

Department of Human Services
Bureau of Human Service Licensing

November 15, 2022

[REDACTED]
PRESBYTERIAN HOMES INC
[REDACTED]

RE: STEWARD PLACE
7 EAST LOCUST STREET
OXFORD, PA, 19363
LICENSE/COC#: 10063

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/04/2022 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

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

Facility Information

Name: STEWARD PLACE License #: 10063 License Expiration: 05/25/2023
Address: 7 EAST LOCUST STREET, OXFORD, PA 19363
County: CHESTER Region: SOUTHEAST

Administrator

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

Legal Entity

Name: PRESBYTERIAN HOMES INC
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 11 Waking Staff: 8

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Complaint, Incident Exit Conference Date: 10/04/2022

Inspection Dates and Department Representative

10/04/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 84 Residents Served: 10

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: 10
Diagnosed with Mental Illness: 6 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 1 Have Physical Disability: 0

Inspections / Reviews

10/04/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/30/2022

Inspections / Reviews (*continued*)

11/01/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/15/2022

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 11/06/2022

11/04/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/15/2022

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 11/25/2022

11/15/2022 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/15/2022

Reviewer: [REDACTED]

Follow-Up Type: Not Required

54a - Direct Care Staff

1. 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 (████ - 11/04/2022)

Staff person has a HS transcript that states graduation from HS in █████/2004. Document was given to HR on hire but was misplaced in file. Document was not located till after inspector left. HR █████ and Admin █████ corrected files with missing paperwork on 10/5/22.

The transcript is attached.

Going forward a checklist document has been given to HR █████ on 10/10/22 to ensure that all items are on file to meet compliance at each NEO start date. NEO dates fluctuate but do occur every 2 weeks from when staff are hired. Next NEO is 11/8/22 where this process will be started. Admin █████ will work with HR to see that by day 3 of NEO all new hire paperwork is obtained and checked off the list. This process will continue indefinitely to assure that all new hires info is collected timely. The audit will be done monthly for the next 3 months between the HR and Admin to see completed

Form is attached.

Licensee's Proposed Overall Completion Date: 11/03/2022

Implemented (████ - 11/15/2022)

65d - Initial Direct Care Training

2. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

- 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person A, hired on █████/22, began providing unsupervised ADL services on or about █████/22. However, the staff person does not have a completed and passed Department-approved direct care training course and passed competency test on file at the home.

Plan of Correction

Accept (████ - 11/04/2022)

Staff person did complete the DCS training prior to working on the floor at initial hire but was not able to get certificate to print. Admin █████ had staff person A re do the DCS training on the day of inspection 10/4/22 to be in compliance. Document is attached.

65d - Initial Direct Care Training (continued)

Going forward a checklist document has been given to HR [REDACTED] 10/10/22 to ensure that all items are on file with new hire to meet compliance. Admin [REDACTED] will maintain compliance of all new staff for completion on each NEO cycle indefinitely and see that its completed with in the 1st week of orientation. Next NEO is 11/8/22 where this process will start with staff hired for the department. New form is also attached. This audit will continue monthly for the next 3 months to see that the process is maintained by HR and Admin. After that Admin will monitor.

Licensee's Proposed Overall Completion Date: 11/03/2022

Implemented ([REDACTED] - 11/15/2022)

141b1 - Annual Medical Evaluation**3. Requirements**

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident 1's most recent medical evaluation was completed on [REDACTED]/21.

Plan of Correction

Accept ([REDACTED] - 11/04/2022)

Resident 1 had a annual DME done on [REDACTED]/2020 and the following year annual was done on [REDACTED]/21 which was 4 days out of compliance. Resident had the next year annual done on [REDACTED]/22. At this time there is no DME due for this Resident. Going forward as of 10/10 a tracking system is in place to ensure compliance of due dates. Nursing will assist with tracking these due dates as stated.

Admin [REDACTED] and Nursing team will review at the start of each month beginning 11/2022 for the current month / upcoming month due dates to make sure families and PCP have time to complete. This process will continue monthly indefinitely but will be audited for the next 3 months to assure process is in place and maintained. See form attached.

Licensee's Proposed Overall Completion Date: 11/03/2022

Implemented ([REDACTED] - 11/15/2022)

227d - Support Plan Medical/Dental**4. Requirements**

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The support plan for resident 2, dated [REDACTED]/22, does not address the residents desire and physician's approval for alternative sleeping arrangements. The resident sleeps in a recliner chair instead of a bed [REDACTED]. The resident's support plan does not identify this need and address any additional plan to support the need.

Plan of Correction

Accept ([REDACTED] - 11/04/2022)

Resident has an order by a PCP to sleep in recliner from initial admission on [REDACTED]/2021. Current RASP was updated on day of inspection [REDACTED]/2022 by Admin [REDACTED] with information stating preference to sleep in recliner [REDACTED]. Attached is the page that the correction was made on. Going forward it has been added to our admission

227d - Support Plan Medical/Dental (continued)

checklist so that those specific items are not missed when creating care plans. Admin [REDACTED] and Nursing team will review sheet with each new admission with in the first 15 days of admit date to review updates that need placed on the RASP. This process will continue with each new admit indefinitely and will be audited monthly for the next 3 months to assure system is in place the Admin will monitor the audits.

Licensee's Proposed Overall Completion Date: 11/03/2022

Implemented ([REDACTED] - 11/15/2022)