

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

November 13, 2023

[REDACTED]  
PRESBYTERIAN HOMES INC  
[REDACTED]  
[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 09/07/2023 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: STEWARD PLACE License #: 10063 License Expiration: 05/25/2024  
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**

Type: C-2 LP Date: 07/11/2005 Issued By: COPA

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 13 Waking Staff: 10

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
Reason: Complaint Exit Conference Date: 09/07/2023

**Inspection Dates and Department Representative**

09/07/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
License Capacity: 84 Residents Served: 9  
Secured Dementia Care Unit  
In Home: No Area: Capacity: Residents Served:  
Hospice  
Current Residents: 1  
Number of Residents Who:  
Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 9  
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
Have Mobility Need: 4 Have Physical Disability: 0

**Inspections / Reviews**

09/07/2023 - Partial  
Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/07/2023

Inspections / Reviews (*continued*)

## 10/11/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/03/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 10/16/2023

## 10/30/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/03/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 11/03/2023

## 11/13/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/03/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted]/2023, at [redacted] a.m., resident 1 had an unwitnessed fall. The home did not report this incident to the Department until [redacted]/2023, at [redacted] p.m.

Plan of Correction

Accept ([redacted] - 10/30/2023)

- 1. Resident did not have any ill effects from not reporting incident in a timely manner
- 2. Staff have been in-serviced on the Policy and Procedure "Staff Reporting Requirement Regarding Incidents to Administration." An all staff meeting was held on 9/20/23 to reeducate staff. Any staff member who missed the live training is required to sign a training packet of information. Live training and packets were provided by the AL Administrator, [redacted]
- 3. Reportable incidents will be reviewed daily by AL Administrator/designee to assure accuracy and timely reporting and Policy and Procedure of facility is maintained. Daily reviews were implemented immediately and ongoing.
- 4. Administrator/designee will audit incident reports weekly x 12 weeks to ensure reportable events are submitted timely.

Licensee's Proposed Overall Completion Date:

Implemented ([redacted] - 11/13/2023)

56 - Admin 20 Hours/Week

2. Requirements

2600.

56. Administrator Staffing - The administrator shall be present in the home an average of 20 hours or more per week, in each calendar month.

Description of Violation

According to the staff schedule, staff member [redacted] is the administrator for Assisted Living as well as Personal Care, worked 40 hours during the week of 8/27/2023 to 9/03/2023 from 8:30 a.m. to 5:00 p.m. An Assisted Living administrator shall be present in the residence an average of 36 hours or more per week, of which at least 30 hours must be during normal business hours. A personal care administrator shall be present in the home for an average of 20 hours per week. Staff person [redacted] could not work the required hours at both the Assisted Living Residence and Personal Care Home.

Plan of Correction

Accept ([redacted] - 10/30/2023)

2600.56

On May 19, 2023 Ware Presbyterian Village submitted a waiver request to name [redacted] as the Personal Care and Assisted Living Administrator. [redacted] was already serving as the PC Administrator prior to May 19, 2023. Due to multiple staffing changes on the campus, Ware was left without a designated AL Administrator. The waiver was granted on June 29, 2023 stating that [redacted] could serve as both the Personal Care Administrator and Assisted Living Administrator. All trainings were completed and [redacted] obtained the Assisted Living Administrator

56 - Admin 20 Hours/Week (continued)

Certificate on July 26, 2023. All documentation was submitted promptly to DHS.

During this time [REDACTED] LPN, registered and began Personal Care Home Administrator courses. [REDACTED] attended PCHA orientation on August 10, 2023 and is enrolled in classes with Penn State. [REDACTED] started classes on September 8, 2023, and completed the course on September 30, 2023. [REDACTED] paperwork will be submitted to DHS on October 17, 2023, to be named the Personal Care Administrator and [REDACTED] will be the Assisted Living Administrator.

Licensee's Proposed Overall Completion Date:

Implemented ([REDACTED] - 11/13/2023)

224a - Preadmission Screen Form

3. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident 2 preadmission screening form, dated [REDACTED]/2022, does not include a determination that the needs of the resident can be met by the services provided by the home.

Resident 3 preadmission screening form, dated [REDACTED]/2023, does not include a determination that the needs of the resident can be met by the services provided by the home, or a level of supervision needed.

Plan of Correction

Accept ([REDACTED] - 10/30/2023)

1. Resident 2 and Resident 3 preadmission screening forms were immediately corrected.
2. Staff have been reeducated on the pre-Admission form process and the need to have the form completed in its entirety prior to admission. An all-staff meeting was held on 9/20/23 to reeducate staff. Any staff member who missed the live training is required to sign a training packet of information. Live training and packets were provided by the AL Administrator, [REDACTED].
3. AL Administrator or Licensed Practical Nurse will audit New admission Preadmission Screening forms prior to resident admissions to assure screening forms are completed for accuracy.
4. Current resident chart were audited by AL Administrator for accuracy of pre-screen document. AL Administrator/designee will audit new move-in preadmission screens weekly x 12 weeks to ensure accuracy.

Licensee's Proposed Overall Completion Date:

Implemented ([REDACTED] - 11/13/2023)

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.

227d - Support Plan Medical/Dental (continued)

**Description of Violation**

The assessment for resident 2 dated [REDACTED] 2022, indicates the resident has a need for [REDACTED]. The resident's support plan, dated [REDACTED]/2022, does not document how this need will be met.

**Plan of Correction**

Accept ([REDACTED] - 10/30/2023)

1. Resident 2 ASP/Support plan was immediately updated to reflect [REDACTED]
2. Staff have been reeducated that resident diets need to be documented in the support plan. On 9/20/23 a Nurses meeting was held to reeducate the LPN's on the importance of documentation. The training was provided by the AL Administrator, [REDACTED]
3. New admission charts will be audited within seventy-two hours (72) of admission by Licensed Practical Nurse/designee, to assure diets are documented in the resident support plan.
4. AL Administrator conducted an audit of current resident files. AL Administrator/designee will review ASP's weekly x 12 weeks of new admissions to ensure ASP reflects current diet.

Licensee's Proposed Overall Completion Date:

Implemented [REDACTED] - 11/13/2023)