

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

September 19, 2024

[REDACTED], EXECUTIVE DIRECTOR
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 07/08/2024 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: STEWARD PLACE License #: 10063 License Expiration: 05/25/2025
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]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: Total Daily Staff: 54 Waking Staff: 41

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Incident Exit Conference Date: 07/08/2024

Inspection Dates and Department Representative

07/08/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 148 Residents Served: 44

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: 44
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 3
Have Mobility Need: 10 Have Physical Disability: 0

Inspections / Reviews

07/08/2024 Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/03/2024

08/07/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 09/09/2024
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/12/2024

Inspections / Reviews *(continued)*

08/08/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/09/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 08/26/2024

09/19/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/09/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

15b - Supervisor Plan

1. Requirements

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On [REDACTED], at approximately midnight, Resident 1 reported an allegation of abuse against Staff Person A, to Staff Person B. The home did not develop and implement a plan of supervision or suspend Staff Person A until [REDACTED] at [REDACTED] Staff Person A worked on [REDACTED] from [REDACTED] until [REDACTED]

Plan of Correction

Accept ([REDACTED] - 08/08/2024)

1)An allegation of abuse was emailed to the Resident Services Manager from Staff Member B on [REDACTED] at [REDACTED], received by RSM at approximately [REDACTED] on [REDACTED]. Resident #1 had no ill effects noted. At the time the RSM was notified of allegation, alleged perpetrator was immediately removed from the schedule. Full abuse investigation was initiated [REDACTED]

2) Current residents in alleged perpetrator's assignment were interviewed on [REDACTED] with two staff present to ensure no other residents were involved or had concerns, no concerns identified.

3)Re-education to staff through the PA Dept of Aging Learning Management Systems' "PS Mandatory Abuse Reporting Training Course" and the Elder Abuse Awareness Resource available via the PA Dept of Aging's Learning Management System. PCH Administrator provided re-education reinforcing above and need for immediate report of any allegations on [REDACTED]

4)Mandated Reporter/Abuse Reporting will be discussed at each monthly staff meeting for the next three months and then ongoing per PSL protocol, next monthly staff meeting scheduled for 8/21/24. Any staff who do not attend the next three-monthly meetings will be counseled by Resident Services Manager or Administrator individually to ensure they receive this very important information for safety purposes for all of our residents. Administrator or designee will review 24-hour report daily for four weeks to ensure timely reporting of any allegations of abuse. An audit will be completed with each abuse allegation/investigation by the Executive Director or designee for the next 3 months to ensure that an immediate plan of supervision or suspension of staff was completed. Audit results will be forwarded to the Quality Improvement Committee for review.

Licensee's Proposed Overall Completion Date: 08/23/2024

Implemented ([REDACTED] - 09/19/2024)

16c - Written Incident Report

2. 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], at approximately midnight, Resident 1 reported an allegation of abuse. The home did not report this incident to the department until [REDACTED].

16c Written Incident Report (continued)

Plan of Correction

Accept (█ - 08/08/2024)

- 1) An allegation of abuse was emailed to the Resident Services Manager from Staff Member B on █ at █, received by RSM at approximately █. Resident #1 had no ill effects noted. At the time the RSM was notified of allegation, alleged perpetrator was immediately removed from the schedule. Full abuse investigation was initiated on █.
- 2) Current residents in alleged perpetrator's assignment were interviewed on █ with two staff present to ensure no other residents were involved or had concerns, no concerns identified.
- 3) Re education to staff through the PA Dept of Aging Learning Management Systems' "PS Mandatory Abuse Reporting Training Course" and the Elder Abuse Awareness Resource available via the PA Dept of Aging's Learning Management System. PCH Administrator provided re education reinforcing above and need for immediate report of any allegations on 7/30/24 and 7/31/24.
- 4) Mandated Reporter/Abuse Reporting will be discussed at each monthly staff meeting for the next three months and then ongoing per PSL protocol, next monthly staff meeting is scheduled for 8/21/24. Any staff who do not attend the next three monthly meetings will be counseled by Resident Services Manager or Administrator individually to ensure they receive this very important information for safety purposes for all of our residents. Administrator or designee will review 24 hour report daily for four weeks to ensure timely reporting of any allegations of abuse. An audit will be completed with each abuse allegation/investigation by the Executive Director or designee for the next 3 months to ensure that any allegation was reported by staff immediately to the Personal Care Home Administrator or designee and a report to Department of Human Services was completed within 24 hours. Audit results will be forwarded to the Quality Improvement Committee for review.

Licensee's Proposed Overall Completion Date: 08/23/2024

Implemented (█ - 09/19/2024)

183d - Prescription Current

3. 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 █, █, prescribed for individual 1, was in the home's medication cart; however, the medication was discontinued on █

Plan of Correction

Accept (█ - 08/08/2024)

- 1) Individual #1's medication was removed immediately from the cart at time of survey. There was no harm to individual #1 due to this medication being in the cart.
- 2) The medication cart involved was reviewed after the survey, as well as all other medication carts to ensure no other discontinued medications remained in the cart. No discontinued medications identified.
- 3) All nursing staff who are trained to administer medications will be re educated during the August monthly nursing staff meeting on 8/21/2024 by the Resident Services Manager and/or the Administrator on the importance of checking the medication cart for discontinued or expired medications during each med pass. During this meeting will also be re educated that when an order is received to discontinue a medication, the medication must immediately be removed from the cart, logged and destroyed, with 2 staff present per policy for safety purposes.
- 4) Medication Cart Audits were last conducted by HealthDirect Pharmacy Representatives in June of 2024 and again on July 25, 2024 and will continue as scheduled. A med cart audit was also completed on July 27, 2024 by lead

183d Prescription Current (continued)

med tech/caregiver to ensure only medications with current orders are being kept in the home. Administrator and/or Resident Services Manager will continue medication cart audits monthly for 3 months for maintained compliance with this regulation. Any audit documentation received will to be retained by Administrator or designee for Quality Assurance Purposes and forwarded to the Quality Improvement Committee for review.

Licensee's Proposed Overall Completion Date: 08/23/2024

Implemented [REDACTED] - 09/19/2024)