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

February 25, 2025

DEPARTMENT OF MILITARY AND VETERANS' AFFAIRS

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

,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/03/2025 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,

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: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Complaint, Incident* **Exit Conference Date**: *01/03/2025*

Inspection Dates and Department Representative

01/03/2025 - 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

01/03/2025 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *02/07/2025*

02/07/2025 - POC Submission

Submitted By: [redacted] **Date Submitted**: *02/24/2025*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *02/11/2025*

Inspections / Reviews *(continued)*

02/14/2025 POC Submission

Submitted By: [redacted] **Date Submitted:** *02/24/2025*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *02/24/2025*

02/25/2025 Document Submission

Submitted By: [redacted] **Date Submitted:** *02/24/2025*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

42c - Treatment of Residents

1. Requirements

2600.
42.c. A resident shall be treated with dignity and respect.

Description of Violation

On , at approximately 9:40pm, resident observed resident in the lounge. Resident said was unable to sleep so resident offered resident one of their melatonin medications to help sleep. Resident reportedly said "thank you so much" and began to hug resident , touching buttocks without consent.

Plan of Correction ***Accept (02/14/2025)***

1) PCHA met with each Personal Care resident to review and provide education on Resident Rights, including Dignity and Respect; Personal boundaries; reporting timely symptoms, changes in condition and events; review of support team available at SEVC including PCHA, Social Worker, Nursing Staff and Medical Providers. Education and Review was completed 01.27.2025.
2) PC Staff will be trained on observing dignity and respect by the RN Instructors or designee by February 25, 2025.
3) Social Worker or designee will complete two random observations of resident interactions on the unit each week to monitor and ensure the dignity and respect of resident interactions for 6 weeks beginning the week of 02.10.2025.
4) Social Worker to continue to offer services and support to Personal Care Residents while promoting resident interactions based on dignity and respect.

Licensee's Proposed Overall Completion Date: *03/23/2025*

Implemented - 02/25/2025)

187a - Medication Record

2. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident’s name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident is prescribed However, the

187a Medication Record (continued)

resident's ■ medication administration records do not indicate the diagnosis or purpose for the medication.

Resident ■ is prescribed ■ However, the resident's ■ medication administration record does not indicate the diagnosis or purpose for the medication.

Plan of Correction ***Accept ■ - 02/14/2025)***

1) Review of MAR documents was completed on 01.03.2025 by PCHA with confirmation that diagnosis codes are included on medication orders for resident ■ and resident ■.
2) Audit of MAR document for all Personal Care Residents to be completed by PCHA or designee to ensure that a diagnosis code is listed for each medication. Audit to be completed by 02.07.2025.
3) PC Nurse Staff and Pharmacy Staff will be educated by the RN Instructor or designee on the importance and requirement of an included diagnosis code for each medication by February 25, 2025.
4) An audit will be completed by the ADON or designee once a week for 4 weeks beginning 02.11.2025 to ensure that diagnosis codes are reflected for each medication on the MAR.

Licensee's Proposed Overall Completion Date: *03/11/2025*

Implemented ■ - 02/25/2025)

252 - Record Content

3. 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.
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.

252 - Record Content *(continued)*

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

Residents and records do not include a record of incident reports for the individual resident.

Plan of Correction ***Accept - 02/14/2025)***

1) Initial incident report filed on resident and resident medical chart on 01.03.2025 by PCHA.
2) A review of resident charts for reportable incidents in 2024 and 2025 to be completed by PCHA or designee to ensure that incident reports were appropriately filed on chart and to be completed on 02.07.2025.
3) PCHA or designee will conduct an audit of new reportable events once a month to ensure that each new reportable event has been filed on the resident chart.
4) QA Coordinator will monitor the reportable events auditing during monthly QA meeting.

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

Implemented - 02/25/2025)