

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

December 5, 2022

[REDACTED]  
SENIOR CHOICE INC  
495 WEST PATRIOT STREET  
SOMERSET, PA, 15501

RE: THE PATRIOT A CHOICE  
COMMUNITY  
495 WEST PATRIOT STREET  
SOMERSET, PA, 15501  
LICENSE/COC#: 32136

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/12/2022, 10/13/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *THE PATRIOT A CHOICE COMMUNITY* License #: 32136 License Expiration: 11/09/2022  
 Address: 495 WEST PATRIOT STREET, SOMERSET, PA 15501  
 County: SOMERSET Region: CENTRAL

**Administrator**

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

**Legal Entity**

Name: SENIOR CHOICE INC  
 Address: 495 WEST PATRIOT STREET, SOMERSET, PA, 15501  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-1 Date: 09/11/1990 Issued By: DOH

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 41 Waking Staff: 31

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal, Complaint Exit Conference Date: 10/13/2022

**Inspection Dates and Department Representative**

10/12/2022 - On-Site: [REDACTED]  
 10/13/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: 76 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: 4 Are 60 Years of Age or Older: 33  
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 8 Have Physical Disability: 1

**Inspections / Reviews**

10/12/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/31/2022

Inspections / Reviews (*continued*)

## 11/14/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/28/2022

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 11/21/2022

## 11/16/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/28/2022

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 11/30/2022

## 12/05/2022 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/28/2022

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

In accordance with 34 Pa. Code Chapter 3, known as the Boilers and Unfired Pressure Vessels regulations, If a home has a boiler, it must have a valid "Certificate of Boiler or Pressure Vessel Operation" issued by the PA Department of Labor and Industry. Upon expiration of the certificate, boilers must be inspected, and if they pass inspection they will be issued a new certificate. The home's last certificate expired 6/2/22.

Plan of Correction

Accept (MD - 11/16/2022)

Boiler was inspected by Commonwealth of PA Department of Labor and Industry on 10/20/22. Inspector - [REDACTED]. Certificate to be provided. Education provided to Maintenance Director by Personal Care Home Administrator.

Maintenance director will add boiler certificate monitoring to preventative maintenance monitoring annually, additionally it will be monitored annually during the facility's mock survey. And the personal care home administrator will keep a copy of the certificate on hand.

Maintenance Director began using the preventive maintenance log for the boiler certification on 10/27/22 by adding the most recent inspection from 10/20/22 to the log

Please see attachment.

Licensee's Proposed Overall Completion Date: 11/16/2022

Implemented (MD - 12/05/2022)

54a - Direct Care Staff

2. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct Care Staff Person A does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept (MD - 11/16/2022)

On 10/18/22, direct care staff person A provided school transcript for graduation from Shanksville School on [REDACTED]. All other personnel files will be audited for diploma or GED. Education provided to the human resources director to use new hire checklist to monitor diploma or GED prior to hire.

Personal care home administrator will audit personnel files monthly x 3 months. And annually during the facility's mock survey. Audit results will be reviewed by the quality management committee for further recommendation. Please see attached transcript.

All personnel files were audited on 10/27/22 by Affinity Consultant.

HR Director was educated on 10/27/22.

New Hire checklist was implemented on 10/27/22

Monthly audits x 3 months will be conducted on 10/24, 11/22, with the final audit on 1/19/23

**54a - Direct Care Staff (continued)**

*Next quality management meeting scheduled for 11/29/22*

**Licensee's Proposed Overall Completion Date: 11/16/2022**

**Implemented (MD - 12/05/2022)**

**91 - Telephone Numbers****4. 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**

*There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in the nurse's station, across from Room #226.*

**Plan of Correction**

**Accept (MD - 11/16/2022)**

*On 10/13/22 emergency number was posted by the telephone in the nurse's station across from room #226. Other outgoing phone sites were visually checked, with no additional findings. Staff to be educated by the Personal Care Home Administrator regarding regulations for emergency numbers. Audit of outgoing phones for emergency telephone numbers will be conducted monthly x 3 months by the Licensed Practical Nurse, And annually during the facility's mock survey. Audit results will be reviewed by the quality management committee for further recommendations.*

*All other phones were visually checked by the Personal Care Home Administrator on 10/13/22*

*All staff were educated by 11/11/22*

*Monthly audit began on 11/8/22, with following audits scheduled for 12/6/22 and 1/3/23*

*Next quality management meeting scheduled for 11/29/22*

**Licensee's Proposed Overall Completion Date: 11/16/2022**

**Implemented (MD - 12/05/2022)**

**103c - Food Protected****5. Requirements**

2600.

