

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

July 2, 2024

[REDACTED], EXECUTIVE DIRECTOR
PRESBYTERIAN SENIOR CARE INC
880 SOUTH MAIN STREET
WASHINGTON, PA, 15301

RE: SOUTHMINSTER PLACE
880 SOUTH MAIN STREET
WASHINGTON, PA, 15301
LICENSE/COC#: 41593

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/20/2024 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: *SOUTHMINSTER PLACE* License #: *41593* License Expiration: *06/24/2025*
 Address: *880 SOUTH MAIN STREET, WASHINGTON, PA 15301*
 County: *WASHINGTON* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *PRESBYTERIAN SENIOR CARE INC*
 Address: *880 SOUTH MAIN STREET, WASHINGTON, PA, 15301*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *08/08/2022* Issued By: *Township of Strabane*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *73* Waking Staff: *55*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *05/20/2024*

Inspection Dates and Department Representative

05/20/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *90* Residents Served: *65*

Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: *8*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *65*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *8* Have Physical Disability: *1*

Inspections / Reviews

05/20/2024 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/14/2024*

06/13/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *07/01/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/19/2024*

Inspections / Reviews (*continued*)

06/14/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/01/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 07/01/2024

06/24/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/01/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 07/01/2024

07/02/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/01/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

91 - Telephone Numbers

1. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers posted on or near the telephones in the bedrooms of residents #1, 2, #3 and #4.

Plan of Correction

Accept ([redacted]) - 06/14/2024)

In response to the violation on 05/20/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/20/2024 by the Administrator to affix labels with the required emergency telephone numbers to the phones in the rooms of residents #1, #2, #3, and #4.

To identify the potential extent of the deficient practice, a whole house audit was completed during the week following the survey ensuring that at least one phone in every resident apartment had the required emergency numbers attached/affixed to the phone, with a completion date of 05/31/2024. To assist with ongoing compliance efforts, the following interventions will be implemented: An email communication to resident emergency contacts will share the components of 2600.91, asking that any time family members or residents desire to switch out facility phones for their own personal phones, they let team members know in order to affix the necessary required emergency numbers. In addition, the sales advisor will communicate this information to new residents during the move-in process. Finally, to prevent labels from wearing off or coming off through other means, the housekeeping department will check resident rooms for compliance with 2600.91 during their weekly deep clean of the resident room and notify Administration of any compliance issues.

Effective 6/13/2024, the Administrator began education to the housekeeping/environmental services team members on the components of 2600.91 and their role in compliance efforts moving forward, with an in-service completion date of 6/14/2024.

Effective 06/10/2024 the Administrator will perform random room audits of five resident rooms weekly x4 and monthly x 3 through 9/30/2024 to maintain ongoing compliance with posting telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline on or by each telephone with an outside line. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Results/findings of the audits will be brought to the home's QM meetings for discussion, review, and suggestions. The home's next QM meeting is scheduled for 6/25/2024.

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented ([redacted]) - 07/02/2024)

101j7 - Lighting/Operable Lamp

2. Requirements

2600.

101j7 - Lighting/Operable Lamp (continued)

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

No operable lamp or other source of lighting that can be turned on/off at bedside was present at resident #2's bedside.

REPEAT VIOLATION: 8/4/2022; 6/29/2022, et. al.

Plan of Correction

Accept (█) - 06/14/2024)

In response to the violation on 05/20/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/20/2024 by the Maintenance Technician to place a puck light at the bedside of resident #2.

To enhance the currently compliant operations:

- 1. A whole house audit was completed during the week following the survey ensuring that an operable lamp or other source of lighting that can be turned on/off was present at bedside in each of the resident apartments, with a completion date of 5/31/2024.
- 2. An email communication to resident emergency contacts will share components of 2600.101.j, providing education to the family members and residents in regard to decisions being made around how they set up their rooms as well as notifying them of our requirement to provide the residents with a source of lighting at bedside. In addition, the Sales Advisor will communicate this information to new residents moving in.
- 3. To ensure ongoing compliance, the housekeeping department will check resident rooms for compliance with 2600.101.j. during their weekly deep clean of the resident rooms and notify Administration of any compliance issues.

