

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to **SARAH A. REED RETIREMENT CENTER**

LEGAL ENTITY

To operate **SARAH A. REED RETIREMENT CENTER**

NAME OF FACILITY OR AGENCY

Located at **227 WEST 22ND STREET, ERIE, PA 16502**

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide **Personal Care Homes**

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **100**

(MAXIMUM CAPACITY)

Restrictions: **Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 25**

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **July 11, 2010** until **July 11, 2011**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **447610**

Robert E. Robinson

ISSUING OFFICER

Kevin J. Casey

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

JUL 08 2010

PHONE: (717) 783-3670
FAX: (717) 783-5662

Ms. Susan T. Strange, President, Board of Directors
Sarah A. Reed Retirement Center
227 West 22nd Street
Erie, Pennsylvania 16502

Dear Ms. Strange:

As a result of the Department of Public Welfare's licensing inspection on June 17, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Sarah A. Reed Retirement Center 227 West 22 nd Street, Erie, PA 16502		CURRENT LICENSE NUMBER 447610	
INSPECTION DATE(S) (Include all dates of the inspection) June 17, 2010		REGIONAL REPRESENTATIVE M. Orme and J. Kimberland	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Karen Brobst, Director of Resident Services			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Karen Brobst</i>	DATE 6-23-2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Janet Reed GAJ</i>	DATE 6-24-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (Include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
22a2, 141a-1 22a2 The following admission document shall be completed for each resident - Medical evaluation completed 60 days prior to or 30 days after admission on a form specified by the Department. 141a-1 A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner	Resident #1 has two medical evaluations dated 5/3/10 and 5/5/10. Neither of the medical evaluations includes a medication regimen for the resident. Resident #2's medical evaluation completed on 1/5/10 did not include immunizations.	6-21-2010 6-21-2010	Once received by the Director of Resident Services, medical evaluations will be given to the Social Service Secretary for review. The Social Service Secretary will initial and date the back of the medical evaluation if all sections are complete. If sections are incomplete, the medical evaluation will be returned to the Director of Resident Services. The Director of Resident Services will audit 15 medical evaluations quarterly for compliance. The two medical evaluations were faxed to the appropriate physician and returned on 6-21-2010 with information completed.	Steps have been taken to correct violation; full compliance is not verifiable 6-24-10 Date <i>SL</i> Initials (DPW)

SARAH REED

Fax: 814-878-2807

Jun 24 2010 03:07pm P002/007

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

Jun 23 2010 01:57pm P003/019
PAGE 03/08

Fax: 814-878-2607

SARAH REED

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1.3: 24

00/ 21/ 2010

NAME AND ADDRESS OF PERSONAL CARE HOME Sarah A. Reed Retirement Center 227 West 22 nd Street, Erie, PA 16502		CURRENT LICENSE NUMBER 447610	
INSPECTION DATE(S) (Include all dates of the inspection) June 17, 2010		REGIONAL REPRESENTATIVE M. Orme and J. Kimberland	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Aren Probst</i>	DATE 6-23-2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 6.24.10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.			See previous page.	

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

Jun 23 2010 01:57pm P004/019

Fax: 814-878-2607

SARAH REED

NAME AND ADDRESS OF PERSONAL CARE HOME Sarah A. Reed Retirement Center 227 West 22 nd Street, Erie, PA 16502		CURRENT LICENSE NUMBER 447610	
INSPECTION DATE(S) (Include all dates of the inspection) June 17, 2010	REGIONAL REPRESENTATIVE M. Orme and J. Kimberland		
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Therese Brobst</i>	DATE 6-23-2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JK</i>	DATE 6-24-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (Include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
132d Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.	Residents in the secure dementia unit do not evacuate from their individual rooms to a common designated fire-safe area when a fire alarm is activated in another section of the home. Residents of the secure dementia unit are evacuated to the hallway when the alarm is in the unit however, the hallway is protected by only a smoke door which does not latch excluding the area from being fire-safe.	6-22-2010	A fire drill was held on 6-22-2010. All residents were evacuated out of the unit. The nursing staff in the SDCU were informed of the need to evacuate the residents to a fire-safe area in another area of the home. The Director of Environmental Services will forward the fire drill records to the Director of Resident Services monthly for review.	Steps have been taken to correct violation; full compliance is not verifiable <i>6-24-10</i> Date Initials (DPW)

*The Fire Drill record indicates:
 5-29-10 AT 5:15pm: 5 min and 50 sec.
 4-27-10 AT 10:10am: 6 min and 40 sec.
 7-12-10 AT 1:37am: 5 min and 40 sec.
 2-4-10 AT 7:57pm: 4 min and 36 sec.*

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

Jun 23 2010 01:58pm P005019

Fax: 814-878-2607

SARAH REED

NAME AND ADDRESS OF PERSONAL CARE HOME Sarah A. Reed Retirement Center 227 West 22 nd Street, Erie, PA 16502		CURRENT LICENSE NUMBER 447610	
INSPECTION DATE(S) (Include all dates of the inspection) June 17, 2010		REGIONAL REPRESENTATIVE M. Orme and J. Kimberland	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Taren Pordost</i>	DATE 6-23-2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE <i>js</i> 6-24-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
225c The resident shall have additional assessments as follows: (1) Annually.	Resident #3's last assessment was completed on 5/19/10.	6-18-2010	The annual assessment was completed on 6-18-2010. A tracking system has been devised and will be checked by both the Resident Services Coordinator and Social Service Secretary. The Resident Services Coordinator will complete an audit of 15 charts on a quarterly basis.	Steps have been taken to correct violation; full compliance is not verifiable. <i>6-24-10</i> <i>JS</i> Date Initials (DPW)

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

Jun 23 2010 02:11pm P006/011
 PAGE 05/08

Fax: 814-878-2807

SARAH REED

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A.J. 24

001 441 4410

NAME AND ADDRESS OF PERSONAL CARE HOME Sarah A. Reed Retirement Center 227 West 22 nd Street, Erie, PA 16502		CURRENT LICENSE NUMBER 447610	
INSPECTION DATE(S) (Include all dates of the inspection) June 17, 2010		REGIONAL REPRESENTATIVE M. Orme and J. Kimberland	
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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Staren Bondost</i>	DATE 6-23-2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 6-24-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (Include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
231b A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.	Resident #4 was admitted to the secure dementia unit on 6/14/10. There was no medical evaluation completed which includes the resident's need to be in a secure care unit.	6-21-2010	Resident #4 was a current resident of our PCH on 6-14-2010. [redacted] was moved to the SDCU due to an acute cognitive decline. [redacted] physician was contacted and gave a telephone order on 6-14-2010. The medical evaluation was faxed to him on 6-16-2010. The Administrator called on 6-21-2010 for the medical evaluation for return. It was faxed back on 6-21-2010 with a signed date of 6-16-2010. The receptionist at the physician's office stated that it was signed on 6-16-2010, but not returned until 6-21-2010.	Steps have been taken to correct violation; full compliance is not verifiable 6-24-10 Date Initials (DPW)

