furniture being delivered and ensure that their preferences were respected while also ensuring the facility provided all required components to them, free of charge, if not already present. The resident and/or responsible party for rooms 102, 125, and 131 have all had their furniture delivered, which includes a chair that meets the resident's needs. The furniture for room 106 has yet to be delivered, but in speaking with the family, a chair that meets the resident's needs is included in what they have ready to be delivered.

On August 12, 2022, the administrator completed an inventory of facility storage to ensure the facility has sufficient chairs, that will meet the resident needs, for all residents and will provide them free of charge unless the resident or family choose that they prefer to utilize their own.

To prevent recurrence, the staff involved in opening the new neighborhood were educated on the components of 2600.101.j.2. The administrator/designee will complete audits of the ten units daily x 5, weekly x 4, and monthly x 3 to ensure consistency with this requirement. Results of the audits will be presented to the QAPI team for further recommendation.

Completion Date: 08/12/2022

Document Submission

Implemented

Upon notification of the violation, the administrator began working with the sales advisor to communicate with incoming residents and/or responsible parties to identify the furniture being delivered and ensure that their preferences were respected while also ensuring the facility provided all required components to them, free of charge, if not already present. The resident and/or responsible party for rooms 102, 125, and 131 have all had their furniture delivered, which includes a chair that meets the resident's needs. The furniture for room 106 has yet to be delivered, but in speaking with the family, a chair that meets the resident's needs is included in what they have ready to be delivered.

On August 12, 2022, the administrator completed an inventory of facility storage to ensure the facility has sufficient chairs, that will meet the resident needs, for all residents and will provide them free of charge unless the resident or family choose that they prefer to utilize their own.

To prevent recurrence, the staff involved in opening the new neighborhood were educated on the components of 2600.101.j.2. The administrator/designee will complete audits of the ten units daily x 5, weekly x 4, and monthly x 3 to ensure consistency with this requirement. Results of the audits will be presented to the QAPI team for further recommendation.

101j5 - Bedside Table/Shelf

1. Requirements

- 2600.
- 101.j. Each resident shall have the following in the bedroom:
 - 5. A bedside table or a shelf.

Description of Violation

No bedside table or shelf were present in the remodeled bedrooms, to include bedrooms #102, #106, #125, and #131.

Plan of Correction

Accept

Upon notification of the violation, the administrator began working with the sales advisor to communicate with incoming residents and/or responsible parties to identify the furniture being delivered and ensure that their

101j5 - Bedside Table/Shelf (continued)

preferences were respected while also ensuring the facility provided all required components to them, free of charge, if not already present. The resident and/or responsible party for rooms 102, 125, and 131 have all had their furniture delivered, which includes a bedside table that meets the resident's needs. The furniture for room 106 has yet to be delivered, but in speaking with the family, a bedside table that meets the resident's needs is included in what they have ready to be delivered.

On August 12, 2022, the administrator completed an inventory of facility storage to ensure the facility has sufficient bedside tables, that will meet the resident needs, for all residents and will provide them free of charge unless the resident or family choose that they prefer to utilize their own.

To prevent recurrence, the staff involved in opening the new neighborhood were educated on the components of 2600.101.j.5. The administrator/designee will complete audits of the ten units daily x 5, weekly x 4, and monthly x 3 to ensure consistency with this requirement. Results of the audits will be presented to the QAPI team for further recommendation.

Completion Date: 08/12/2022

Document Submission**Implemented**

Upon notification of the violation, the administrator began working with the sales advisor to communicate with incoming residents and/or responsible parties to identify the furniture being delivered and ensure that their preferences were respected while also ensuring the facility provided all required components to them, free of charge, if not already present. The resident and/or responsible party for rooms 102, 125, and 131 have all had their furniture delivered, which includes a bedside table that meets the resident's needs. The furniture for room 106 has yet to be delivered, but in speaking with the family, a bedside table that meets the resident's needs is included in what they have ready to be delivered.

On August 12, 2022, the administrator completed an inventory of facility storage to ensure the facility has sufficient bedside tables, that will meet the resident needs, for all residents and will provide them free of charge unless the resident or family choose that they prefer to utilize their own.

