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

June 27, 2025

[redacted]
ELIZABETH SETON CARE CENTER
[redacted]

RE: ELIZABETH SETON MEMORY CARE CENTER
129 DEPAUL CENTER ROAD
GREENSBURG, PA, 15601
LICENSE/COC#: 44577

[redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/16/2025 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: *ELIZABETH SETON MEMORY CARE CENTER* **License #**: *44577* **License Expiration**: *09/14/2025*

Address: *129 DEPAUL CENTER ROAD, GREENSBURG, PA 15601*

County: *WESTMORELAND* **Region**: *WESTERN*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *ELIZABETH SETON CARE CENTER*

Address: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *09/27/1999* **Issued By**: *L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *22* **Waking Staff**: *17*

Inspection Information

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

Reason: *Incident* **Exit Conference Date**: *04/16/2025*

Inspection Dates and Department Representative

04/16/2025 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *24* **Residents Served**: *11*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *entire building* **Capacity**: *24* **Residents Served**: *11*

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *11*

Diagnosed with Mental Illness: *11*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *11*

Have Physical Disability: *0*

Inspections / Reviews

04/16/2025 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *05/25/2025*

06/10/2025 - POC Submission

Submitted By: [redacted] **Date Submitted**: *06/26/2025*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/17/2025*

Inspections / Reviews *(continued)*

06/17/2025 POC Submission

Submitted By: [redacted] **Date Submitted:** *06/26/2025*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *06/27/2025*

06/27/2025 Document Submission

Submitted By: [redacted] **Date Submitted:** *06/26/2025*

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 [redacted] at approximately 10:15 am., staff person A was assisting staff person B with toileting resident [redacted]. Staff person A forcefully pulled resident [redacted] hand off the grab bar causing the resident and staff person B both to lose their balance. Staff person A continued to pull the resident from the toilet toward the wheelchair by the bathroom door. Staff person A pushed resident [redacted] into the wheelchair and started swearing. Resident [redacted] asked staff person A why [redacted] was in such a hurry and hurting [redacted]

Plan of Correction ***Directed[redacted] - 06/17/2025)***

When the suspected violation was reported by staff person B, staff person A was immediately suspended and removed from the premises. A report was made that day to the Area Agency on Aging and the Department of Human Services.
A mandatory staff meeting was held on 4/29/25 to cover scenarios related to resident dignity, and the "What is Dignity" training materials were reviewed. A post-training test has been developed and will be completed by all staff by May 31 and will be retained in the employee's file. The "What is Dignity Test" will now be included in annual staff training.

6/16/2025

The staff members conducting the meeting on 4/29/25 were the Interim Administrator as well as the Assistant Resident Care Director. This meeting was attended by all active staff members who were not at another job, in school, or away for school; the staff members who were not in attendance will be required to complete the training within 1 week of returning to work. There is a training log in our training records.

Staff Person A was immediately suspended from work on the date of the reported incident, 3/6/2025, and did not attend the staff meeting because [redacted] was terminated after our internal and the Area on Aging's investigation, and never returned to the facility after [redacted] suspension date.
Our next QA meeting is set for 6/25/2025. In this meeting, the administrator will review all aspects of the incident, the findings of our investigation, and the follow-up plans we have in place. Any questions staff have will be addressed. A member from each department, along with several DCS, will be present for this meeting.
Directed: The QA meeting will include all of the requirements set forth in Chapter 2600.26(b)(1) - (5) and documentation will be kept. B.S. 6/17/2025
We interview two residents monthly to ensure that they are being treated with dignity and respect and that there are no signs of abuse or neglect. We will begin to interview two staff members monthly as well, for the next 6 months to ensure that residents are being treated with dignity and respect, starting in June 2025 until December 2025, and keep a record of these interviews.
Directed: The interviews will be conducted by the administrator or designee. B.S. 6/17/2025

Proposed Overall Completion Date: 06/16/2025

42c Treatment of Residents *(continued)*

Directed Completion Date: *06/25/2025*

Implemented [redacted] 06/27/2025)