

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to PRESBYTERIAN HOMES IN THE PRESBY. OF LAKE ERIE, INC.

LEGAL ENTITY

To operate MANCHESTER PRESBYTERIAN LODGE

NAME OF FACILITY OR AGENCY

Located at 6351 WEST LAKE ROAD, ERIE, PA 16505

(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 80
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

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 September 9, 2010 until September 9, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **450560**

Robert E. Robinson

ISSUING OFFICER

Kevin T. 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

SEP 14 2010

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

Ms. Elizabeth Kachel, Administrator
Presbyterian Homes in the Presbytery of Lake Erie, Inc.
Manchester Presbyterian Lodge
6351 West Lake Road
Erie, Pennsylvania 16505

Dear Ms. Kachel:

As a result of the Department of Public Welfare's licensing inspection on July 30, 2010 and August 5, 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

AUG 25 2010

Adult Residential Licensing

NAME AND ADDRESS OF PERSONAL CARE HOME Manchester Presbyterian Lodge 6351 West Lake Road Erie, PA 16505		CURRENT LICENSE NUMBER 450560	
INSPECTION DATE(S) (Include all dates of the inspection) July 30, 2010 August 5, 2010		REGIONAL REPRESENTATIVE D. Whitney, K. Kruppa, J. Phillips (7/30/10) J. Pezzino, M. Glidden, J. Phillips (8/5/10)	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>ELIZABETH M. KACHEL, NHA - ADMINISTRATOR</i>			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Elizabeth M. Kachel</i>	DATE 8-25-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Janet [Signature]</i>	DATE 8-25-10

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
25b The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.	Resident #1 (DOA - 1/30/09) did not sign their contract.	8-24-10	The correction was made to Resident #1's contract 8/24/2010. To ensure that this violation does not reoccur, each contract will be signed by the resident and payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees. A monitor will be developed and completed by the Social Service Director to ensure that this regulation is met. The monitor will be completed on each Admission Contract. This will begin 8/24/2010.	8-26-10 <i>g</i>

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

Western Region

AUG 25 2010

NAME AND ADDRESS OF PERSONAL CARE HOME Manchester Presbyterian Lodge 6351 West Lake Road Erie, PA 16505		CURRENT LICENSE NUMBER Adult Residential 4505601g
INSPECTION DATE(S) (Include all dates of the inspection) July 30, 2010 August 5, 2010	REGIONAL REPRESENTATIVE D. Whitney, K. Kruppa, J. Phillips (7/30/10) J. Pezzino, M. Glidden, J. Phillips (8/5/10)	
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>Robert M. Hechel</i>	DATE 8-25-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JF</i>
		DATE 8-26-10

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 DFW
186c Changes in a medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.	Resident #2's verbal doctor's order of 7/15/10 for Novolog was not dated by the physician. Resident #3's phone order on 7/19/10 for sterile dressings for a skin tear did not have a physician signature. Resident #3's had RFP and H&H discontinued with no physician order. Resident #3's doctor order for warm compresses for pain at the dialysis site was not signed by the physician.	8-25-10	Physician Order for Resident #2 was dated by the Physician. Physician Orders for Resident #3 were signed by the physician. Physician Order was obtained for Resident #3. To ensure that all verbal Physician Orders will be signed and dated within 48 hours of receipt, the following action plan will be instituted: if the Physician Verbal Orders are not signed and or dated by the Physician within the shift received, the following shift will contact the Physician's Office to ensure that the Orders will be Signed and Received within 48 hours. A monitor will be developed by the Director of Nursing and be the responsibility of the Personal Care Nursing Staff to ensure that regulatory requirements are met. The monitor will be completed with each Verbal Physician Order and will begin 8/25/2010.	Steps have been taken to correct violation; full compliance is not verifiable. 8-26-10 Date Initials (DFW)

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

Western Region

Page 3 of 3

AUG 25 2010

NAME AND ADDRESS OF PERSONAL CARE HOME Manchester Presbyterian Lodge 6351 West Lake Road Erie, PA 16505		Adult Resident	CURRENT LICENSE NUMBER 450568 Sing
INSPECTION DATE(S) (Include all dates of the inspection) July 30, 2010 August 5, 2010		REGIONAL REPRESENTATIVE D, Whitney, K. Kruppa, J. Phillips (7/30/10) J. Pezzino, M. Glidden, J. Phillips (8/5/10)	
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>E. Elizabeth M. Keel</i>	DATE 8-25-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 8-26-10

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
225a A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.	Resident #5's assessment dated 3/25/10 did not include the following diagnoses from the medical evaluation dated 3/25/10: Anemia, CAD, Chronic Kidney Disease Stage II, Diaphragm hernia, dsord hem, embolism/infarction, GERD, HTN, Macular Degeneration, Osteoarthritis, Hypertipedemia.	8-24-10	All Diagnosis were added to Resident #5's assessment 8/24/2010. To ensure that all Resident Diagnosis that appear on the Medical Evaluation also appear on the Resident's Assessment, the following action plan will occur: The Director of Nursing will develop and be responsible for a monitor that will be completed on a monthly basis that will ensure that all Diagnosis that appear on the Medical Evaluation will also appear on the Resident's Assessment.	8-26-10 <i>[Signature]</i>