

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

February 21, 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 10/10/2024 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**

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

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 54 Waking Staff: 41

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Complaint, Incident Exit Conference Date: 10/10/2024

**Inspection Dates and Department Representative**

10/10/2024 - 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: 0  
 Number of Residents Who:  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 44  
 Diagnosed with Mental Illness: 3 Diagnosed with Intellectual Disability: 3  
 Have Mobility Need: 10 Have Physical Disability: 2

**Inspections / Reviews**

10/10/2024 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/15/2024

11/19/2024 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 12/12/2024  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/24/2024

Inspections / Reviews *(continued)*

12/03/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/12/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/12/2024

02/21/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/12/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

23a Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

The assessment and support plan, dated [REDACTED], for resident [REDACTED] indicates the resident requires assistance with pulling up their briefs and pants after using the bathroom, and the resident will ask for help for transfer when [REDACTED] feels unsteady. On [REDACTED], the resident did not receive this assistance as required.

Plan of Correction

Accept [REDACTED] 11/19/2024)

- On 10/04/2024 LPN and Administrator met with resident, discussed voiced concerns and ensured resident's needs were met. No harm or injury to the resident.
- On 10/4/2024, reports were made to DHS, Area Agency on Aging, physician, family and local police. An internal investigation was conducted including interviewing staff and other residents to ensure assistance is provided with ADL's as indicated in their RASP.
- Current staff will be re-educated by Resident Services Manager or designee by 12/12/2024 to ensure staff are reviewing resident's assessment and support plans and discussing concerns related to resident needs.
- The PC Administrator or designee will complete a random audit of 3 resident's RASPs weekly times 4 weeks and then 3 residents monthly for 2 months to ensure compliance with Assistance with ADLs as indicated in the resident's RASP. The results of these audits will be forwarded to the Quality Assurance Process Improvement team for review and recommendations.

Proposed Overall Completion Date: 12/12/2024

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

Implemented [REDACTED] - 02/21/2025)

25b Contract Signatures

2. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [REDACTED], for resident [REDACTED] was not signed by the resident and the payer, or the designated person.

Plan of Correction

Accept [REDACTED] - 12/03/2024)

- The resident's original contract was signed in 2018, in 2019 a room change took place and the resident did not sign this contract. The resident was approached and signed new contract 11/22/24.

25b Contract Signatures (continued)

- An audit was conducted on 10/11/2024 & 10/14/2024 of current resident contracts. A log with the findings will be kept for future surveys.
- Re education to administrator/resident service manager on 11/14/24 on contracts to be signed by administrator or a designee, the resident and payer.
- The PC Administrator or designee will complete an audit of new admissions contracts/agreements monthly for 3 months to ensure compliance with appropriate signatures. The results of these audits will be forwarded to the Quality Assurance Process Improvement Team for review and recommendations.

Proposed Overall Completion Date: 12/12/2024

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

Implemented [redacted] - 02/21/2025)

41e - Signed Statement

3. Requirements

2600.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

Resident [redacted] record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

Plan of Correction

Accept [redacted] - 12/03/2024)

- The resident's original contract was signed in 2018, in 2019 a room change took place and the resident did not sign this contract, or the exhibits attached which includes the information specified in 2600.41(d). The resident was approached and signed new contract 11/22/24.
- An audit was conducted on 10/11/2024 & 10/14/2024 of current resident contracts. A log with the findings will be kept for future surveys.
- Re education to administrator/resident service manager on 11/14/2024 on getting the resident or resident's designated person receipt of a copy of the information specified. If a resident refuses to sign documentation of efforts made to obtain signatures will be documented on the agreement and exhibit attached.
- The PC Administrator or designee will complete an audit of new admissions contracts/agreements monthly for 3 months to ensure compliance with appropriate signatures. The results of these audits will be forwarded to the Quality Assurance Process Improvement team for review and recommendations.

