Department of Human Services
Bureau of Human Service Licensing

LICENSING INSPECTION SUMMARY - PUBLIC

May 11, 2023

[redacted]
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 03/23/2023, 03/29/2023 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: *ELIZABETH SETON MEMORY CARE CENTER* **Licen e #**: *44577* **Licen e Expiration**: *09/14/2023*

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: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *22* **Waking Staff**: *17*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Incident* **Exit Conference Date**: *04/17/2023*

Inspection Dates and Department Representative

03/23/2023 On Site [redacted]

03/29/2023 On Site [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *24* **Residents Served**: *11*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *entire home* **Capacity**: *24* **Residents Served**: *11*

Hospice

Current Residents: *9*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *11*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *11* **Have Physical Disability**: *0*

Inspections / Reviews

03/23/2023 - Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *05/01/2023*

04/28/2023 - POC Submission

Submitted By: [redacted] **Date Submitted**: *05/10/2023*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *05/03/2023*

Inspections / Reviews *(continued)*

05/04/2023 - POC Submission

Submitted By: [redacted] **Date Submitted:** *05/10/2023*

Reviewer [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *05/10/2023*

05/11/2023 - Document Submission

Submitted By [redacted] **Date Submitted:** *05/10/2023*

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

On [redacted] 23 at approximately [redacted] a.m., staff person A was assisting resident #1 [redacted]. Resident #1 was in severe pain and loudly crying out, and staff person A screamed at resident #1, saying "If you keep screaming, I am going to give you something to scream about." At approximately [redacted] a.m., staff person A, angrily said to resident #2, "Shut up" and "Stop it" while attempting to get the resident out of bed.

Also, on multiple occasions, staff person A referred to resident #2, as "it" and complained about the resident being incontinent.

Plan of Correction ***Accept [redacted] - 05/04/2023)***

On [redacted] 2023 staff person B reports abuse of a resident to supervisor. On [redacted] /23 staff person A was placed on suspension by Administrator until investigation is complete. Mandatory abuse Education for staff May 2@ 9am and 3:30pm from Suncrest hospice and Ombudsman [redacted] May 10 at 2pm. Staff person A was terminated on [redacted] 2023 for abuse.
At the next Quality Assurance Meeting on May 30 2023 and at each meeting going forward, we will place an increased emphasis on the mandatory plans of correction reporting in accordance with §2600.65(b)(3). Adiministator will take action to improve the quality of our resident's rights and Older Adult Protective Services Act (OAPSA) by continuing to train all newly hired staff within 40 scheduled working hours in accordance with §2600.65(b)(1) and annually in accordance with §2600.65(g)(3) and §2600.65(g)(4). In addition, administrator has placed the Ombudsman's confidential contact information in the Staff Communication Book which is available to all staff. The information is also posted in the unit for access by residents, visitors and staff.
To ensure compliance with §2600.42(b), the Administrator, Resident Care Director, or the Assistant Resident Care Director will interview at least three residents each month to ensure that the resident has not been neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way. The Administrator will maintain a log of these reports.

Licensee's Proposed Overall Completion Date: *05/02/2023*

Implemented ([redacted] - 05/11/2023)