

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

December 1, 2023

[REDACTED], ADMINISTRATOR
DEPARTMENT OF MILITARY AND VETERANS' AFFAIRS
ONE VETERANS' DRIVE
SPRING CITY, PA, 19475

RE: SOUTHEASTERN VETERANS'
CENTER
ONE VETERANS' DRIVE, 4TH FLOOR
SPRING CITY, PA, 19475
LICENSE/COC#: 13837

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/04/2023 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: SOUTHEASTERN VETERANS' CENTER **License #:** 13837 **License Expiration:** 03/27/2024
Address: ONE VETERANS' DRIVE, 4TH FLOOR, SPRING CITY, PA 19475
County: CHESTER **Region:** SOUTHEAST

Administrator

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

Legal Entity

Name: DEPARTMENT OF MILITARY AND VETERANS' AFFAIRS
Address: ONE VETERANS' DRIVE, SPRING CITY, PA, 19475
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-1 **Date:** 05/19/1994 **Issued By:** Department of Health

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 32 **Waking Staff:** 24

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:** 0
Reason: Renewal **Exit Conference Date:** 10/04/2023

Inspection Dates and Department Representative

10/04/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 54 **Residents Served:** 32

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:** 31
Diagnosed with Mental Illness: 9 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 0 **Have Physical Disability:** 0

Inspections / Reviews

10/04/2023 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 10/20/2023

10/19/2023 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 11/28/2023
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 10/29/2023

Inspections / Reviews *(continued)*

12/01/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/28/2023

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

65g - Annual Training Content

1. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- 1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
- 4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
- 5. Falls and accident prevention.

Description of Violation

Staff person A and B did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert, the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102) or falls and accident prevention during the 2022 training year.

Plan of Correction

Accept (████) - 10/19/2023)

- 1) Staff Person A and B received annual training for fire safety, OAPSA, falls and accident prevention on 05.12.2023 and 06.08.2023 respectively.
- 2) Staff annual training will be scheduled, completed, and documented by RNI or training designee monthly
- 3) Scheduled annual training completed will be audited by DON or designee monthly beginning 10.2023 for 3 months
- 4) Reporting of 2023 annual training compliance will be included at QA Meetings beginning 10.2023 and ongoing

Licensee's Proposed Overall Completion Date: 01/31/2024

Implemented (████) - 12/01/2023)

107d - Procedure Emergency Management Agency Submission

2. Requirements

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures have not been sent to the local emergency management agency (EMA) since 2020.

Plan of Correction

Accept (████) - 10/19/2023)

- 1) Emergency procedures were sent to local emergency management agency (EMA) The County of Chester on 6.29.2023 by the PCHA.
- 2) Written emergency procedures will be reviewed, updated, and submitted annually to the local emergency management agency (EMA) The County of Chester by the IFSS or designee.
- 3) PCHA or designee will receive and include copies of future annual notifications to local emergency management agency (EMA) The County of Chester in DHS Survey Book. Attached is a copy of confirmation of receipt from Chester County dated 10.18.2023.

Proposed Overall Completion Date: 10/19/2023

Licensee's Proposed Overall Completion Date: 10/19/2023

Implemented (████) - 12/01/2023)

225a Assessment 15 Days

3. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident 1 was admitted on [redacted]; however, the resident's assessment was not completed until [redacted].

Plan of Correction

Directed ([redacted] - 10/19/2023)

- 1) Written initial assessment will be documented on Departments' Assessment form within 15 days of Admission by PCHA or assigned designee
- 2) Initial assessments will be documented and monitored by PCHA or designee for 3 months
- 3) Reporting of compliance with resident initial assessment date will be reported to QA for 3 months

Proposed Overall Completion Date: 01/19/2024

Directed additional steps (slw 10/19/23)

- The PCHA or the nursing supervisor will audit all resident assessments within the next 30 days to ensure all have been completed as required.
- The PCHA or the nursing supervisor will develop a tickler system that includes resident name, date of admission, date of assessment, within the next 30 days and will implement the use of this system to ensure all assessments are completed timely.

Directed Completion Date: 01/19/2024

Implemented ([redacted] - 12/01/2023)