

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

October 10, 2024

[REDACTED]
SHENANGO PRESBYTERIAN SENIORCARE
[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 07/30/2024 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: 44 Waking Staff: 33

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Incident Exit Conference Date: 08/01/2024

Inspection Dates and Department Representative

07/30/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 46 Residents Served: 34

Secured Dementia Care Unit
 In Home: Yes Area: Woodside Capacity: 14 Residents Served: 10

Hospice
 Current Residents: 0

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 34
 Diagnosed with Mental Illness: 19 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 10 Have Physical Disability: 0

Inspections / Reviews

07/30/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/06/2024

09/18/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 10/03/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/25/2024

Inspections / Reviews (*continued*)

09/27/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/03/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 10/04/2024

10/10/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/03/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted] at approximately 7:00 pm, staff person A alleged seeing staff person B roughly handling resident [redacted]. However, the home did not report the allegation of abuse to the local Area Agency on Aging until 7/3/24.

Plan of Correction

Accepted [redacted] 09/27/2024)

In response to the violation received on 7/30/2024 by the Pennsylvania Bureau of Human Services Licensing, immediate action was taken on 7/5/2024 by Executive Director and home's Administrator to begin to educate the involved team members on the components of 2600.15a as well as the overall proper protocol and policies of reporting alleged abuse. In addition, the interdisciplinary team as a whole were educated on the components of 2600.15 and the home's policies and procedures regarding abuse reporting on July 25, 2024.

To enhance current compliant operations, the home's Administrator will conduct tabletop drills with scenarios involving abuse reporting and requiring the team members to respond with appropriate next steps, at monthly team meetings starting 9/17/2024 with a completion date of 12/31/2024.

To maintain ongoing compliance, the Administrator will complete random audits of five team members, monthly times three, presenting questions regarding the components of 2600.15 and proper abuse and neglect reporting.

Results/findings of the audits will be brought back to the home's QM meetings for discussion, review, and suggestions. The home's next QM meeting is scheduled for 9/17/2024.

Updated: 9/23/2024

Components of 2600.15a as well as the overall proper protocol and policies of reporting alleged abuse, specifically including reporting allegations of abuse immediately to local Area Agency of Aging was completed on July 25, 2024 with the whole interdisciplinary team members

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

Implemented [redacted] - 10/10/2024)

15c - Supervision

2. Requirements

2600.

15.c. The home shall immediately submit to the Department's personal care home regional office a plan of supervision or notice of suspension of the affected staff person.

15c - Supervision (continued)

Description of Violation

On 6/28/24 at approximately 7:00 pm, staff person A alleged seeing staff person B roughly handling resident [REDACTED]. However, staff person B continued to work on 7/9/24 from 6:26am to 3:22pm, 7/12/24 from 6:26am to 2:56pm, 7/13/24 from 6:24am to 9:25am, 7/15/24 from 6:25am to 2:57pm, 7/17/24 from 2:24pm to 10:65pm , 7/19/24 from 6:26am to 2:44pm, 7/23/24 from 6:28am to 2:40pm, 7/25/24 from 6:29am to 2:59pm, 7/26/24 from 6:25am to 3:30pm, and 7/29/24 from 6:25am to 2:57pm and was not suspended/placed on a plan of supervision.

Plan of Correction

Accepted [REDACTED] - 09/18/2024)

In response to the violation received on 7/30/2024 by the Pennsylvania Bureau of Human Services Licensing, immediate action was taken on 7/30/2024, by the DHS Licensing Representative to the home's Administrator and Executive Director, educating on the components of 2600.15c, specifically noting the need to notify the department of the plan of supervision/suspension of the affected team member. The Administrator provided education to team members on 8/27/2024 regarding the components of 2600.15.c.

To prevent recurrence, when any allegation of abuse or neglect is alleged, the home will immediately remove the alleged perpetrator and place them on suspension until an internal investigation is completed. BHSL will be immediately notified of the suspension. Depending on the outcome of the investigations, the team member will continue on suspension or return to work based on a BHSL approved plan of supervision. The affected team member will not work in the neighborhood where the affected resident is living or will have another team member working side by side with affected staff until all agencies involved have completed their investigation.

