



**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE**

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Pittsburgh, Pennsylvania 15222

ADULT RESIDENTIAL LICENSING

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Mailing Date: APR 13 2011

Ms. Elizabeth Kachel, Administrator
Presbyterian Homes in the Presybtery 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 March 17, 2011 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.

Sincerely,

A handwritten signature in cursive script that reads "Janine Wenzig".

Janine Wenzig
Regional Licensing Administrator

Enclosure(s)

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

NAME AND ADDRESS OF PERSONAL CARE HOME MANCHESTER PRESBYTERIAN LODGE, 6351 WEST LAKE ROAD ERIE, PA 16505		CURRENT LICENSE NUMBER 450560	
INSPECTION DATES (Include all dates of the inspection) 03/17/2011		REGIONAL REPRESENTATIVE D. McConnell	
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, SHA - ADMINISTRATOR</i>			
SIGNATURE OF LEGAL ENTITY <i>Elizabeth M. Kachel, SHA</i>	DATE 4-6-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 4/6/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
15a The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.	On 3/6/11, an allegation of physical abuse against resident #1 was reported to Administrator A. The home did not report the allegation to the local area on aging until 3/7/11.	4-29-11	The facility did report an allegation of physical abuse against a resident to the department as per regulation. The facility will however report immediately any allegation of suspected abuse of a resident to the local area on aging. A monitor will be developed and utilized when an allegation of suspected abuse of a resident occurs to ensure that a report is given immediately to the local area on aging. Inservice will be conducted for all staff regarding suspected abuse reporting.	<i>[Signature]</i> 4/4/11

Western Region

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

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INSPECTION DATES (Include all dates of the inspection) 03/17/2011		REGIONAL REPRESENTATIVE D. McConnell	
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 <i>Eliana M. Kachel, SHA</i>	DATE 4-6-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 4-11-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
225c The resident shall have additional assessments as follows: (1) Annually. (2) If the condition of the resident significantly changes prior to the annual assessment. (3) At the request of the Department upon cause to believe that an update is required.	The assessment for resident #1, dated 1/25/11, was not updated to address the resident's incontinence of bowel and bladder and an increased confusion and aggression.	4-29-11	During the inspection, the assessment for resident #1 dated 1/25/11 was updated. To ensure that this practice does not reoccur, the following will be instituted: Staff will be inserviced and a monitor will be developed and be completed no less than quarterly, to ensure that all resident assessments will be updated per regulation. This monitor will be completed by the Nursing Staff. This will be completed no later than April 29, 2010.	Steps have been taken to correct violation; full compliance is not verifiable Date: _____ Initials (DPW): <i>[Signature]</i>

Western Region

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

NAME AND ADDRESS OF PERSONAL CARE HOME MANCHESTER PRESBYTERIAN LODGE, 6351 WEST LAKE ROAD ERIE, PA 16505		CURRENT LICENSE NUMBER 450560	
INSPECTION DATES (Include all dates of the inspection) 03/17/2011		REGIONAL REPRESENTATIVE D. McConnell	
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 <i>Josephine M. Hachel, NHA</i>	DATE 4-6-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 4/11/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
227d Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.	The support plan for resident #1, dated 1/25/11, was not updated to address the resident's incontinence needs, multiple falls, wound care and increased confusion and aggression. Western Region 75 6 2011	4-29-11	During the inspection, the support plan for resident #1 dated 1/25/11 was updated. To ensure that this practice does not reoccur, the following will be instituted: Staff will be inserviced and a monitor will be developed and be completed no less than quarterly, to ensure that all resident support plans will be completed, and updated per regulation. This monitor will be completed by the Nursing Staff. This will be completed no later than April 29, 2010.	Steps have been taken to correct violation; full compliance is not verifiable Date <i>[Signature]</i> Initials (DPW)