

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

December 11, 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 11/18/2024 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:** 11/03/2025
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:** L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 56 **Waking Staff:** 42

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 11/19/2024

Inspection Dates and Department Representative

11/18/2024 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 46 **Residents Served:** 36

Secured Dementia Care Unit

In Home: Yes **Area:** SDCU **Capacity:** 14 **Residents Served:** 10

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 36
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 20 **Have Physical Disability:** 0

Inspections / Reviews

11/18/2024 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 12/07/2024

12/09/2024 - POC Submission

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

Inspections / Reviews *(continued)*

12/11/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/09/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

84 - Heat Sources

1. Requirements

2600.

84. Heat Sources - Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120° F that are accessible to the resident must be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.

Description of Violation

At approximately 10:51 a.m., there was a steam table located in an unsecured cabinet in the secured dementia care unit's kitchen. The outside temperature of the steam table was approximately 164 degrees Fahrenheit and accessible to residents.

Plan of Correction

Accept [redacted] 12/09/2024)

In response to the violation received on [redacted] 4 by the Pennsylvania Bureau of Human Services Licensing, immediate action was on [redacted] by Administrator to have a hasp and lock installed on the cabinet where the steam table is housed. Administrator educated team members on the components of 2600.84 as well as the proper protocol and usage of the steam table.

To ensure ongoing compliance and safety of our residents, the Administrator or designee will conduct safety checks weekly times four starting 11/20/2024 and then monthly checks times three with completion on February 20, 2025.

Administrator or designee will report findings/results at the home's monthly QM meeting for discussion, review and suggestions. The home's next QM meeting is scheduled for 12/18/2024

In addition, Safety committee conducts quarterly audits to ensure ongoing safety of staff and residents.

Licensee's Proposed Overall Completion Date: 02/20/2025

Implemented [redacted] - 12/11/2024)

103c - Food Protected

2. Requirements

2600.

103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

At approximately 10:48 a.m., there were multiple zip lock bags of vegetables that were not dated, 1 zip lock bag of celery, 1 zip lock bag of cauliflower and 1 zip lock bag of carrots. There was also a one-quart container Tupperware container of peaches that was not dated in the secured dementia care unit's refrigerator.

Plan of Correction

Accept [redacted] - 12/09/2024)

In response to the violation received on [redacted] by the Pennsylvania Bureau of Human Services Licensing, the undated food was disposed of with inspectors present. On 11/19/2024, the Administrator educated the team members of the components of 2600.103c as well as the proper procedure for dating/labeling any refrigerator/frozen food.

103c Food Protected (continued)

To ensure ongoing compliance, a refrigerator/freezer log was implemented to include daily checks and recording to ensure the food is dated/labeled and sealed correctly. Findings/results will be reported at the home's monthly QM meeting for discussion, review and suggestions. The home's next QM meeting is scheduled for 12/18/2024.

Licensee's Proposed Overall Completion Date: 02/20/2025

Implemented [REDACTED] 12/11/2024)

103i - Outdated Food

3. Requirements

2600. 103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

At approximately 11:48 a.m., there were multiple undated food items to include a bag of 50 cookie pucks, a large blue bag of mixed vegetables, and a small bag of diced peppers located in the main kitchen's walk in freezer.

Plan of Correction Accept [REDACTED] - 12/09/2024)

In response to the violation received on [REDACTED] by the Pennsylvania Bureau of Human Services Licensing, the undated food was disposed of with inspectors present. On 11/19/2024, the Administrator educated the team members of the components of 2600.103c as well as the proper procedure for dating/labeling any refrigerator/frozen food.

To ensure ongoing compliance, a refrigerator/freezer log was implemented to include Weekly checks starting 12/5/2024 times four then monthly times three to be done by dietary staff to ensure the food is dated/labeled and sealed correctly with completion on 2/20/2025

Findings/results will be reported at the home's monthly QM meeting for discussion, review and suggestions. The home's next QM meeting is scheduled for 12/18/2024.

Licensee's Proposed Overall Completion Date: 02/20/2025

Implemented [REDACTED] - 12/11/2024)

184a - Resident's Meds Labeled

4. Requirements

2600. 184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

Resident [REDACTED] prescribed [REDACTED] give one capsule by mouth one time a day. However, the medication's label indicated take two soft gel tablets daily with or after a meal or as directed by your healthcare professional.

Resident [REDACTED] was prescribed [REDACTED] give one tablet orally one time a day for supplement. However, the medication's label indicated take one tablet twice daily with food as a dietary supplement.

184a - Resident's Meds Labeled (continued)

Plan of Correction

Accept [REDACTED] 12/09/2024)

In response to the violation received on [REDACTED] by the Pennsylvania Bureau of Human Services Licensing, immediately with inspector present, Administrator placed change of direction label on the said medication bottles. Administrator educated designated team members on the components of 2600.184a on 11/19/2024 as well as the protocol and procedure to ensure all medications are labeled correctly.

To ensure ongoing compliance, Administrator or designee will conduct weekly medication audits to ensure correct labeling is in place starting 11/20/2024 and then monthly for three months with completion on February 20, 2025. Findings/results will be reported at the home's monthly QM meeting for discussion, review and suggestions. The home's next QM meeting is scheduled for 12/18/2024.

Licensee's Proposed Overall Completion Date: 02/20/2025

Implemented [REDACTED] - 12/11/2024)

233c - Key-Locking Devices

5. Requirements

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

At approximately 11:11 a.m., the magnetically locked exit on the [REDACTED] unit and immediately next to resident room [REDACTED] had a posted magnetic lock code. However, the posted magnetic lock code was incorrect and could not be used to operate the locking mechanism of the exit.

Plan of Correction

Accept [REDACTED] - 12/09/2024)

In response to the violation received on [REDACTED] by the Pennsylvania Bureau of Human Services Licensing, immediate action was taken by Administrator to correct the magnetic lock code to the current code used to operate the locking mechanism of the exit. Administrator educated team members on components of 2600.233.c on 11/19/2024.

To ensure ongoing compliance and safety, the Administrator or designee will conduct safety checks weekly times four starting 11/20/2024 and then monthly checks times three with completion on February 20, 2025.

Administrator or designee will report findings/results at the home's monthly QM meeting for discussion, review and suggestions. The home's next QM meeting is scheduled for 12/18/2024

In addition, Safety committee conducts quarterly audits to ensure ongoing safety of staff and residents.

Licensee's Proposed Overall Completion Date: 02/20/2025

Implemented [REDACTED] 12/11/2024)