

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

February 20, 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 01/07/2025 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,
[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: Monitoring **Exit Conference Date:** 01/07/2025

Inspection Dates and Department Representative

01/07/2025 - 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: 2 **Diagnosed with Intellectual Disability:** 2
Have Mobility Need: 10 **Have Physical Disability:** 2

Inspections / Reviews

01/07/2025 Partial

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

02/10/2025 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 02/20/2025
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 02/13/2025

Inspections / Reviews *(continued)*

02/11/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/20/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 02/21/2025

02/20/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/20/2025

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:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person A, whose first day of work was [REDACTED], did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, or , telephone use and notification of emergency services.

Plan of Correction

Accept [REDACTED] - 02/11/2025)

- o Orientation and checklist for staff person A completed by PC Resident Services Manager on 1/11/2025.
- o An audit of current agency staff used was completed by Administrator on 1/10/25.
- o Re-education provided to PC Administrator and PC Resident Services Manager by Executive Director on 1/8/2025 that agency staff will be scheduled for orientation and checklist will be completed prior to working on the floor on their first workday.
- o An audit of any agency staff scheduled will be conducted by the PC Administrator or designee monthly times three months beginning in February 2025 to ensure orientation has been completed per 2600.65a. 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: 02/17/2025

Implemented [REDACTED] - 02/20/2025)

89a - Water Pressure

2. Requirements

2600.

89.a. The home must have hot and cold water under pressure in each bathroom, kitchen and laundry area to accommodate the needs of the residents in the home.

Description of Violation

On [REDACTED] at 2:05 pm, the home did not have sufficient hot and cold water to the bathroom sink in room [REDACTED]

Plan of Correction

Accept [REDACTED] - 02/11/2025)

- o Maintenance Director present with surveyor on 1/7/2025 and notified of water pressure issue. Water pressure fixed on 1/9/2025 by Maintenance Director. Staff assist the resident with activities of daily living, all care continued to be provided per Resident Assessment and Support Plan (RASP).

89a - Water Pressure (continued)

- o An audit of current resident rooms was completed 1/7/2025 by PC Administrator to ensure adequate water pressure was available with no issues noted.*
- o Education provided to Director of Environmental Service by PC Administrator on 1/8/2025 to ensure appropriate water pressure in each resident room.*
- o A random audit of 3 resident rooms will be conducted by the PC Administrator or designee weekly times 4 weeks and then monthly beginning in March 2025 times two months to promote ongoing compliance. 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: 02/17/2025

Implemented [REDACTED] 02/20/2025)

183d - Prescription Current

3. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On [REDACTED] the following medication, prescribed to resident [REDACTED], was found in the home's medication cart:

- [REDACTED] capsule, take 1 capsule daily for 7 days, with a start date of [REDACTED]; this medication was discontinued on [REDACTED]

Repeat Violation Date: [REDACTED]

Plan of Correction

Accept [REDACTED] - 02/11/2025)

- o The discontinued medication was removed from the medication cart immediately with surveyor present on 1/7/2025 by PC Administrator.*
- o Audits were completed of current medication carts by PC Resident Services Manager on 1/7/2025 to ensure only current medication orders were present in the medication carts.*
- o Re-education provided by PC Resident Services Manager and PC Administrator to current staff on 1/29/2025 regarding medication administration policies, including discontinued medications.*
- o An audit of medication carts will be conducted by PC Administrator, PC Resident Services Manager or designee monthly times three months beginning in February 2025 to ensure ongoing compliance with discontinued medications. 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: 02/17/2025

Implemented [REDACTED] 02/20/2025)

183e - Storing Medications

4. 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 expired medications, prescribed for resident [redacted], were found in the medication cart:
• [redacted] with an opened on date of [redacted]; according to the manufacturer's instructions this medication should be disposed of 4 weeks after opening.
• [redacted] with an opened on date of [redacted]; according to the manufacturer's instructions this medication should be disposed of 6 weeks after opening.