103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

**Description of Violation**

*On 10/13/22 at approximately 11:45 am, a wheeled cart with meals going to resident rooms was observed with side dishes that weren't covered, including cake and a salad/slaw. This cart was wheeled from the serving counter in the dining room, through the halls, to resident rooms.*

**Plan of Correction**

**Accept (MD - 11/16/2022)**

*Education will be provided by the Personal Care Home Administrator to Dietary and personal care staff regarding regulation 103c food protection from contamination while being stored, prepared, transported, and served. Audits to be conducted by the Personal Care Home Administrator weekly x 4 weeks and then monthly x 3 months. Audits*

**103c - Food Protected (continued)**

*will consist of a visual check to assure food are properly protected while being stored, prepared, transported, and served Audit results will be reviewed by the quality management committee for further recommendations.*

*All staff were educated by 11/11/22*

*Weekly audits started on 11/2/22, with following audits scheduled for 11/9, 11/16, and 11/23*

*Monthly audits to begin 12/21, with following audits scheduled for 1/18 and 2/15*

*Next quality management meeting scheduled for 11/29/22*

**Licensee's Proposed Overall Completion Date: 11/16/2022**

**Implemented (MD - 12/05/2022)**

**124 - Notice to Fire Department****6. Requirements**

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

**Description of Violation**

*The home does not have documentation of written notification to the local fire department of the address of the home, location of the bedrooms, and the assistance needed to evacuate in an emergency.*

**Plan of Correction**

**Accept (MD - 11/16/2022)**

*On October 19, 2022, a letter was provided to [REDACTED] Fire Department, Chief [REDACTED]. The letter provided facility address, location of rooms, and assistance required to evacuate. Audit to be conducted by Personal Care Home Administrator annually to assure compliance. Audit results will be reviewed by the quality management committee for further recommendations.*

*Please see attachment.*

*Recurring reminder set in [REDACTED] calendar. Reminder will begin October 1st of each year and will continue daily until the task is marked complete in [REDACTED]. Audit for completion will be done on 10/19 of each year.*

*Next quality management meeting scheduled for 11/29/22.*

**Licensee's Proposed Overall Completion Date: 11/16/2022**

**Implemented (MD - 12/05/2022)**

**132c - Fire Drill Records****7. 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 drill conducted on 9/20/22 at 4:00 am does not include the minutes and seconds of the length of time of the drill.*

**Plan of Correction**

**Accept (MD - 11/16/2022)**

*Education to be provided by the Personal Care Home Administrator to maintenance staff regarding fire drill documentation, to include the amount of time it took for evacuation in minutes and seconds. Audits will be*

**132c - Fire Drill Records (continued)**

conducted by the Personal Care Home Administrator monthly to monitor documentation for 6 months. Audit results will be reviewed by the quality management committee for further recommendations.

Maintenance staff education completed on 11/9/22

Monthly audit began on 10/20/22

Next quality management meeting scheduled for 11/29/22.

**Licensee's Proposed Overall Completion Date: 11/16/2022**

**Implemented (MD - 12/05/2022)**

**132h - Designated Meeting Place****8. Requirements**

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

**Description of Violation**

On 9/20/2022, a fire drill was held at 4:00 am. Only 11 of the 36 residents evacuated to a designated meeting place and/or within a fire-safe area.

**Plan of Correction**

**Accept (MD - 11/16/2022)**

The fire drill conducted on 9/20/22, all residents were appropriately moved beyond the fire doors or in a fire safe area ready to evacuate should it be necessary. Education will be provided by the Personal Care Home Administrator to maintenance and personal care home staff regarding evacuation procedure and proper documentation of evacuation. Audits will be conducted monthly x 6 months by the Personal Care Home Administrator. Audit results will be reviewed by the quality management committee for further recommendations

Staff education completed on 11/11/22

Monthly audit began on 10/20/22

Next quality management meeting scheduled for 11/29/22.