Proposed Overall Completion Date: 12/12/2024

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

Implemented [redacted] - 02/21/2025)

42b - Abuse

4. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

According to resident [REDACTED], on the evening of [REDACTED], resident [REDACTED] pushed the call bell twice for assistance using the restroom; staff member A responded both times by saying, "You can do it." Staff member A exited the room and left the resident alone. Resident [REDACTED] RASP, dated [REDACTED], states the resident will ask for help when feeling unsteady. It also states that the resident requires assistance pulling up their briefs and pants after using the restroom. Staff member A denied resident [REDACTED] the services [REDACTED] needed.

Plan of Correction

Accept ([REDACTED] 12/03/2024)

- On 10/04/2024 LPN and Administrator met with resident [REDACTED], discussed their concerns and ensured resident's needs were met. At the time of the concern reports were immediately made to DHS, Area Agency on Aging, family, physician and local police. An internal investigation was conducted including interviewing staff and other residents. No evidence to support abuse or neglect.
- Residents assigned to the neighborhood were interviewed and no concerns identified.
- Current staff will be re-educated by Resident Services Manager or designee on Abuse neglect or exploitation policy by 12/12/2024.
- The PC Administrator or designee will complete random resident interviews with 3 residents weekly times 1 month and then 6 residents monthly for two months. The results of these interviews will be forwarded to Quality Assurance Process Improvement Team for review and recommendations.

Proposed Overall Completion Date: 12/12/2024

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

Implemented ([REDACTED] - 02/21/2025)

141a 1-10 Medical Evaluation Information

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. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

141a 1-10 Medical Evaluation Information (continued)

Description of Violation

Resident [redacted] medical evaluation dated [redacted] did not include the completion date.

Plan of Correction

Accept [redacted] - 12/03/2024)

- Resident [redacted] had a DME completed on 8/13/2024 within the required timeframes, which was signed and dated by the physician, however, the box indicated completion date on page 1 was not checked. The completion date was filled in on 10/10/2024 after being identified as missing.
- An audit of current resident's DME's was completed by the Administrator on 10/11/2024 & 10/14/2024 to ensure all areas of the form were completed appropriately. A log of the findings will be kept for future surveys.

Re-education to Administrator/RSM on 11/14/2024 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.

- PC Administrator or designee will complete a random audit of 3 resident's DME forms monthly times three months to ensure appropriate completion. The results of these audits will be forwarded to Quality Assurance Process Improvement Team for review and recommendations.

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

Implemented [redacted] 02/21/2025)

182c - Medication Administration

6. Requirements

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

1. Identify the correct resident.
2. If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
3. Remove the medication from the original container.
4. Crush or split the medication as ordered by the prescriber.
5. Place the medication in a medication cup or other appropriate container, or in the resident's hand.
6. Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4).
7. Complete documentation in accordance with § 2600.187 (relating to medication records).

Description of Violation

According to the resident [redacted] interview, the medication technicians frequently leave the medication in resident [redacted] bedroom during the evening shift so that the resident can take it later. The home did not administer the medication to the resident who requires this assistance to take medications.

Plan of Correction

Accept [redacted] - 12/03/2024)

- Resident [redacted] MAR and RASP was reviewed to ensure appropriate information regarding preferences with medication administration were correct. No harm or injury to the resident.
- Current residents rooms audited by Administrator and RSM on 10/11/24 for medications left at the bedside.
- Current staff to be re-educated by the Resident Services Manager or designee on medication administration policy by 12/12/2024 .
- PC Administrator or designee will complete a random audit of 3 resident's rooms on varying shifts to ensure

182c - Medication Administration (continued)

compliance with Med Pass monthly for 3 months. Med Pass Observations will continue as scheduled by PC Administrator/Train the Trainer. The results of these audits will be forwarded to Quality Assurance Process Improvement team for review and recommendations.

Proposed Overall Completion Date: 12/12/2024

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

Implemented [redacted] - 02/21/2025)

183b - Meds and Syringes Locked

7. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

Vitamin A & D ointment, prescribed for resident [redacted] was left on top of the resident nightstand unlocked, unattended, and accessible.