To enhance current compliant operations, the home's Administrator will conduct tabletop drills with scenarios involving abuse reporting and requiring the team members to respond with appropriate next steps, at monthly team meetings starting 9/17/2024 with a completion date of 12/31/2024.

To maintain ongoing compliance, the Administrator will complete random audits of five team members, monthly x 3, presenting questions regarding the components of 2600.15 and proper abuse and neglect reporting.

Results/findings of the audits will be brought back to the home's QM meetings for discussion, review, and suggestions. The home's next QM meeting is scheduled for 9/17/2024.

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

Implemented [REDACTED] 10/10/2024)

16c - Written Incident Report

3. 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 7:00 pm, staff person A alleged seeing staff person B roughly handling resident [REDACTED]

16c - Written Incident Report (continued)

However, the home did not report the allegation of abuse to the Department until 7/3/24.

Plan of Correction

Accept [REDACTED] - 09/27/2024)

In response to the violation received on 7/30/2024 by the Pennsylvania Bureau of Human Services Licensing, immediate action was taken on 7/30/2024, by the DHS Licensing Representative to the home's Administrator and Executive Director, educating on the components of 2600.16c. In addition, the interdisciplinary team as a whole were educated by the Administrator, on the components of 2600.16 and the home's policies and procedures regarding abuse reporting on 7/25/2024.

To enhance current compliant operations, the home's Administrator will conduct tabletop drills with scenarios involving abuse reporting and requiring the team members to respond with appropriate next steps, at monthly team meetings starting 9/17/2024.

To maintain ongoing compliance, the Administrator will complete random audits of five team members, monthly x 3, presenting questions regarding the components of 2600.16 and proper abuse and neglect reporting. Results/findings of the audits will be brought back to the home's QM meetings for discussion, review, and suggestions. The home's next QM meeting is scheduled for 9/17/2024.

Updated 9/23/2024

On the components of 2600.16c and the home's policies/procedures regarding abuse reporting. On 7/25/2024, specifically including reporting reportable incidents and conditions to the Department within 24 hours with the whole interdisciplinary team members

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

Implemented [REDACTED] - 10/10/2024)

65d - Initial Direct Care Training

4. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

- 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person A, hired on [REDACTED], began providing unsupervised ADL services on [REDACTED]. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test until [REDACTED]

Plan of Correction

Accept [REDACTED] - 09/27/2024)

In response to the violation received on 7/30/2024 by the Pennsylvania Bureau of Human Services Licensing, immediate action was taken on 7/30/2024 to remove Staff A from providing services until completion of

65d - Initial Direct Care Training (continued)

Department approved direct care training course and passing of the competency test, which occurred 8/1/2024.

An audit of direct care staff was completed to ensure all personal care aide team members had documentation showing successful completion of a Department approved direct care training course and successful competency test, as evidenced by an appropriate certificate of completion.

To enhance current compliant operations and prevent recurrence, the home will automatically schedule non-licensed direct care staff to take the Department approved direct care staff training and competency test on Day 3 of General Orientation, which is prior to working on the floor with residents and prior to any onboarding/shadowing with another team member providing resident care.

To maintain ongoing compliance, the Administrator will complete monthly audits of new hire records twice a month x 6 months to ensure all non-licensed direct care staff are in compliance with the components of 2600.65.d.2.

Results/findings of the audits will be brought back to the home's QM meetings for discussion, review, and suggestions. The home's next QM meeting is scheduled for 9/17/2024.

Updated 9/23/2024

On 8/1/2024, an audit of all interdisciplinary team members direct care training was completed by Administrator. To maintain ongoing compliance, all new non-licensed staff will be scheduled during Day 2 orientation with instructions on completing the state approved direct care training on Day 3 orientation prior to any onboarding/shadowing with another team member providing resident care.

Licensee's Proposed Overall Completion Date: 02/28/2025

Implemented [redacted] 10/10/2024)

141a - Medical Evaluation

5. 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 [redacted] was admitted into the home on [redacted], and was evaluated by a doctor on [redacted]; however, the evaluation was not documented on a form specified by the Department.