**Licensee's Proposed Overall Completion Date: 11/16/2022**

**Implemented (MD - 12/05/2022)**

**187b - Date/Time of Medication Admin.****9. Requirements**

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

**Description of Violation**

Resident #1 is prescribed clonazepam at 4:00pm. Resident #1's medication administration record (MAR) does not include the initials of the staff person who administered the clonazepam on 10/8/22 at 4:00 pm.

**Plan of Correction**

**Accept (MD - 11/16/2022)**

The Personal Care Home Administrator will monitor medication variance reports daily for any missed doses. Education provided by the Personal Care Home Administrator to licensed staff and medication techs on proper timely documentation on medication administration records. Medication variance reports will be reviewed by the quality management committee for further recommendations.

Medication variance reports have been monitored daily starting on 10/17/22 and will continue to be monitored daily indefinitely.

**187b - Date/Time of Medication Admin. (continued)**

Staff education completed on 11/11/22

Next quality management meeting scheduled for 11/29/22.

Licensee's Proposed Overall Completion Date: 11/16/2022

*Implemented (MD - 12/05/2022)*

**187d - Follow Prescriber's Orders****10. Requirements**

2600.

187.d. The home shall follow the directions of the prescriber.

**Description of Violation**

Resident #1 is prescribed clonazepam 4 times daily. However, 2 doses of this medication were not administered to Resident #1 on 10/8/22, 4 doses were not administered on 10/9/22, and 1 dose was not administered on 10/10/22 because the medication was not available in the home.

**Plan of Correction**

*Accept (MD - 11/16/2022)*

Clonazepam for resident #1 was delivered by pharmacy on 10/10/22. Staff education to be provided by Personal Care Home Administrator to licensed staff and med techs regarding procedure for ordering medications and physician notification when medications are unavailable for alternate orders. Staff is to report to Personal Care Home Administrator immediately when medications do not arrive timely from pharmacy. The pharmacy contact person and physician, resident and or responsible party will be notified. Random audits to be conducted by the Personal Care Home Administrator monthly x 3 months to assure timely delivery. Audit results will be reviewed by the quality management committee for further recommendations.

Staff education completed on 11/11/22

Personal Care Home Administrator notified pharmacy, physician, resident, and responsible party

Audit started on 11/10/22, with following audits scheduled for 12/7/22 and 1/2/23

Next quality management meeting scheduled for 11/29/22.

Licensee's Proposed Overall Completion Date: 11/16/2022

*Implemented (MD - 12/05/2022)*

**190a - Completion Medication Course****11. Requirements**

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

**Description of Violation**

Staff Person B, who has only had 1 medication administration observation and review since May 2021, has administered medication to Resident #1 and Resident #2 on 10/4/22, 10/5/22, and 10/9/22.

190a - Completion Medication Course (*continued*)**Plan of Correction****Accept (MD - 11/16/2022)**

*Staff person B had a medication observation and review in May of 2022. Staff person B will be scheduled for medication observation and review in November of 2022. All med techs credentials were audited for compliance. Additional audits will be conducted by the Personal Care Home Administrator quarterly x 4 quarters to help to assure med tech's do not miss medication observations. Med tech documentation for med pass observations will also be reviewed during the home's annual mock survey. Audit results will be reviewed by the quality management committee for further recommendations.*

*Med tech audit completed on 10/27/22*

*Quarterly audits to begin on 1/26/23, with following audits on 4/27/23, 7/27/23, and 10/26/23*

*New hire checklist to ensure all requirements are met was implemented on 10/27/22*

*Next quality management meeting scheduled for 11/29/22.*

**Licensee's Proposed Overall Completion Date: 11/16/2022**

**Implemented (MD - 12/05/2022)**

## 190b - Insulin Injections

**12. Requirements**

2600.

