

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

(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 June 15, 2011 until June 15, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 447610

Robert E. Robinson

ISSUING OFFICER

R. C. King

DIRECTOR

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 - 01/11



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

ADULT RESIDENTIAL LICENSING

JUN 20 2011

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

Ms. Gale Magyar, Executive Director
Sarah A. Reed Retirement Center
227 West 22nd Street
Erie, Pennsylvania 16502

Dear Ms. Magyar:

As a result of the Department of Public Welfare's licensing inspection on March 30, 2011, March 31, 2011 and May 5, 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.

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

Sincerely,


Ronald Melusky
Acting Director

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 22ND STREET ERIE, PA 16502		CURRENT LICENSE NUMBER 447610	
INSPECTION DATES (Include all dates of the inspection) 03/30/2011, 03/31/2011, 05/05/2011		REGIONAL REPRESENTATIVE <i>Jon Kimberland, Jan Cutter</i> Jan Cutter, Jan Cutter, Jill Pezzino, Jill Pezzino, Alden Linkhart, Alden Linkhart	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Karen Brobst, Director of Resident Services</i>			
SIGNATURE OF LEGAL ENTITY <i>Karen Brobst</i>	DATE 6-1-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jill Pezzino (JP)</i>	DATE 6-6-11

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
20b3 The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.	On 2/10/11, a cash disbursement of \$18.00 was made to resident #1. The home did not obtain the resident signature for the receipt of the disbursement. <p align="center">Western Region</p> <p align="center">JUN 2 2011</p> <p align="center">Adult Residential Licensing</p>	4/30/2011	The Center had allowed families of residents who could not handle their finances to keep a small amount (usually less than \$50) in the Accounting office to pay for an escort to and from physician appointments. Effective 4/30/11, all resident funds including those of resident #1 were credited to resident accounts and a new procedure was established. See attached letter. (Attachment A)	6-6-11 <i>JP</i>

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

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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>Allen Brobst</i>	DATE 6-1-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JJP</i>	DATE 6-6-11

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
20b8 The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.	Residents #1 and 2 do not receive a quarterly account of financial transactions. <p align="center">Western Region</p> <p align="center">JUN 2 2011</p> <p align="center">Adult Residential Licensing</p>	4/30/2011	As noted on page 1, effective 4/30/2011, the Center no longer holds any personal funds for PCH residents, including resident #1 and #2. This is noted in the resident agreement and handbook.	<i>6-6-11</i> <i>JJP</i>

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

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SIGNATURE OF LEGAL ENTITY <i>Eileen Brobst</i>	DATE 6-1-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JJP</i>	DATE 6-6-11

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
25b 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.	The contract for resident #3 was not signed by the resident. <p align="center">Western Region</p> <p align="center">JUN 2 2011</p> <p align="center">Adult Residential Licensing</p>	4/1/2011	Resident #3 was admitted to the dementia unit on 11/22/10. Due to [redacted] cognitive deficit, [redacted] is unable to comprehend the contract. [redacted] POA signed on [redacted] behalf. This was noted by PCH Administrator on 4/1/11. See Attachment B. Future contracts will be checked by the Resident Services Coordinator while processing admission paperwork and noted to the PCH Administrator for correction.	6-6-11 <i>JJP</i>

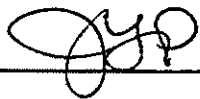
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

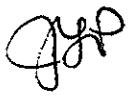
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60a Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.	On 3/30/2011 from 10:30 pm until 6:00 am there were two direct care staff persons working in the home. There were 51 residents in the home including 23 residents residing in the secure dementia care unit. This left only one staff person to evacuate 23 residents. All 23 residents have mobility needs. There is not enough staff to reasonably provide all of the personal care, supervision and direction that these residents require as noted in their assessments and support plans. Western Region Adult Residential Licensing	7/1/2011 7-20-11	During a conversation with DPW supervisor, - on 5/31/11 no specific resident needs were identified as not being met. This violation corresponds to the number of staff scheduled on third shift. Currently, the PCH has two direct care staff on third shift. third person will be hired effective 7/1/11. <i>Staff person coverage will be provided on the 3rd shift so as to reasonably provide all of the personal care, supervision and direction that the 23 residents with mobility</i>	<i>Steps have been taken to correct violation; full compliance is not verifiable</i> Date <i>6-6-11</i> Verifies (DPW) <i>JJP</i>