To prevent recurrence, the staff involved in opening the new neighborhood were educated on the components of 2600.101.j.5. The administrator/designee will complete audits of the ten units daily x 5, weekly x 4, and monthly x 3 to ensure consistency with this requirement. Results of the audits will be presented to the QAPI team for further recommendation.

101j7 - Lighting/Operable Lamp**1. Requirements**

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

No operable lamps were present in the remodeled bedrooms, to include bedrooms #102, #106, #125, and #131.

REPEAT VIOLATION: 06/29/2022, et.al.

Plan of Correction**Accept**

Upon notification of the violation, the administrator began working with the sales advisor to communicate with incoming residents and/or responsible parties to identify the furniture being delivered and ensure that their preferences were respected while also ensuring the facility provided all required components to them, free of charge, if not already present. The resident and/or responsible party for rooms 102, 125, and 131 have all had their furniture delivered, which includes at least one bedside lamp. The furniture for room 106 has yet to be delivered, but in

101j7 - Lighting/Operable Lamp (continued)

speaking with the family, a bedside lamp is included in what they have ready to be delivered.

On August 12, 2022, the administrator completed an inventory of facility storage to ensure the facility has sufficient lamps, that will meet the resident needs, for all residents and will provide them free of charge unless the resident or family choose that they prefer to utilize their own.

To prevent recurrence, the staff involved in opening the new neighborhood were educated on the components of 2600.101.j.7. The administrator/designee will complete audits of the ten units daily x 5, weekly x 4, and monthly x 3 to ensure consistency with this requirement. Results of the audits will be presented to the QAPI team for further recommendation.

Completion Date: 08/12/2022

Document Submission**Implemented**

Upon notification of the violation, the administrator began working with the sales advisor to communicate with incoming residents and/or responsible parties to identify the furniture being delivered and ensure that their preferences were respected while also ensuring the facility provided all required components to them, free of charge, if not already present. The resident and/or responsible party for rooms 102, 125, and 131 have all had their furniture delivered, which includes at least one bedside lamp. The furniture for room 106 has yet to be delivered, but in speaking with the family, a bedside lamp is included in what they have ready to be delivered.

On August 12, 2022, the administrator completed an inventory of facility storage to ensure the facility has sufficient lamps, that will meet the resident needs, for all residents and will provide them free of charge unless the resident or family choose that they prefer to utilize their own.

To prevent recurrence, the staff involved in opening the new neighborhood were educated on the components of 2600.101.j.7. The administrator/designee will complete audits of the ten units daily x 5, weekly x 4, and monthly x 3 to ensure consistency with this requirement. Results of the audits will be presented to the QAPI team for further recommendation.

101r - Bedroom - shades/drapes/window covering**1. Requirements**

2600.

101.r. There must be drapes, shades, curtains, blinds or shutters on the bedroom windows. Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

Description of Violation

No drapes, shades, curtains, blinds or shutters were present on the windows in the remodeled bedrooms, to include bedrooms #102, #106, #125, and #131.

Plan of Correction**Accept**

At the time of the inspection, custom blinds that had been ordered had a shipping delay, resulting in the installer only being able to install the brackets. After receiving the shipment on Monday, August 8th, 2022, the installer worked to complete the project. On Tuesday, August 9, 2022, the administrator rounded the neighborhood to ensure that the custom blinds were in place for all ten units, which includes rooms 102, 106, 125, and 131 noted in the deficiency. Staff involved in the opening of the first floor neighborhood were educated on the components of 2600.101.r. The administrator/designee will complete monthly audits of the ten units times three months, ensuring the custom blinds are present and fully-functioning as intended. Results of the audits will be forwarded to the QAPI team for further recommendations.

Completion Date: 08/12/2022

101r - Bedroom - shades/drapes/window covering (continued)

Document Submission**Implemented**

At the time of the inspection, custom blinds that had been ordered had a shipping delay, resulting in the installer only being able to install the brackets. After receiving the shipment on Monday, August 8th, 2022, the installer worked to complete the project. On Tuesday, August 9, 2022, the administrator rounded the neighborhood to ensure that the custom blinds were in place for all ten units, which includes rooms 102, 106, 125, and 131 noted in the deficiency. Staff involved in the opening of the first floor neighborhood were educated on the components of 2600.101.r. The administrator/designee will complete monthly audits of the ten units times three months, ensuring the custom blinds are present and fully-functioning as intended. Results of the audits will be forwarded to the QAPI team for further recommendations.