Plan of Correction

Accept [redacted] - 12/03/2024)

- The tube of ointment observed at resident [redacted] bedside during survey was immediately removed on 10/10/2024 by PC Administrator. No harm or injury to resident.
- An audit of current residents rooms was completed the week of 10/14/2024 to ensure no medications were left unattended by LPNs and Resident Services Manager.
- Current staff to be re-educated by Resident Services Manager or designee on medication administration policy by 12/12/2024.
- PC Administrator or designee will complete a random audit of 3 resident's rooms on varying shifts to ensure compliance with medication administration and that no medications are left unattended, monthly for 3 months. Med Pass Observations will continue as scheduled by PC Administrator/Train the Trainer. The results of these audits will be forwarded to Quality Assurance Process Improvement team for review and recommendations.

Proposed Overall Completion Date: 12/12/2024

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

Implemented [redacted] - 02/21/2025)

183e - Storing Medications

8. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On [redacted], there were 5 bottles of Life Extensions Vitamins with expiration dates of [redacted], and [redacted] According to the manufacturer's instructions, expired medications shall be destroyed in a safe manner

183e Storing Medications (continued)

according to the Department of Environmental Protection and Federal and State regulations.

Plan of Correction

Accept ( [redacted] 12/03/2024)

- The expired medications were pulled from resident [redacted] room immediately at time of survey with licensing agent present. No harm or injury to the resident.
- An audit of current resident rooms was completed the week of 10/14/2024 for OTC medications and verification of expiration dates by LPN's and Resident Services Manager.
- Current staff will be re educated by Resident Services Manager or designee on medication storage by 12/12/2024.
- The Resident Services Manager or designee will complete a random audit on 3 resident's rooms monthly for 3 months to ensure compliance with OTC medications in resident rooms to ensure only medications the resident has an order to self store/self administer are in their room, stored properly, and not expired. The results of these audits will be forwarded to Quality Assurance Process Improvement team for review and recommendations.

Proposed Overall Completion Date: 12/12/2024

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

Implemented [redacted] - 02/21/2025)

187b - Date/Time of Medication Admin.

9. 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

According to resident [redacted] interview, the medication technicians frequently leave the medication in resident [redacted] bedroom during the evening shift so that the resident can take it later. Medication records for the months of September and October were reviewed, and all medications were signed as administered.

Plan of Correction

Accept [redacted] - 12/03/2024)

- Resident [redacted] MAR was reviewed on 10/10/2024 to ensure all documentation on the current MAR was correct. Medication records for the month of September and October were reviewed and all medications were signed as administered per physicians orders. No harm or injury to the resident.
- An audit of current resident rooms was completed the week of 10/14/2024 for medications left in the room.
- Current staff to be re educated by the Resident Services Manager or designee on medications administration policy by 12/12/2024.
- PC Administrator or designee will complete a random audit of 6 resident's Medication pass monthly times three months to ensure compliance with MAR documentation. Medication pass reviews will continue as scheduled by PC Administrator/Train the Trainer for medication administrators. The results of these audits will be forwarded to Quality Assurance Process Improvement Team for review and recommendations.

Proposed Overall Completion Date: 12/12/2024

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

Implemented [redacted] - 02/21/2025)

225c - Additional Assessment

10. 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 was completed on [redacted]

Plan of Correction

Accept ([redacted] - 12/03/2024)

- Resident [redacted] assessment and support plan (RASP) was last completed 8/2023. Resident Services Manager and nursing team reviewed and made changes to update and complete new RASP on 10/11/2024.
- An audit of current resident RASPs was completed by the PC Administrator on 10/11/2024 & 10/14/2024. Resident Services Manager or designee will provide re-education to any nursing staff who may assist with the development of RASPs to ensure RASPs are completed on time upon admission, annually or with significant changes by 12/12/2024.
- PC Administrator or designee will complete a random audit of 3 resident's RASPs monthly times three months to ensure compliance with completion dates. The results of these audits will be forwarded to the Quality Assurance Process Improvement team for review and recommendations.

