

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

January 14, 2025

[REDACTED]
DEPARTMENT OF MILITARY AND VETERANS' AFFAIRS
[REDACTED]

RE: SOUTHEASTERN VETERANS'
CENTER
ONE VETERANS' DRIVE, 4TH FLOOR
SPRING CITY, PA, 19475
LICENSE/COC#: 13837

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/13/2024 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: SOUTHEASTERN VETERANS' CENTER **License #:** 13837 **License Expiration:** 03/27/2025
Address: ONE VETERANS' DRIVE, 4TH FLOOR, SPRING CITY, PA 19475
County: CHESTER **Region:** SOUTHEAST

Administrator

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

Legal Entity

Name: DEPARTMENT OF MILITARY AND VETERANS' AFFAIRS
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-1 **Date:** 05/19/1994 **Issued By:** Department of Health

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 36 **Waking Staff:** 27

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 11/13/2024

Inspection Dates and Department Representative

11/13/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 54 **Residents Served:** 36

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:** 36
Diagnosed with Mental Illness: 18 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 0 **Have Physical Disability:** 0

Inspections / Reviews

11/13/2024 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 12/05/2024

12/06/2024 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 01/09/2025
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 01/06/2025

Inspections / Reviews *(continued)*

01/14/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/09/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

18 Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

CARE FACILITY CARBON MONOXIDE ALARMS STANDARDS ACT - ENACTMENT Act of Jun. 23, 2016 Carbon monoxide alarms must be installed in proximity of, but not less than 15 feet from any fossil-fuel burning device or appliance. On [REDACTED] a carbon monoxide alarm could not be located in the home's main boiler room where there are gas fired boilers.

Plan of Correction

Accept [REDACTED] - 12/06/2024)

- a) Carbon Monoxide Alarm placed by IFSS and/or designee in boiler area by 12.05.2024.
- b) Audit of carbon monoxide placement completed by Maintenance Director and/or designee each shift beginning 12.05.2024 until alarm installation completed.
- c) Installation of CO detector coordinated by IFSS or designee to be scheduled and completed 12.31.2024.

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

Implemented [REDACTED] - 01/14/2025)

66b Training Plan Content

2. Requirements

2600.

66.b. The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

- 1. The name, position and duties of each direct care staff person.
- 2. The required training courses for each staff person.
- 3. The dates, times and locations of the scheduled training for each staff person for the upcoming year.

Description of Violation

The home's staff training plan does not include the dates the scheduled trainings will occur. The plan only states "monthly" next to each topic.

Plan of Correction

Accept [REDACTED] - 12/06/2024)

- a) New Staff Training Plan document format created by Registered Nurse Instructor (RNI) to capture and reflect specific months for Training Plan Year 2025 by 12.18.2024.
- b) Training Plan Year 2024 adjusted by PCHA and/or designee to revised training plan format including specific month of training by 12.18.2024.

Licensee's Proposed Overall Completion Date: 12/18/2024

Implemented [REDACTED] - 01/14/2025)

102k No Common Towel

3. Requirements

2600.

102.k. Use of a common towel is prohibited.

102k No Common Towel (continued)

Description of Violation

On [redacted], there was a used towel in the shared bathroom of resident room [redacted]. There were no paper towels, mechanical hand dryer or other sanitary means of hand drying in this bathroom. The towel does not have a label or other indication to whom the towel belongs to.

Plan of Correction

Accept [redacted] - 12/06/2024)

- a) Towel removed from hanging hook in shared resident room by resident on 11.23.2024
- b) Resident education to be completed by PCHA or designee by 12.06.2024 regarding location of paper towel dispensers in each bathroom, towel/washcloth use and expectations for storing these items in the residents' own personal space or on residents' identified hook/towel rack in shared room space.
- c) Staff education to be completed by PCHA or designee by 12.18.2024 regarding expectations for residents' towel/washcloth placement in room and availability of paper towels in the current dispensers located in each resident bathroom.
- d) Identifying label placed by Unit Clerk and/or designee by 12.06.2024 on any resident specific hook/towel rack in shared resident room.
- e) Audit of resident towel/washcloth placement and resident paper towel dispenser to be completed by Housekeeper and/or designee 2x a week for 4 weeks beginning week of 12.08.2024.

Licensee's Proposed Overall Completion Date: 01/05/2025

Implemented [redacted] - 01/14/2025)

103f - Refrigerator/Freezer Temps

4. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On [redacted], there was no thermometer located in the main kitchen's prep refrigerator.

Plan of Correction

Accept [redacted] - 12/06/2024)

- a) Thermometer placed by Dietary Supervisor inside the main kitchen prep refrigerator on 11.23.2024
- b) Staff education to be completed by Dietary Manager or designee regarding thermometer location and proper food storage by 12.18.2024.
- c) Audit of documented temperatures and thermometer placement in main kitchens' prep refrigerator to be completed by Dietary Manager and/or designee weekly for 4 weeks beginning week of 12.08.2024.

Licensee's Proposed Overall Completion Date: 01/05/2025

Implemented [redacted] - 01/14/2025)

183e - Storing Medications

5. 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.

183e Storing Medications (continued)

Description of Violation

On [REDACTED], the following medication cards were observed to have a punctured blister foil with the medication still present in the spot, which is improper storage:

- Resident [REDACTED] capsule blister pack
- Resident [REDACTED] capsule blister pack

Plan of Correction

Accept ([REDACTED] 12/06/2024)

- Review of deeper blister pack options with repackaging of larger pill sized [REDACTED] (generic name [REDACTED]) to reduce risk of foil punctures to be completed by Pharmacy Director by 12.18.2024.
- Education to Pharmacy staff to be completed by Pharmacy Director by 12.18.2024 to ensure back of blister card is intact when prescription is packaged, verified, and dispensed to nursing unit.
- Education to nursing staff to be completed by Registered Nurse Instructor or designee by 12.18.2024 for staff to review blister packs during medication administration, to report findings to pharmacy if or when a blister pack is not intact and to waste medication as appropriate.
- Audit of medication carts to be completed by PCHA or designee once each week for 6 weeks beginning week of 12.08.2024 to ensure that each blister pack is intact.

Licensee's Proposed Overall Completion Date: 01/05/2025

Implemented ([REDACTED] - 01/14/2025)