102h - Toilet Paper

1. Requirements

2600.

102.h. Toilet paper shall be provided for every toilet.

Description of Violation

No toilet paper was present at the toilets in the remodeled bathrooms, to include the bathrooms in bedrooms #102, #106, #125, and #131.

Plan of Correction**Accept**

Upon notification of the violation, housekeeping was called to the first floor to stock the bathrooms with toilet paper, consistent with the practice for the rest of the house. Toilet paper rolls were placed in all bathrooms of all ten units, which includes rooms 102, 106, 125, and 131 noted in the deficiency. To prevent recurrence, staff involved in the opening of the new neighborhood were educated on the components of 2600.102.h. The administrator/designee will complete audits of the ten units daily x 5, weekly x 4, and monthly x 3 to ensure consistency with this requirement. Results of the audits will be presented to the QAPI team for further recommendation.

Completion Date: 08/12/2022

Document Submission**Implemented**

Upon notification of the violation, housekeeping was called to the first floor to stock the bathrooms with toilet paper, consistent with the practice for the rest of the house. Toilet paper rolls were placed in all bathrooms of all ten units, which includes rooms 102, 106, 125, and 131 noted in the deficiency. To prevent recurrence, staff involved in the opening of the new neighborhood were educated on the components of 2600.102.h. The administrator/designee will complete audits of the ten units daily x 5, weekly x 4, and monthly x 3 to ensure consistency with this requirement. Results of the audits will be presented to the QAPI team for further recommendation.

102i - Soap Dispenser

1. Requirements

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

At 10:41 a.m., no soap was present in the common bathroom near bedroom #131.

102i - Soap Dispenser (continued)

No soap was present in the remodeled bathrooms, to include the bathrooms in bedrooms #102, #106, #125, and #131.

Plan of Correction**Directed**

Upon notification of the violation, the administrator obtained individual soap dispensers for all ten rooms and placed them in the bathrooms of all ten units, including rooms 102, 106, 125, and 131 noted in the deficiency. The soap dispensers were placed on the sink counter right next to the faucets. For the common bathroom near room 131, maintenance was called to install an automatic liquid soap dispenser and housekeeping followed up to install the paper towels. This task was completed on August 5, 2022. To prevent recurrence, staff involved in the opening of the new neighborhood were educated on the components of 2600.102.i. The administrator/designee will complete audits of the ten units daily x 5, weekly x 4, and monthly x 3 to ensure consistency with this requirement. Results of the audits will be presented to the QAPI team for further recommendation. (DIRECTED: The audits shall also include an inspection of all common restrooms. LM 8/15/22)

Completion Date: 08/12/2022

Document Submission**Implemented**

Upon notification of the violation, the administrator obtained individual soap dispensers for all ten rooms and placed them in the bathrooms of all ten units, including rooms 102, 106, 125, and 131 noted in the deficiency. The soap dispensers were placed on the sink counter right next to the faucets. For the common bathroom near room 131, maintenance was called to install an automatic liquid soap dispenser and housekeeping followed up to install the paper towels. This task was completed on August 5, 2022. To prevent recurrence, staff involved in the opening of the new neighborhood were educated on the components of 2600.102.i. The administrator/designee will complete audits of the ten units daily x 5, weekly x 4, and monthly x 3 to ensure consistency with this requirement. Results of the audits will be presented to the QAPI team for further recommendation. (DIRECTED: The audits shall also include an inspection of all common restrooms. LM 8/15/22)

102j - Towels/Wash Cloths Access**1. Requirements**

2600.

102.j. Towels and washcloths shall be in the possession of the resident in the resident's living space unless the resident has access to the home's linen supply.

Description of Violation

No towels were present in the remodeled bathrooms, to include the bathrooms in bedrooms #102, #106, #125, and #131.