needs require. 6-6-11 JJP

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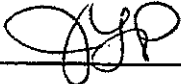
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65a Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following: (1) Evacuation procedures. (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency	Staff person A began working on 7/12/2010, but did not receive training on fire safety, emergency planning or evacuation procedures until 7/23/2011. <p style="text-align: center; font-size: 1.2em;">Western Region</p> <p style="text-align: center;">JUN 2 2011</p> <p style="text-align: center;">Adult Residential Licensing</p>		This issue was noted during an internal audit in September 2010. A new checklist for all PC ancillary staff was created in September 2010. Revisions were made and the current form is attached (Attachment C). This form is used for all new employees and addresses the orientation described in 65a.	6-6-11 


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location if applicable. (3) The designated meeting place outside the building or within the firesafe area in the event of an actual fire. (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable. (5) The location and use of fire extinguishers. (6) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services.	Western Region Adult Residential License	Sept. 2010	See page 5.	

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81b Wheelchairs, walkers, prosthetic devices and other apparatus used by residents shall be clean, in good repair and free of hazards.	Residents #4, 5 and 6 have enabler bars that have an opening large enough to trap a limb. There are no covers on the enablers. <p style="text-align: center; font-size: 1.2em;">Western Region</p> <p style="text-align: center;">Adult Residential Licenses</p>	5/2/2011	An inspection was done of all PC rooms. Besides resident #4, 5, and 6, four additional residents with enabler bars were identified. All residents were sent a letter (see Attachment D) on 4/18/11 re: enabler bars. All rooms were checked by PCH Administrator by 5/2/11 and were in compliance. The OT department (who secure enabler bars for residents) were notified of the change. The housekeepers will monitor during their routine monthly cleaning.	6-6-11 

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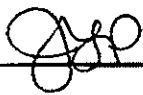
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96a The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.	The first aid kit in the Reed Terrace first floor kitchenette does not include antiseptic. <p style="text-align: center; font-size: 1.2em;">Western Region</p> <p style="text-align: center;">IIN 2011</p> <p style="text-align: center;">Adult Residential Licensing</p>	4/1/2011	The antiseptic was placed on 4/2/11. The housekeeping and purchasing supervisor will conduct a quarterly audit of all first aid kits for proper materials. See Attachment E.	6-6-11 <i>JJP</i>

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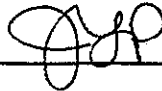
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
141a The medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (3) Medical information pertinent to diagnosis and treatment in case of an emergency. (4) Special health or dietary needs of the resident. (5) Allergies. (6) Immunization	Resident #8's medical evaluation is not dated and does not include the Resident's ability to self administer medications. Resident #9's medical evaluation is not dated and does not include diagnoses or medications. Resident #10's medical evaluation, dated 3/9/2011, does not include a list of medications. Western Region Adult Residential Licensing	4/11/2011 4/11/2011 4/11/2011	Medical evaluation for resident #8 was faxed to the physician. Faxed on 4/8/11 and returned on 4/11/11. (See Attachment F.) Medical evaluation for resident #9 was faxed on 4/6/11 and returned on 4/11/11. (See Attachment G.) Medical evaluation for resident #10 was faxed on 4/6/11 and returned on 4/11/11. (See Attachment H.) Upon return of medical evaluations, the Resident Services Coordinator will check each item for completion. Medical evaluation is passed to the Social Service Secretary for review. The back of the form is initialed by both staff members. A quarterly audit will be conducted by the Resident Services Coordinator for compliance.	6-6-11 <i>JJP</i>

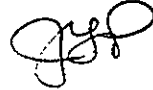
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history. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request.	Western Region JUN 2 2011 Adult Residential Licensing		See page 13.	


