

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

May 5, 2025

[REDACTED]  
PRESBYTERIAN HOMES INC  
[REDACTED]  
[REDACTED]

RE: STEWARD PLACE  
7 EAST LOCUST STREET  
OXFORD, PA, 19363  
LICENSE/COC#: 10063

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/28/2024 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]
Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: Total Daily Staff: 55 Waking Staff: 41

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Complaint Exit Conference Date: 08/28/2024

Inspection Dates and Department Representative

08/28/2024 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 148 Residents Served: 45

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 45
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 3
Have Mobility Need: 10 Have Physical Disability: 0

Inspections / Reviews

08/28/2024 Partial

Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 09/16/2024

05/05/2025 - POC Submission

Submitted By: [Redacted] Date Submitted: 09/16/2024
Reviewer: [Redacted] Follow-Up Type: Bypass Document Submission

Inspections / Reviews *(continued)*

05/05/2025 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/05/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

65a - FS Orientation 1st Day

1. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

Description of Violation

Staff person A and B, whose first day of work was [REDACTED], did not receive orientation on the fire safety until 7/17/24. Staff person C, whose first day of work was [REDACTED], did not receive orientation on the fire safety until 4/10/24.

Plan of Correction

Accept [REDACTED] - 09/17/2024)

1. Staff persons A, B, and C received orientation on fire safety by the Director of Environmental Services on day 2 of their orientation before working on the floor with residents.

2. Staff persons A, B, and C received orientation on fire safety on day two but were not working on the floor with residents. No residents had any ill effects due to this violation.

3. On 8/28/24, Resident Services Manager educated human resources, the New Employee Orientation schedule was changed immediately to ensure that all new staff will be trained in fire safety by the Director of Environmental Services, or designee on the first day of work. The new orientation schedule will ensure all new staff receive fire safety orientation on the first day of work. Per company policy new employees do not work with residents until they have completed New Hire Orientation.

4. The Human Resources Director, or designee will complete a random audit of 3 individuals to ensure compliance with new employees receiving Fire Safety Orientation on the first day of work weekly for 4 weeks and then monthly for 2 months. The results of these audits will be forwarded to Quality Assurance Process Improvement team for review and recommendations.

Licensee's Proposed Overall Completion Date: 09/16/2024

Implemented [REDACTED] - 05/05/2025)

65b - Rights/Abuse 40 Hours

2. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

Description of Violation

Staff person A, B and C did not complete training in the Emergency Medical Plan and Reporting Reportable Incidents within their first 40 hours of work.

Plan of Correction

Accept [REDACTED] - 09/17/2024)

1. Staff persons A, B, and C received training in the Emergency Medical Plan and Reporting Reportable Incidents during their New Employee Orientation and Relias trainings that were completed prior to working on the floor with residents. They demonstrated knowledge of training to confirm competency on various dates. Staff person A completed this training on [REDACTED], Staff person B on [REDACTED] and Staff person C on [REDACTED]

## 65b Rights/Abuse 40 Hours (continued)

2. Staff Persons A, B, and C completed all required trainings before working alone with any resident. No residents had any ill effects due to this violation.
3. On 8/28/24, Resident Services Manager educated human resources who reviewed the New Employee Orientation and changed the outline to reflect all new staff being oriented to the Emergency Medical Plan and Reporting Reportable Incidents within their first 40 hours of work.
4. The Human Resources Director, or designee will complete a random audit of 3 individuals to ensure compliance with new employees receiving training on the Emergency Medical Plan and Reporting Reportable Incidents during the first 40 hours of work weekly for 4 weeks and then monthly for 2 months. The results of these audits will be forwarded to Quality Assurance Process Improvement Team for review and recommendations.

Licensee's Proposed Overall Completion Date: 09/16/2024

Implemented (████ - 05/05/2025)

## 185b - Medication Procedures

## 3. Requirements

2600.

185.b. At a minimum, the procedures must include:

## Description of Violation

On ██████ the staff assigned to document the total amount of medications available during shift change, did not accurately report the amount of ██████ available for administration to resident ██████. The narcotics log, dated ██████, indicated ██████ of ██████ were available and upon the administration of ██████, on that day 20 mls remained. This accounting error was carried forward through ██████, on each shift, as the narcotic log noted 13.5mls was available when actually 15 mls remained in the bottle of ██████. The home's procedures for the safe use of medications and documentation of controlled substances was not followed.

## Plan of Correction

Accept ██████ - 09/17/2024)

1. On 8/28/24, the Resident Services Manager corrected the narcotics log from the accounting error and ensured the correct amount of ██████ was noted on the log as it was the correct amount in the bottle.
2. All resident's narcotic medications were audited on 8/28/24 to ensure the amount on hand coincided with the amount listed on the narcotics log by Resident Services Manager with no further discrepancies noted. No residents had any ill effects due to this violation.
3. Personal Care Home Administrator, Resident Services Manager or designee will provide re education to staff on 9/25/24 who are certified to pass medications to include PSL's Controlled Substances policies which specifies the procedures and necessity of verifying the count of the physical supply of medication and the amount noted on the declining inventory form (narcotic log) and to report discrepancies to the Personal Care Administrator or designee immediately.

185b - Medication Procedures (continued)

4. The Personal Care Home Administrator or designee will complete an audit of all controlled substances to ensure the log matches with the supply on hand weekly for 4 weeks and then monthly for 2 months. The results of these audits will be forwarded to the Quality Assurance Process Improvement team for review and recommendations.

Licensee's Proposed Overall Completion Date: 09/16/2024

Implemented [REDACTED] - 05/05/2025)

187d - Follow Prescriber's Orders

4. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] at 12 noon daily. However, on [REDACTED] the resident was administered [REDACTED] at 10:35am

Resident [REDACTED] is prescribed [REDACTED] at 12 noon daily. However, on [REDACTED], the resident was administered [REDACTED] 10:59am, according to the time stamp on the current medication administration record.

Plan of Correction

Accept [REDACTED] - 09/17/2024)

1. On 8/28/2024, the Resident Services Manager reviewed and corrected Resident [REDACTED] routine order for [REDACTED] so that the electronic medication administration record reflected it can only be giving one hour before or one hour after scheduled time of administration. On 8/28/24, Resident Services Manager notified resident, family, and PCP of medication error and DHS reportable incident form was submitted.

2. Resident Services Manager reviewed all [REDACTED] orders for residents on 8/28/2024 to ensure orders were correctly profiled to only be given one hour before or after the ordered time of administration. The resident had both a routine and PRN order for morphine and had requested a dose be given. It was identified that staff had administered the dose but documented it as the routine dose instead of the PRN dose. The resident exhibited no ill effects from this violation.

3. Personal Care Home Administrator, Resident Services Manager or designee will provide re-education to LPN staff to correctly profile time-specific medication orders in the electronic medication administration record. They will also re-educate team members who are certified to pass medications on the importance of following five rights and three checks to administer and document correctly during medication administration on 9/25/24.

4. Personal Care Home Administrator or designee will complete a random audit of 5 residents' medication administration records once weekly for 4 weeks and then monthly for 2 months to ensure orders are entered and administered as per primary care provider instructions.

Licensee's Proposed Overall Completion Date: 09/16/2024

187d - Follow Prescriber's Orders (*continued*)

*Implemented* [REDACTED] - 05/05/2025)