Plan of Correction**Accept**

Upon notification of the violation, housekeeping was called to the first floor to stock the bathrooms with towels and wash cloths, consistent with the practice for the rest of the house. Towels and wash cloths were placed in all ten units, which includes rooms 102, 106, 125, and 131. In addition, residents on the first floor will have access to the home's linen supply as per the design of the neighborhood. To prevent recurrence, staff involved in the opening of the new neighborhood were educated on the components of 2600.102.j. The administrator/designee will complete audits of the ten units daily x 5, weekly x 4, and monthly x 3 to ensure consistency with this requirement. Results of the audits will be presented to the QAPI team for further recommendation.

Completion Date: 08/12/2022

Document Submission**Implemented**

Upon notification of the violation, housekeeping was called to the first floor to stock the bathrooms with towels and

102j - Towels/Wash Cloths Access (continued)

wash cloths, consistent with the practice for the rest of the house. Towels and wash cloths were placed in all ten units, which includes rooms 102, 106, 125, and 131. In addition, residents on the first floor will have access to the home's linen supply as per the design of the neighborhood. To prevent recurrence, staff involved in the opening of the new neighborhood were educated on the components of 2600.102.j. The administrator/designee will complete audits of the ten units daily x 5, weekly x 4, and monthly x 3 to ensure consistency with this requirement. Results of the audits will be presented to the QAPI team for further recommendation.

131f - Fire Extinguisher Inspection

1. Requirements

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

Numerous fire extinguishers in the home have not been inspected by a fire safety expert since July, 2021 to include the following areas:

- Living room area near bedroom #131
- 1st floor hallway near the beauty salon
- Main kitchen

Plan of Correction

Accept

Upon notification of the violation, the administrator contacted the campus Director of Building Services to inquire about the status of the annual fire extinguisher inspections. The administrator was informed at that time that the annual inspection had been scheduled more than a month prior to the due date, but Fire Fighters Co. could not come out until Tuesday, August 9th, 2022 due to backups from Covid restrictions, staffing, etc. After lodging a complaint with the company in regard to letting the annual timeframe lapse, Fire Fighters came out on Monday, August 8, 2022 and completed the annual inspection of all of the home's fire extinguishers. In order to prevent recurrence, the Campus Director of Building Services requested that Fire Fighters Co. place Southminster Place on their preventative maintenance calendar in advance of all the required inspections. In addition, the Campus Director of Building Services added the annual inspections of the fire extinguishers to the home's electronic preventative maintenance system, so that it will trigger well in advance for completion. As a triple check, the administrator added the annual inspections of fire extinguishers to the home's survey binder. The staff involved in the opening of the first floor neighborhood were educated on the components of 2600.131.f. The administrator/designee will audit required inspections for the community monthly times 6 to ensure compliance in this area. Results of the audits will be forwarded to the QAPI team for further recommendations.

Completion Date: 08/12/2022

Document Submission

Implemented

Upon notification of the violation, the administrator contacted the campus Director of Building Services to inquire about the status of the annual fire extinguisher inspections. The administrator was informed at that time that the annual inspection had been scheduled more than a month prior to the due date, but Fire Fighters Co. could not come out until Tuesday, August 9th, 2022 due to backups from Covid restrictions, staffing, etc. After lodging a complaint with the company in regard to letting the annual timeframe lapse, Fire Fighters came out on Monday, August 8, 2022 and completed the annual inspection of all of the home's fire extinguishers. In order to prevent recurrence,

131f - Fire Extinguisher Inspection (continued)

the Campus Director of Building Services requested that Fire Fighters Co. place Southminster Place on their preventative maintenance calendar in advance of all the required inspections. In addition, the Campus Director of Building Services added the annual inspections of the fire extinguishers to the home's electronic preventative maintenance system, so that it will trigger well in advance for completion. As a triple check, the administrator added the annual inspections of fire extinguishers to the home's survey binder. The staff involved in the opening of the first floor neighborhood were educated on the components of 2600.131.f. The administrator/designee will audit required inspections for the community monthly times 6 to ensure compliance in this area. Results of the audits will be forwarded to the QAPI team for further recommendations.