

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

May 8, 2024

[REDACTED]
SHENANGO PRESBYTERIAN SENIORCARE
[REDACTED]
[REDACTED]

RE: SHENANGO PRESBYTERIAN HOME
238 SOUTH MARKET STREET
NEW WILMINGTON, PA, 16142
LICENSE/COC#: 44034

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/23/2024, 01/24/2024 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: SHENANGO PRESBYTERIAN HOME License #: 44034 License Expiration: 11/03/2024
 Address: 238 SOUTH MARKET STREET, NEW WILMINGTON, PA 16142
 County: LAWRENCE Region: WESTERN

Administrator

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

Legal Entity

Name: SHENANGO PRESBYTERIAN SENIORCARE
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-1 Date: 11/10/1981 Issued By: Dept L & I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 60 Waking Staff: 45

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Interim Exit Conference Date: 01/24/2024

Inspection Dates and Department Representative

01/23/2024 - On-Site: [REDACTED]
 01/24/2024 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 46 Residents Served: 40

Secured Dementia Care Unit
 In Home: Yes Area: Woodside Capacity: 14 Residents Served: 14

Hospice
 Current Residents: 3

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 40
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 20 Have Physical Disability: 0

Inspections / Reviews

01/23/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/16/2024

02/23/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 05/06/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/28/2024

Inspections / Reviews (*continued*)

03/13/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 05/06/2024

Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 04/07/2024

05/02/2024 - Document Submission

Submitted By: [REDACTED] Date Submitted: 05/06/2024

Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 05/09/2024

05/08/2024 - Document Submission

Submitted By: [REDACTED] Date Submitted: 05/06/2024

Reviewer: [REDACTED] Follow-Up Type: Not Required

65i - Training Record

1. Requirements

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The home's record of staff training for all staff members, to include direct care staff person's A, B, and C, did not include the date and length of training for any of the staff trainings completed between 11/1/23 and 12/31/23.

Plan of Correction

Directed [redacted] - 03/13/2024)

- 1. The record of staff training for the trainings completed between 11-1-2023 and 12-31-2023 were corrected by [redacted] (interim PCHA) to include the date and length of training on February 8, 2024.
- 2. The staff training grid and staff training sign in sheets will be include staff person trained, date, source, content, length of each course and specific regulation by February 29, 2024
- 3. The PCHA or designee will audit the staff training grid and sign in sheets monthly including staff person trained, date, source, content, length of each course, and specific regulation, beginning January 2024, to ensure all above content is included.
- 4. PCHA or designee will report findings at quarterly QAPI meeting.

Proposed Overall Completion Date: 02/29/2024

Directed:

Beginning 3/31/24, the PCHA or designee will report audit findings at quarterly QAPI meetings.

[redacted] 3/13/24

Directed Completion Date: 03/31/2024

Implemented [redacted] - 05/08/2024)

187b - Date/Time of Medication Admin.

2. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident [redacted] is prescribed multiple medications at 8:00 p.m. to include:

- * [redacted] -give [redacted] by mouth at bedtime
- * [redacted] -give [redacted] by mouth at bedtime
- * [redacted] give [redacted] by mouth two twice daily
- * [redacted] - instill [redacted] in both eyes two time per day

However, on [redacted], resident [redacted] medication administration record did not include the initials of the staff person who administered the medication.

Plan of Correction

Accept [redacted] 02/23/2024)

- 1. Staff member completed resident [redacted] MAR on 2-2-2024
- 2. Education to be provided to med techs and LPNs of proper medication administration (5 rights) and regulation 187b by March 31, 2024 by PCHA or designee.
- 3. PCHA or designee will continue to review MAR weekly beginning from January 1, 2024, to ensure completion and report at quarterly QAPI meeting.

187b - Date/Time of Medication Admin. (continued)

Licensee's Proposed Overall Completion Date: 03/31/2024

Implemented [redacted] - 05/08/2024)

225c - Additional Assessment

3. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.
- 2. If the condition of the resident significantly changes prior to the annual assessment.
- 3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident [redacted] most recent assessment of care needs on record was completed on [redacted]

Plan of Correction

Directed [redacted] - 03/13/2024)

- 1. Resident [redacted] annual assessment was completed on 8-21-2023, although the typed date was 8-21-2022. Date corrected to 8-21-2023 at time of survey with surveyor present by the PCHA.
- 2. Nursing team will be educated to regulation 225c by February 29, 2024, by the PCHA or designee.
- 3. PCHA or designee will audit assessments monthly going forward, beginning February 12, 2024, to ensure timely completion per DHS regulations and report at quarterly QAPI meeting.

Proposed Overall Completion Date: 02/29/2024

Directed:

Beginning 3/31/24, the PCHA or designee will report audit findings at quarterly QAPI meetings.

[redacted] 3/13/24

Directed Completion Date: 03/31/2024

Implemented [redacted] - 05/08/2024)

227g -Support Plan Signatures

4. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident [redacted] most recent support plan was completed 8/21/22; however, the resident and the assessor did not sign the support plan until 11/28/23.

Plan of Correction

Directed [redacted] - 03/13/2024)

- 1. Resident [redacted] support plan was found to be completed and signed on 9-20-2023 but never printed, after the survey. Another support plan had been printed and signed by interim PCHA on 11-28-2023.
- 2. Nursing team will be educated to regulation 227g on November 30, 2023 by PCHA or designee.
- 3. PCHA or designee will audit all assessments and support plans going forward, quarterly, beginning February 12, 2024 to ensure timely completion per DHS regulations and report at quarterly QAPI meeting.

227g -Support Plan Signatures (continued)

Proposed Overall Completion Date: 02/29/2024

Directed:

Beginning 3/31/24, the PCHA or designee will report audit findings at quarterly QAPI meetings.

█ 3/13/24

Directed Completion Date: 03/31/2024

Implemented █ - 05/08/2024)