

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

April 13, 2023

[REDACTED]
PENNSYLVANIA SOLDIERS AND SAILORS HOME
[REDACTED]
[REDACTED]

RE: PENNSYLVANIA SOLDIERS AND
SAILORS HOME
560 E. 3RD STREET
ERIE, PA, 16512
LICENSE/COC#: 44829

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/21/2023, 02/22/2023, 02/23/2023 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: PENNSYLVANIA SOLDIERS AND SAILORS HOME License #: 44829 License Expiration: 02/19/2024
Address: 560 E. 3RD STREET, ERIE, PA 16512
County: ERIE Region: WESTERN

Administrator

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

Legal Entity

Name: PENNSYLVANIA SOLDIERS AND SAILORS HOME
Address: 560 EAST 3RD STREET, P.O. BOX 6239, ERIE, PA, 16512
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: Other Date: 09/15/1997 Issued By: Department of Labor & Industry

Staffing Hours

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

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal, Incident Exit Conference Date: 02/23/2023

Inspection Dates and Department Representative

02/21/2023 - On-Site: [REDACTED]
02/22/2023 - On-Site: [REDACTED]
02/23/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity: 100	Residents Served: 41		
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: 37		
Diagnosed with Mental Illness: 31	Diagnosed with Intellectual Disability: 0		
Have Mobility Need: 0	Have Physical Disability: 1		

Inspections / Reviews

02/21/2023 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/18/2023

Inspections / Reviews *(continued)*

03/30/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/10/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 04/13/2023

04/13/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/10/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Resident #1's assessment dated [REDACTED], indicates that the resident is independent in the area of ambulation; however, the resident utilizes a motorized scooter for mobility with long distances due to the fact that [REDACTED] physical health, specifically a bad shoulder, make it difficult to travel long distances by self-propelling [REDACTED] wheelchair. Resident #1 lives in bedroom [REDACTED] which is the [REDACTED] [REDACTED] home's dining room. Multiple residents and staff indicate the home does not allow residents to use motorized scooters in the dining room. Resident #1 and dietary staff indicate resident #1 does not attend breakfast or lunch meals and the home does not provide these meals to the resident if [REDACTED] is not in the dining room. The home failed to adequately assess resident #1's ambulation resulting in the resident missing breakfast and lunch meals since admission on [REDACTED]

Plan of Correction

Accept (SQ - 03/30/2023)

Date: 2/24/23

Action: Resident's care plan was immediately updated to include [REDACTED] motorized scooter.

Responsible: PCHA/Designee

Date: 3/3/23

Action: Resident offered room change that would be closer to dining room, resident declined.

Responsible: PCHA/Designee

Date: 3/8/23

Action: Resident was screened by PT to assess [REDACTED] mobility.

Responsible: PT/Designee

Date: 3/27/23

Action: Education will be given at the next resident council meeting on 3/27/23, so that residents are reminded that they may take their motorized scooters and park them in the alcove closest to the DR.

Responsible: PCHA/Designee

Date: 4/3/23-4/7/23

Action: Therapy to observe R#1 and any other resident with a motorized scooter at mealtimes to ensure that they are not having mobility issues. This audit will be done weekly x1 starting the week of 4/3/23-4/7/23, and monthly x2 starting in April of 2023.

Responsible: PT/Designee

Date: 6/7/23

Action: Results of the audit will be reviewed at the QA meeting to determine further actions, as necessary.

Responsible: PCHA/Designee

Licensee's Proposed Overall Completion Date: 06/30/2023

Implemented (SQ - 04/11/2023)

42m - Resident Leave/Return

2. Requirements

2600.

42.m. A resident has the right to leave and return to the home at times consistent with the home rules and the resident's support plan.

42m - Resident Leave/Return (continued)

Description of Violation

On 2/17/23 at approximately 11:05 am, 2 non-resident females drove onto home's property indicating to security that they were there to pick up staff. Resident #2 got in the car and attempted to leave the facility when the car was stopped by security. Resident #2 was told [REDACTED] was not allowed to leave with the visitors as they were banned from the home's property. Neither the home rules nor the resident's support plan contain any documentation that the resident's rights should be restricted. Resident #2 exited the car and proceeded to walk off the property and get back in the car and leave with the visitors. The home's security followed resident #2 until they lost sight of [REDACTED] and called the police.

