

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

October 5, 2023

[REDACTED], ADMINISTRATOR
SOMERSET SENIOR LIVING OPERATING COMPANY LLC
166 SIEMON DRIVE
SOMERSET, PA, 15501

RE: SOMERSET SENIOR LIVING
166 SIEMON DRIVE
SOMERSET, PA, 15501
LICENSE/COC#: 33880

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/21/2023 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: SOMERSET SENIOR LIVING License #: 33880 License Expiration: 06/22/2024
 Address: 166 SIEMON DRIVE, SOMERSET, PA 15501
 County: SOMERSET Region: CENTRAL

Administrator

Name: [REDACTED] Phone: [REDACTED]

Legal Entity

Name: SOMERSET SENIOR LIVING OPERATING COMPANY LLC
 Address: 166 SIEMON DRIVE, SOMERSET, PA, 15501
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 08/16/2000 Issued By: L & I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 31 Waking Staff: 23

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #: 0
 Reason: Incident Exit Conference Date: 09/21/2023

Inspection Dates and Department Representative

09/21/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 58 Residents Served: 27
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 2
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 27
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 4 Have Physical Disability: 1

Inspections / Reviews

09/21/2023 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/05/2023

09/28/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 10/02/2023
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 10/02/2023

Inspections / Reviews *(continued)*

10/05/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/02/2023

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] at approximately [REDACTED], Staff Members B and C observed Staff Member A using excessive force while providing care to Resident 1. This included yelling at the resident, grabbing the resident's wrists, and pushing the resident onto the bed in order to remove the resident's dentures. Resident was observed to have bruising on both arms the following morning ([REDACTED]).

Plan of Correction

Accept ([REDACTED] - 09/28/2023)

On the evening of [REDACTED], Resident 1 began exhibiting an uncharacteristic increase in combative behaviors. At approximately [REDACTED], Resident 1 was noted to hit, punch, and attempt to choke Staff Member B during a med pass. Staff Member B retreated from the room and allowed the resident to calm down. At approximately [REDACTED], Staff Members A, B, and C returned to the resident's room. Staff member A was observed using excessive force during care with Resident 1, per report from Staff Members B and C.

Administrator and Director of Wellness were made aware of the events of the previous evening at approximate [REDACTED] or [REDACTED], when bruises were noted to Resident 1's bilateral arms. Staff Member A was placed on administrative leave pending investigation of the incident based on the initial description of the events from the previous evening. Statements were collected from each staff member present at the time of the incident. It was noted during the investigation that Resident 1 is on anticoagulation therapy, which causes him to bruise easily. AAA and the Pennsylvania State Police were notified of the alleged abuse incident by Administrator on [REDACTED]. State Police arrived to the facility and reviewed the statements provided to the Administrator. Trooper called to conduct interviews with the staff present at the time of the incident. At the completion of his investigation, no evidence of criminal wrongdoing or abuse was noted. No charges were filed against Staff Member A. AAA also arrived to the facility to review the incident, and interview the resident. AAA representative also found no evidence of criminal wrongdoing or abuse. AAA and State trooper also noted that the bruising noted to the resident's arms on the morning of [REDACTED] could have been from his combative behavior toward Staff Member A earlier in the evening. Staff Member A had no prior incidents of using excessive force with residents. Staff Member A was issued a written discipline for the conduct [REDACTED] displayed during the incident when [REDACTED] returned to work on [REDACTED]. This discipline was a final written warning, and it was made clear to Staff Member A that any further issues of this type would lead to termination of employment.

All staff were provided reeducation on Abuse/neglect/OAPSA during our routine staff meetings on Thursday, September 14th by Administrator and Director of Wellness.

Mandatory Resident Rights Training for all staff is scheduled for Wednesday, October 4th at 1:00pm presented by the Somerset County Ombudsman.

Additional Dementia Training for all staff is scheduled for Monday, October 9th at 2:30pm presented by [REDACTED] Hospice.

Abuse/Neglect/OAPSA, Resident Rights, and Dementia are all topics that are currently included in our annual training plan, and will continue to be offered as scheduled.

Licensee's Proposed Overall Completion Date: 10/10/2023

Implemented ([REDACTED] - 10/05/2023)

85a - Sanitary Conditions

2. Requirements

2600. 85.a. Sanitary conditions shall be maintained.

Description of Violation

On 09/21/23, a pungent odor of urine was detected upon entry into bedrooms 115 and 204.

Plan of Correction

Accept (████ - 09/28/2023)

On Friday, September 22th, Housekeeping provided a deep clean, sanitation, and carpet scrubbing of rooms 115 and 204. Upon inspection of the affected rooms on Monday, September 25th, no pungent urine odor could be indicated. Starting on Monday, October 2nd, Housekeeping and Direct Care staff will perform routine cleanliness checks of all occupied rooms in the facility to identify any deep cleaning that may arise. All checks of occupied rooms will be completed by Monday, October 9th. Additional cleaning needs will be noted on a new Deep Cleaning Request Forms to be kept in the Director of Wellness Office with the Maintenance Request Forms. Housekeeping will be notified of any deep cleaning needs so that they can be addressed promptly in the future.

The residents in the affected rooms were reviewed by DOW and Administrator on Monday, September 25th. In room 115, it was noted that DCS need to provide more frequent continence checks to assist the resident with toileting hygiene. In room 204, it was noted that the resident had a bedside urinal what █████ was spilling on the carpet, and not notifying staff of the need for cleaning. As the resident in room 204 is able to ambulate with his wheeled walker to the restroom unassisted, the resident agreed to no longer use the bedside urinal and to use the restroom instead. Staff will provide frequent reminders and assistance to the restroom as needed. Both residents RASPS were amended by Administrator on Tuesday, September 26th to reflect these changes.

Licensee's Proposed Overall Completion Date: 10/10/2023

Implemented (████ - 10/05/2023)

227c - Support Plan Revision

3. Requirements

2600. 227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident 1's most recent support plan was completed on █████. However, the resident's support plan was not updated in █████, when it was reported by staff that the resident started to have increased behaviors, including the following: urinating in inappropriate areas, agitation, aggression and becoming combative when the resident doesn't want to do something.

Plan of Correction

Accept (████ - 09/28/2023)

Initial RASP completed for Resident 1 on █████, did not accurately reflect the behaviors noted by the resident at home prior to admission or upon admission to the facility. Per family report, Resident 1 had a long history of urinating in inappropriate places and becoming agitated/mildly aggressive due to his memory impairment. On Tuesday, September 26th, Administrator reviewed the initial RASP for Resident 1 and updated the document to accurately reflect the resident's current needs and behaviors. Administrator will conduct RASP Audits beginning Monday, October 2nd, reviewing 4-5 RASPs per week for accuracy and amending or updating as needed. See attached Audit Log. Projected completion date for these reviews is

227c - Support Plan Revision (continued)

currently Friday, November 17, 2023.

Licensee's Proposed Overall Completion Date: 11/17/2023

Implemented ([REDACTED] - 10/05/2023)