190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

**Description of Violation**

*On 10/6/22, 10/7/22, 10/8/22, 10/10/22, 10/11/22, 10/12/22, and 10/13/22, Staff Person A administered insulin to Resident #2 and on 10/7/22 administered insulin to Resident #3. Staff Person A has not successfully completed of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as has not successfully completed a Department-approved diabetes patient education program within the past 12 months.*

**Plan of Correction****Accept (MD - 11/16/2022)**

*Staff member A will not administer insulin injections until completion of diabetic education course. Diabetes education class is scheduled for 11/7/22. Other med tech staff credentials were audited for compliance. Annual audit will be conducted by the Personal Care Home Administrator to assure compliance of existing staff. Audit of new hire credentials will be conducted monthly x 3 months. Audit results will be reviewed by the quality management committee for further recommendations.*

*Staff person A completed diabetic training on 11/7/22*

*Audit of other med techs was completed on 11/8/22*

*New hire checklist to ensure all requirements are met was implemented on 10/27/22*

*Audit completed 11/8/22. Next audit will be done 10/2/23. [REDACTED] calendar reminder set for 10/2/23 to ensure adequate time to schedule diabetic training prior to current training expiration.*

*Next quality management meeting scheduled for 11/29/22.*

190b - Insulin Injections (continued)

Licensee's Proposed Overall Completion Date: 11/16/2022

Implemented (MD - 12/05/2022)

227e - Self Administer Medication

14. Requirements

2600.

227.e. The resident's support plan must document the ability of the resident to self-administer medications or the need for medication reminders or medication administration.

Description of Violation

Resident #5's assessment, dated 2/15/22, does not address the resident's ability to self-administer medications.

Plan of Correction

Accept (MD - 11/16/2022)

Resident #5's assessment was updated on 10/24/22 to reflect resident's ability to self-administer medications. Resident assessments will be audited initially to determine compliance. Education provided to Personal Care Home Administrator and Licensed Practical Nurse regarding regulation for resident support plan documentation by affinity consultant. Resident support plans to be audited monthly x 3 months by Personal Care Home Administrator. Audit results will be reviewed by the quality management committee for further recommendations. Resident assessments initially audited on 11/10/22 Administrator educated on 10/27/22. LPN educated on 11/8/22 Resident assessments will be audited monthly on 12/22/22, 1/19/23, and 2/16/23 Next quality management meeting scheduled for 11/29/22.

Licensee's Proposed Overall Completion Date: 11/16/2022

Implemented (MD - 12/05/2022)

227h - Support Plan Refuse Sign

15. Requirements

2600.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

The resident support plan for Resident #5 was not signed by the resident. The home did not make a notation regarding the resident's inability or refusal to sign.

Plan of Correction

Accept (MD - 11/16/2022)

Resident #5 signed resident support plan on [redacted]. All current resident support plans were audited for signatures by the Personal Care Home Administrator. Education was provided to the Personal Care Home Administrator by [redacted] consultant regarding requirements for signature, or if unable to sign a notation of inability or refusal to sign shall be documented. Personal Care Home Administrator and Licensed Practical Nurse will audit new resident support plans for signatures monthly x 3 months. Audit results will be reviewed by the quality management committee for further recommendations. See attached signature page. All resident support plans audited for signatures on 10/27/22 Administrator educated on 10/27/22

**227h - Support Plan Refuse Sign (continued)**

*New resident support plans will be audited monthly on 11/24/22, 12/22/22, and 1/19/23*

*Next quality management meeting scheduled for 11/29/22.*

**Licensee's Proposed Overall Completion Date: 11/16/2022**

**Implemented (MD - 12/05/2022)**

**252 - Record Content**

**16. Requirements**

2600.

252. Content of Resident Records - Each resident's record must include the following information:

23. If the resident dies in the home, a copy of the official death certificate.

**Description of Violation**

*Resident #4 expired in the home in [REDACTED] and the home's record does not include the death certificate.*

**Plan of Correction**

**Accept (MD - 11/16/2022)**

*Obtained death certificate for resident #4 on 10/24/22. Education provided to Personal Care Home Administrator regarding content of resident record. Audit of 2022 resident deaths for compliance of death certificate. Audit quarterly x 4 quarters. Audits to be completed by Personal Care Home Administrator. Audit results will be reviewed by the quality management committee for further recommendations.*

*Please see attached.*

*Residents record will be checked by administrator prior to record being filed. Administrator will keep a checklist indicating that the record has been checked and all necessary content is present.*

*Checklist will be implemented starting 11/15/22*

*Next quality management meeting scheduled for 11/29/22.*

**Licensee's Proposed Overall Completion Date: 11/16/2022**

**Implemented (MD - 12/05/2022)**