Plan of Correction**Accept (SQ - 03/30/2023)****Date:** 3/31/23**Action:** Resident's guardian, due to resident being deemed incompetent, will be contacted by the Director of Social Services to make sure the residents needs are being met while still protecting [REDACTED] rights to visitation.**Responsible:** Director of Social Services/Designee**Date:** 3/31/23**Action:** Residents care plan will be updated with guidance from the guardian**Responsible:** PCHA/Designee**Date:** 4/30/23**Audit:** Weekly audits of the sign in/out log will be done weekly x4 starting on 4/4/23, 4/11/23, 4/18/23 and 4/25/23 to make sure the resident is compliant with the process.**Responsible:** PCHA/Designee**Date:** 6/27/23**Action:** Results of the audit will be reviewed at the QA meeting to determine further actions, as necessary.

Licensee's Proposed Overall Completion Date: 06/30/2023

Implemented (SQ - 04/11/2023)

101r - Bedroom - shades/drapes/window covering

3. 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

The window in bedroom #910 has vertical blinds that are missing one vertical slat.

Plan of Correction**Accept (SQ - 03/30/2023)****Date:** 2/22/23**Action:** Work order completed to put in a vertical slat in resident's room.**Responsible:** Maintenance**Date:** 3/8/23**Action:** New mini blinds that were ordered on 1/9/23 and arrived on 3/1/23 were installed on 3/1/23 & 3/2/23 in every resident's room.**Responsible:** PCHA/Designee**Date:** 3/28/23**Action:** Weekly environmental rounds team will make sure that residents blinds will be opened/closed during room audits to make sure there are no missing slats. This audit will be done weekly x4 starting on 3/4/23, 3/11/23, 3/18/23, and 3/25/23.

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

Responsible: PCHA/Designee

Date: 6/27/23

Action: Results of the audit will be reviewed at the QA meeting to determine further actions, as necessary.

Responsible: PCHA/Designee

Licensee's Proposed Overall Completion Date: 06/30/2023

Implemented (SQ - 04/13/2023)

132f - Alternate Exit Routes

4. Requirements

2600.

132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

The only exit route used during the fire drills held from January 2022-December 2022 was indicated on the home's fire drill log as behind 2x fire doors.

Plan of Correction

Accept (SQ - 03/30/2023)

Date: 3/14/23

Action: The documentation related to the fire drills conducted on PCU included evacuation beyond 2 fire rated doors will now include the routes taken during drills.

Responsible: PCHA/Designee

Date: 3/10/23

Action: IFSS and Security Supervisors will be in-serviced on the form documentation requirements

Responsible: PCHA/Designee

Date: 3/31/23

Audit: The completed 55 PA code 2600.132 form will be audited monthly x3 starting March 2023 for inclusion.

Responsible: PCHA/Designee

Date: 6/27/23

Action: Results of the audit will be reviewed at the QA meeting to determine further actions, as necessary.

Responsible: PCHA/Designee

Licensee's Proposed Overall Completion Date: 06/30/2023

Implemented (SQ - 04/13/2023)

162b - Missed Meals

5. Requirements

2600.

162.b. When a resident misses a meal, food adequate to meet daily nutritional requirements shall be available and offered to the resident.

Description of Violation

Resident #1's assessment dated [REDACTED], indicates that the resident is independent in the area of ambulation; however, the resident utilizes a motorized scooter for mobility with long distances due to the fact that [REDACTED] physical health, specifically a bad shoulder, make it difficult to travel long distances by self-propelling his wheelchair. Resident #1 lives in bedroom [REDACTED] which is [REDACTED] home's dining room. Multiple residents and staff indicate the home does not allow residents to use motorized scooters in the dining room. Resident #1 and dietary

162b - Missed Meals (continued)

staff indicate resident #1 does not attend breakfast or lunch meals and the home does not provide these meals to the resident if [REDACTED] is not in the dining room.

Plan of Correction**Accept (SQ - 03/30/2023)****Date:** 3/8/23**Action:** New form to monitor resident attendance at mealtimes was created.**Responsible:** ADON/PCHA**Date:** 3/27/23**Action:** Education will be provided to residents at resident council to go over the new format of meal attendance to make residents aware.**Responsible:** PCHA/Designee**Date:** 3/24/23**Action:** All nursing staff will be educated on the meal attendance form/system by 3/24/23. The new system will go into effect on 3/28/23.**Responsible:** ADON/RNI**Date:** 3/28/23**Audit:** The meal attendance form will start being used in the dining room. This audit will be done weekly x4 starting on 4/7/23, 4/14/23, 4/21/23 and 4/28/23.**Responsible:** PCHA/Designee**Date:** 6/27/23**Action:** Results of the audit will be reviewed at the QA meeting to determine further actions, as necessary.**Responsible:** PCHA/Designee

Licensee's Proposed Overall Completion Date: 06/30/2023

Implemented (SQ - 04/13/2023)