Effective 6/13/2024, the Administrator began education to the housekeeping/environmental services team members on the components of 2600.101.j. and their role in compliance efforts moving forward, with an in-service completion date of 6/14/2024.

Effective 06/10/2024 the Administrator will perform random room audits of five resident rooms weekly x 4 and monthly x 3 through 9/30/2024 to maintain ongoing compliance with the components of 2600.101.j. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Results/findings of the audits will be brought to the home's QM meetings for discussion, review, and suggestions. The home's next QM meeting is scheduled for 6/25/2024.

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented (█) - 07/02/2024)

141a - Medical Evaluation

3. Requirements

2600.

- 141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

Resident #1's medical evaluation, dated █ indicates, "see med list" in the medication addendum section; however, there is no medication list attached.

141a - Medical Evaluation (continued)

Plan of Correction

Accept () - 06/14/2024)

In response to the violation on 05/20/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/21/2024 by the Resident Services Coordinator to attach Resident #1's medication list from the time of admission to the DME.

To enhance the currently compliant operations, beginning 06/10/2024 the Resident Services Coordinator will complete a whole-house audit of resident charts, specifically evaluating compliance with the components of 2600.141.a. that "a resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission, with a completion date of 6/28/2024. Additionally, the Resident Services Coordinator will provide education to the Nurses in regard to regulation 2600.141.a, with a completion date of 06/21/2024.

Effective 7/1/2024, to maintain ongoing compliance, the Resident Services Coordinator will complete monthly DME audits on residents admitted in the prior month as well as yearly updates due for completion in that same month, ensuring each resident has a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Results/findings of the audits will be brought to the home's QM meetings for discussion, review, and suggestions. The home's next QM meeting is scheduled for 6/25/2024.

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented () - 07/02/2024)

171b5 - First Aid Kit

4. Requirements

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

The first aid kit in the home's Toyota Sienna, which is used to transport residents, does not include a breathing shield.

The first aid kit in the home's Ford E-250 bus, which is used to transport residents, does not include a thermometer or eye coverings.

171b5 - First Aid Kit (continued)

Plan of Correction

Accept () - 06/14/2024)

In response to the violation on 05/20/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/20/2024 by the community's Administrative Assistant. The Administrative Assistant went to check the community vehicles and located the fully-stocked first aid kits that she had previously placed in the vehicles. During the course of the investigation, it was determined that there were multiple kits in both vehicles (ones that had been opened and partially used, and ones that were unopened and full). The transportation team did not realize this at the time. The Administrative Assistant removed the old kits, leaving only the fully-stocked kits present in the vehicles.

To enhance the currently compliant operations, on 06/11/2024 the Administrator will provide education to the transportation team related to the components of 2600.171.b. Additionally, plastic tamper ties will be purchased and applied to the first aid kits, which will alert team members to something potentially being used from the kit, with a completion date of 6/21/2024.

Effective 06/10/2024 the Building Services Director will audit the transportation vehicles weekly x 4, then monthly ongoing ensuring a first aid kit is present with the contents as specified in § 2600.96 (relating to first aid kit). Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Results/findings of the audits will be brought to the home's QM meetings for discussion, review, and suggestions. The home's next QM meeting is scheduled for 6/25/2024.

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented () - 07/02/2024)

183d - Prescription Current

5. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 4/15/24, the following medications were discontinued for resident #7; however, were still present in the home at the time of inspection:

- *Hydrocodone APAP-10/325 mg tablets*
- *Oxycodone-Acetaminophen-10/325 mg tablets*

Plan of Correction

Accept () - 06/14/2024)

In response to the violation on 05/20/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/20/2024 by the Administrator to remove the Hydrocodone APAP - 10/325 mg tablets and Oxycodone-Acetaminophen - 10/325 mg tablets for resident # 7 from the medication cart. The medications were locked in the Administrators office until the RN - Resident Services Coordinator returned to the facility. On 5/22/2024, the medications were destroyed as per Home rules, with a completion date of 5/22/2024.