Plan of Correction

Accept [redacted] - 09/18/2024)

In response to the violation received on 7/30/2024 by the Pennsylvania Bureau of Human Services Licensing, immediate action was taken on 8/27/2024, by the Administrator, to correct Resident 1's Documentation of Medical Evaluation, completing a new DME on the Department's specified/approved form.

Licensed staff involved with the DME process were educated on the components of 2600.141.a. on 8/28/2024.

141a - Medical Evaluation (continued)

To enhance currently compliant operations, the facility nurses, under the direction of the Administrator, will complete a whole-house audit of resident DME's to ensure compliance with the components of 2600.141.a., specifically ensuring completion on the Department approved form, with a completion date of 9/17/2024.

Effective 9/17/2024, to maintain ongoing compliance, the Administrator will complete monthly audits of 5 resident DMEs x 6 months, ensuring ongoing compliance with the components of 2600.141.a. 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 back to the home's QM meetings for discussion, review, and suggestions. The home's next QM meeting is scheduled for 9/17/2024.

Licensee's Proposed Overall Completion Date: 03/31/2025

Implemented [REDACTED] - 10/10/2024)

225c - Additional Assessment

6. 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

Multiple staff interviews indicate resident [REDACTED] is frequently physically aggressive, irritable, and agitated with staff during the evening shift. However, the resident's assessment, dated [REDACTED], has not been updated to reflect these changes.

Plan of Correction

Accept [REDACTED] - 09/18/2024)

In response to the violation received on 7/30/2024 by the Pennsylvania Bureau of Human Services Licensing, immediate action was taken on 8/27/2024, by the Administrator, to correct Resident 1's assessment. The assessment was reviewed and updated to ensure recent status changes involving the resident's distressed reactions and all current health needs are accurately reflected.

All licensed nurses were educated on the components of 2600.225.c. on 8/28/2024.

To enhance the currently compliant operations, the facility nurses, under the direction of the Administrator, will complete a whole-house audit of resident assessments, specifically in regard to compliance with the components of 2600.225.c., with a completion date of 9/16/2024

Effective 9/17/2024, to maintain ongoing compliance, the Administrator will complete monthly audits of 5 resident assessment and support plans x 6 months, ensuring ongoing compliance with the components of 2600.225.c. 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 back to the home's QM meetings for discussion, review, and

225c - Additional Assessment (continued)

suggestions. The home's next QM meeting is scheduled for 9/17/2024.

Licensee's Proposed Overall Completion Date: 03/31/2025

Implemented [redacted] - 10/10/2024)

227g -Support Plan Signatures

7. 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] support plan, dated [redacted], was not signed by the resident nor does it indicate the resident was unable to participate, declined to participate, refused to sign or was unable to sign.

Repeat Violation: 10/19/23 and 1/23/24

Plan of Correction

Accept [redacted] - 09/18/2024)

In response to the violation received on 7/30/2024 by the Pennsylvania Bureau of Human Services Licensing, immediate action was taken on 8/27/2024, by the Administrator, to correct Resident 1's support plan. The support plan was reviewed and updated to ensure all current needs are met and that the resident signature is present.

To enhance the currently compliant operations, on 9/16/2024, the facility nurses, under the direction of the Administrator, will complete a whole-house audit of support plans, specifically in regard to compliance with the components of 2600.227.g

Effective 9/18/2024, the home will roll out revised support plan procedures in which the daily shift to shift report will include a segment designed to ensure all components of 2600.227 are captured and compliant. The designated person responsible for completion of the support plan will be the home's Administrator.

Effective 9/11/2024, the Administrator will in-service the interdisciplinary team on the revised support plan procedures, with a completion date of 9/17/2024.

Effective 9/17/2024, to maintain ongoing compliance, the Administrator will complete monthly audits of 5 resident support plans x 6 months, ensuring ongoing compliance with the components of 2600.227.g. 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 back to the home's QM meetings for discussion, review, and suggestions. The home's next QM meeting is scheduled for 9/17/2024.

Licensee's Proposed Overall Completion Date: 03/31/2025

Implemented [redacted] 10/10/2024)