Plan of Correction

Accept [redacted] - 02/11/2025)

o Supply on hand was taken from the cart immediately with surveyor present on 1/7/2025 by PC Administrator and pharmacy was notified and delivered a new supply.
o Audits were completed of current medication carts by PC Resident Services Manager on 1/7/2025 to ensure medication supplies were not expired.
o Re education provided by PC Resident Services Manager and PC Administrator to current staff on 1/29/2025 regarding medication administration policies, including expiration dates of medications.
o An audit of medication carts will be conducted by PC Administrator, PC Resident Services Manager or designee monthly times three months beginning in February 2025 to ensure ongoing compliance with expired medications. 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: 02/17/2025

Implemented [redacted] - 02/20/2025)

185a - Implement Storage Procedures

5. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

On [redacted] the following pro re nata (PRN) medications were not available in the home:
• [redacted], apply topically on both feet as needed, prescribed to resident [redacted]
• [redacted], as needed, prescribed to resident [redacted]
• [redacted], 30 ml by mouth once daily as needed, prescribed to resident [redacted]

The [redacted] for resident [redacted] was not calibrated; on [redacted] at 2:04 pm the [redacted] read [redacted] 4:15 pm.

Plan of Correction

Accept [redacted] 02/11/2025)

o Pharmacy notified on 1/7/2025 by staff LPN and delivered new supply of PRN medications that were not available. Resident [redacted] glucometer was recalibrated on 1/7/2025 by PCA.
o Audits were completed of current medication carts by PC Resident Services Manager on 1/7/2025 to ensure adequate supplies of medications were on hand and that glucometers were appropriately calibrated.
o Re education provided by PC Resident Services Manager and PC Administrator to current staff on 1/29/2025 regarding medication administration policies, including adequate supplies required and glucometer use and requirements.
o An audit of medication carts will be conducted by PC Administrator, PC Resident Services Manager or designee monthly times three months beginning in February 2025 to ensure ongoing compliance with adequate supplies of

185a - Implement Storage Procedures (continued)

medication and proper glucometer calibration. 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: 02/17/2025

Implemented [redacted] 02/20/2025)

187d - Follow Prescriber's Orders

6. Requirements

2600.

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

Description of Violation

On [redacted] the following straight order medications, prescribed to resident [redacted], were not available in the home:

- [redacted] tablet, one tablet by mouth daily.
- [redacted], 2 softgels by mouth daily.
- [redacted] by mouth, one tab every morning.

Plan of Correction

Accept [redacted] - 02/11/2025)

o Pharmacy notified on 1/7/2025 by staff LPN and delivered new supply of medications that were not available at time of survey.

o Audits were completed of current medication carts by PC Resident Services Manager on 1/7/2025 to ensure adequate supplies of medications were on hand.

o Re-education provided by PC Resident Services Manager and PC Administrator to current staff on 1/29/2025 regarding medication administration policies, including adequate supplies required.

o An audit of medication carts will be conducted by PC Administrator, PC Resident Services Manager or designee monthly times three months beginning February 2025 to ensure ongoing compliance with adequate supplies of medication. 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: 02/17/2025

Implemented [redacted] - 02/20/2025)

227a - Support Plan 30 Days

7. Requirements

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident [redacted] was admitted on [redacted] however, the resident's initial support plan was not completed as of [redacted]

Plan of Correction

Accept [redacted] - 02/11/2025)

o Resident [redacted] RASP was completed by PC Resident Services Manager on 1/7/2025.

o ALL residents identified as outstanding on RASP audit from 10/11 and 10/14/2024 completed by PC Resident

227a - Support Plan 30 Days (continued)

Services Manager on or by 1/10/2025. Any new residents admitted since 10/11 and 10/14/2024 audits were completed had a RASP completed by PC Resident Services Manager on or by 1/10/2025.

o Re-education provided to PC Resident Services Manager on 1/8/2025 by PC Administrator regarding RASP requirements.

o A random audit of 5 resident's RASPs will be conducted by PC Administrator, PC Resident Services Manager or designee monthly times 3 months beginning February 2025 to ensure ongoing compliance with RASP completion. 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: 02/17/2025

Implemented [REDACTED] 02/20/2025)