183d - Prescription Current (continued)

On 5/21/2024, the consultant pharmacist from [REDACTED] completed whole-house audits of the medication carts, specifically including the components of 2600.183.d. The consulting audits from the house pharmacy will occur quarterly.

To enhance the currently compliant operations, on 06/10/2024 the Resident Services Coordinator will provide education to facility Nurses and Med-Techs on the components of 2600.183.d. highlighting that only current prescription, OTC, sample, and CAM for individuals living in the home may be kept in the home, with a completion date of 06/21/2024.

Effective 06/10/2024 the Resident Services Coordinator will perform weekly medication cart audits x4, followed by monthly audits x 6 ensuring only current prescription, OTC, sample and CAM for individuals living in the home will be kept in the home. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Results/findings of the audits will be brought to the home's QM meetings for discussion, review, and suggestions. The home's next QM meeting is scheduled for 6/25/2024.

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented ([REDACTED] - 07/02/2024)

185a - Implement Storage Procedures

6. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #5's glucometer is not set to the current time.

There are numerous blood sugar readings that are incorrectly documented on resident #5's May 2024 medication administration record (MAR), to include the following:

Date/time per Glucometer	Glucometer Reading	Documentation on MAR
• 5/19/24 at 7:23 am	158	152
• 5/18/24 at 11:22 am	94	97
• 5/14/24 at 6:58 am	163	165
• 5/12/24 at 3:52 am	89	95
• 5/11/24 at 4:05 am	87	83
• 5/9/24 at 4:30 am	76	78
• 5/3/24 at 7:28 am	139	138
• 5/7/24 at 7:25 am	162	161

Resident #6's True Metrix glucometer is not labeled with resident #6's name.

The home has 2 unlabeled True Metrix glucometers that were being used as "house" glucometers.

185a - Implement Storage Procedures (continued)

Plan of Correction

Accept (█) - 06/14/2024)

In response to the violation on 05/20/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/20/2024 by the Administrator to ensure Resident #5's glucometer was set to the current time by the facility's floor nurse, Resident #6's True Metrix glucometer was labeled with Resident #6's name, and the two unlabeled True Metrix glucometers that were identified as "house glucometers" were disposed of as it could not be determined definitively who they belonged to. During the course of the investigation, team members reported that, in the interest of promoting resident independence they had been accepting the verbal report of the resident as to what the blood sugars were and had not been confirming the reading themselves on the glucometer. The resident had been rounding up or down as suited █ explaining the discrepancy in readings.

To enhance the currently compliant operations, on 05/21/2024 the Resident Services Coordinator completed a whole-house audit of diabetic residents with glucometers to ensure that all glucometers are labeled appropriately and accurate with date and time. Beginning 6/10/2024, the Resident Services Coordinator will provide education to Nurses and Med-Techs on the components of 2600.185.a., specifically highlighting the glucometers procedures, safe storage, access, usage, documentation, etc. with a completion date of 6/21/2024.

Beginning 6/10/2024, weekly x 3 followed by monthly x 6, the Resident Services Coordinator will audit the blood sugar readings of diabetics in-house to ensure accuracy related to the reading and the documentation on the MAR, as well as checking resident glucometers to ensure they are set to the current date/time and labeled with the resident's name. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Results/findings of the audits will be brought to the home's QM meetings for discussion, review, and suggestions. The home's next QM meeting is scheduled for 6/25/2024.

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented (█) - 07/02/2024)

187a - Medication Record

7. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).

