

Department of Human Services  
Bureau of Human Service Licensing

May 17, 2022

[REDACTED]  
DEPARTMENT OF MILITARY AND VETERANS' AFFAIRS  
ONE VETERANS' DRIVE  
SPRING CITY, PA, 19475

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

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/21/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Claire Mendez

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

Name: *SOUTHEASTERN VETERANS' CENTER* License #: *13837* License Expiration: *03/27/2023*  
Address: *ONE VETERANS' DRIVE, 4TH FLOOR, SPRING CITY, PA 19475*  
County: *CHESTER* Region: *SOUTHEAST*

**Administrator**

Name: [REDACTED] Phone: *6109482569* Email: [REDACTED]

**Legal Entity**

Name: *DEPARTMENT OF MILITARY AND VETERANS' AFFAIRS*  
Address: *ONE VETERANS' DRIVE, SPRING CITY, PA, 19475*  
Phone: *6109482569* Email: [REDACTED]

**Certificate(s) of Occupancy**

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *33* Waking Staff: *25*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Incident* Exit Conference Date: *01/21/2022*

**Inspection Dates and Department Representative**

*01/21/2022 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *54* Residents Served: *31*

**Secured Dementia Care Unit**

In Home: *No* Area: Capacity: Residents Served:

**Hospice**

Current Residents: *x*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *30*  
Diagnosed with Mental Illness: *9* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *2* Have Physical Disability: *0*

**Inspections / Reviews**

**01/21/2022 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/11/2022*

**02/10/2022 - POC Submission**

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *03/31/2022*

Inspections / Reviews (*continued*)

05/17/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 85a - Sanitary Conditions

## 1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

**Description of Violation***On 01/09/2022 at 04:32 PM, staff A used resident #1s' glucometer to check the blood sugar level of resident #2.***Plan of Correction****Accept***1) DON provided verbal education to staff member A via telephone on 02.10.2022.**2) Nursing Administration updated accu-check orders to include a required nurse task to prompt the verification and recording of a residents' name as printed on an individual glucometer being used for a residents' test. The order updates will be completed by 02.11.2022.**3) ADON initiated LPN/RN nursing staff education which includes: 1: DHS regulations requiring that each resident have their own individualized glucometer which is not to be shared with others and 2: details of newly added nurse task prompts required at the time a glucometer reading is being gathered. The education will be completed by 02.25.2022.**4) ADON or designee will audit 25% of resident glucometers each week for 4 weeks, then once a month for 2 months to ensure that nursing staff is accurately utilizing and recording the appropriate resident glucometer while obtaining blood glucose readings. The audits will be completed by 05.15.2022***Completion Date:** 05/15/2022**Document Submission****Implemented***POC Audit and Training information*