Proposed Overall Completion Date: 12/12/2024

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

Implemented ([redacted] - 02/21/2025)

227g -Support Plan Signatures

11. 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] participated in the development of [redacted] support plan on [redacted]. However, the resident did not sign the support plan.

Plan of Correction

Accept ([redacted] - 12/03/2024)

- Resident [redacted] RASP was completed and signed by the resident.
- An audit of current resident RASP's was completed by the PC Administrator on 10/11/2024 & 10/14/2024.
- Resident Services Manager or designee will provide re-education by 12/12/2024 to any nursing staff who may assist with the development of RASPs to ensure anyone participating signs and dates where appropriate. RASPs upon admission, annually, or with significant changes will be signed and dated.
- PC Administrator or designee will complete a random audit of 3 resident's RASP's monthly times three to ensure compliance with signatures and dates for all individuals who participate in the development of the RASP. The results of these audits will be forwarded to the Quality Assurance Process Improvement team for review and recommendations.

227g -Support Plan Signatures (continued)

Proposed Overall Completion Date: 12/12/2024

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

Implemented [REDACTED] - 02/21/2025)

227h - Support Plan Refuse Sign

12. Requirements

2600.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

Resident [REDACTED] participated in the development of [REDACTED] support plan on [REDACTED]. The resident did not sign the support plan. The home did not make a notation regarding the resident's inability to sign.

Plan of Correction

Accept [REDACTED] - 12/03/2024)

- Resident [REDACTED] RASP was completed and signed by the resident.
- An audit of current resident RASP's was completed by PC Administrator on 10/11/2024 & 10/14/2024.
- Resident Services Manager or designee will provide re-education by 12/12/2024 to any nursing staff who may assist with the development of RASPs to ensure anyone participating signs and dates where appropriate. RASPs upon admission, annually, or with significant changes will be signed and dated.
- PC Administrator or designee will complete a random audit of 3 resident's RASPs monthly times three months to ensure compliance with documenting residents or designated persons who are unable or chooses not to sign the support plan appropriately. The results of these audits will be forwarded to the Quality Assurance Process Improvement team for review and recommendations.

Proposed Overall Completion Date: 12/12/2024

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

Implemented [REDACTED] - 02/21/2025)

252 - Record Content

13. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.

252 - Record Content *(continued)*

6. The name, address and telephone number of the resident’s physician or source of health care.
7. The current and previous 2 years’ physician’s examination reports, including copies of the medical evaluation forms.
8. A list of prescribed medications, OTC medications and CAM.
9. Dietary restrictions.
10. A record of incident reports for the individual resident.
11. A list of allergies.
12. The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.
13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.
14. A support plan.
15. Applicable court order, if any.
16. The resident’s medical insurance information.
17. The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
18. An inventory of the resident’s personal property as voluntarily declared by the resident upon admission and voluntarily updated.
19. An inventory of the resident’s property entrusted to the administrator for safekeeping.
20. The financial records of residents receiving assistance with financial management.
21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.
22. Copies of transfer and discharge summaries from hospitals, if available.
23. If the resident dies in the home, a copy of the official death certificate.
24. Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).
25. A copy of the resident-home contract.
26. A termination notice, if any.

**Description of Violation**

Resident [REDACTED] record does not include a photograph of the resident that is no more than [REDACTED]; the current photo was taken on [REDACTED]. There is also not included the most current version of the annual assessment and support plan.

**Plan of Correction**

Accept [REDACTED] 11/19/2024)

- A new photo was taken of the resident and added to their chart on 10/10/2024.
- An audit of current resident photos was completed by PC Administrator on 10/11/2024 & 10/14/2024 to ensure each photo is current within the last 2 years.
- Administrator or designee will take a picture annually with the completion of the RASP.
- PC Administrator or designee will complete a audit on 3 random individuals monthly times three months to ensure compliance with dates of resident photos. The results of these audits will be forwarded to Quality Assurance Process Improvement team for review and recommendations.

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

Implemented [REDACTED] - 02/21/2025)