187a - Medication Record (continued)

- 13. Date and time of medication administration.
- 14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #7 is prescribed Oxycodone HCL 5 mg tablet-Take 1-2 tablets by mouth every 4-6 hours as needed; however, resident #7's May 2024 MAR indicates Oxycodone HCL 5 mg tablet-Take 1 tablet by mouth every 6 hours as needed.

REPEAT VIOLATION: 6/29/2022, et. al.

Plan of Correction

Accept ([redacted]) - 06/14/2024)

In response to the violation on 05/20/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/21/2024 by the Resident Services Coordinator to clarify the order by identifying the correct prescribing provider and inquiring with that physician. Prior to a response from the ordering physician occurred, Resident #7 requested to be sent to the Emergency Room (due to reasons unrelated to this medication) [redacted] Resident #7's return to personal care level of care is questionable, but should Resident #7 return to this facility, Resident #7 will have a complete set of new medication orders which will be reviewed by the Resident Services Coordinator for compliance with the components of 2600.187.a.1-14.

To enhance the currently compliant operations, beginning 06/10/2024 the Resident Services Coordinator will complete education with facility nurses on the components of 2600.187.a.1-14, specifically highlighting the issue with accepting an order that states "1-2" or "1 or 2" tablets, leaving discretion to the nurse or resident versus provider orders, with a completion date of 06/21/2024.

Effective 6/10/2024, the Resident Services Coordinator will perform random audits of five resident's medication orders x4 weeks, followed by monthly audits x 6 to ensure the components of 2600.187.a. are present and to maintain ongoing compliance with the components of this regulation. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Results/findings of the audits will be brought to the home's QM meetings for discussion, review, and suggestions. The home's next QM meeting is scheduled for 6/25/2024.

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented ([redacted]) - 07/02/2024)

227d - Support Plan Medical/Dental

8. 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.

Description of Violation

Resident #2's support plan, dated [redacted] does not include resident #2's use of a wander-guard or the services and

227d - Support Plan Medical/Dental (continued)

frequency of services resident #2 is currently receiving from Hospice.

Resident #3's support plan, dated [REDACTED] does not include the services and frequency of services resident #3 is currently receiving from Hospice. Also, on [REDACTED], resident #3 was prescribed a pureed diet; however, resident #3's support plan indicates resident #3 is prescribed a mechanical soft diet.

Plan of Correction**Accept ([REDACTED] - 06/14/2024)**

In response to the violation on 05/20/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/21/2024 by the Resident Services Coordinator to correct Resident #2's support plan, dated [REDACTED], to include the use of a wander-guard as well as the specific hospice services and frequency of said services. Resident #3's support plan was updated to include the services being received by hospice as well as the frequency of said services. Additionally, the support plan was corrected to reflect the change from mechanical soft to a pureed diet.

To enhance the currently compliant operations, on 06/10/2024, the facility nurses, under the direction of the Resident Services Coordinator, will complete a whole-house audit of support plans, specifically in regard to compliance with the components of 2600.227.d with a completion date of 6/28/2024.

Effective 6/14/2024, the home will roll out revised support plan procedures in which the Monday through Friday daily LeanForward team huddles will include a segment designed to ensure all support plans are updated with new services, significant changes, cognitive or behavioral changes, and other accommodations the team feels need added to the plan, and accurately reflect the current care needs of the resident. The designated person responsible for completion of the support plan is the Resident Services Coordinator. (see attachment)

Effective 6/14/2024, the Administrator will in-service the interdisciplinary team, including the Resident Services Coordinator on the revised support plan procedures, with a completion date of 6/21/2024.

Effective 7/1/2024, to maintain ongoing compliance, the Resident Services Coordinator will complete monthly audits of 5 resident support plans x 6 months, ensuring ongoing compliance with the components of 2600.227.d. (documenting 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.). Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Results/findings of the audits will be brought to the home's QM meetings for discussion, review, and suggestions. The home's next QM meeting is scheduled for 6/25/2024.

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented ([REDACTED] - 07/02/2024)