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

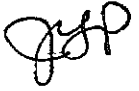
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141a A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.	<p>The medical evaluation for Resident #7, date of admission 10/4/2010, was not dated. The medical evaluation for Resident #8, date of admission 2/27/2011, was not dated. The medical evaluation for Resident #9, date of admission 4/16/2010, was not dated.</p> <p style="text-align: center; font-size: 1.2em;">Western Region</p> <p style="text-align: center;">MUN ...</p> <p style="text-align: center;">Adult Residential Licensing</p>	<p>4/11/2011</p> <p>4/11/2011</p> <p>4/11/2011</p>	<p>The medical evaluation for resident #7 was dated by the physician on 5/23/11. (See Attachment I)</p> <p>The medical evaluation for resident #8 was faxed to the physician on 4/8/11 and returned on 4/11/11. (See Attachment F)</p> <p>The medical evaluation for resident #9 was faxed on 4/6/11 and returned on 4/11/11. (See Attachment G)</p> <p>As noted on page 14, the Resident Services Coordinator and Social Service Secretary will check all medical evaluations for completion, including dates.</p>	<p style="text-align: center; font-size: 1.2em;">6-6-11</p> <p style="text-align: center;"></p>

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

Page 4 of 6

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191 The home shall educate the resident of his/her right to question or refuse a medication if he/she believes there may be a medication error. Documentation of this resident education shall be kept.	Residents #3 and 10 have not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error. <p style="text-align: center; font-size: 1.2em;">Western Region</p> <p style="text-align: center;">IIN 0 2011</p> <p style="text-align: center;">Adult Residential Licensing</p>	5/23/2011	Resident #3 signed the Resident Rights form, which has been updated to include this right of refusal, on 5/23/11. (See Attachment J) Resident #10 signed an acknowledgment of this right upon admission on 3/15/11. (See Attachment K) When residents are transferred from one area of the PCH into another, the checklist of admission paperwork has been updated to specifically include this right. (See Attachment N)	<i>6-6-11</i> 

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

NAME AND ADDRESS OF PERSONAL CARE HOME SARAH A REED RETIREMENT CENTER, 227 WEST 22ND STREET ERIE, PA 16502		CURRENT LICENSE NUMBER 447610	
INSPECTION DATES (Include all dates of the inspection) 03/30/2011, 03/31/2011, 05/05/2011		REGIONAL REPRESENTATIVE <i>Jan Kimberland, Jan Cutter</i> Jan Cutter, Jan Cutter, Jill Pezzino, Jill Pezzino, Alden Linkhart, Alden Linkhart	
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>Therese Brobst</i>	DATE 6-1-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JJP</i>	DATE 6-6-11

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
226a The resident shall be assessed for mobility needs as part of the resident's assessment.	Resident #11's assessment, completed on 1/12/2011, indicates that this resident does not have mobility needs; however, the resident resides in the Secure Dementia Care Unit. Western Region Adult Residential Licensing	3/31/2011 7-20-11	This assessment occurred with resident #12. The assessment was corrected at the time of inspection. (See Attachment L) The mobility needs section of future PCH assessments will be checked by the RN Coordinator for accuracy. The RN Coordinator will review all resident's assessments in the Secure Dementia Care Unit to ensure they have been accurately diagnosed as immobile. 6-6-11 <i>JJP</i>	6-6-11 <i>JJP</i>

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

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NAME AND ADDRESS OF PERSONAL CARE HOME SARAH A REED RETIREMENT CENTER, 227 WEST 22ND STREET ERIE, PA 16502		CURRENT LICENSE NUMBER 447610	
INSPECTION DATES (Include all dates of the inspection) 03/30/2011, 03/31/2011, 05/05/2011		REGIONAL REPRESENTATIVE Jan Kimball, Jan Cutter Jan Cutter, Jan Cutter, Jill Pezzino, Jill Pezzino, Alden Linkhart, Alden Linkhart	
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>Athen Brobst</i>	DATE 6-1-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JJP</i>	DATE 6-6-11

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
253c The home shall keep a log of resident records destroyed on or after October 24, 2005. This log shall include the resident's name, record number, birth date, admission date and discharge date.	The log of destroyed resident records does not include the record number, birth date, admission date and discharge date. Western Region JUN 6 2011 Adult Residential Licensing	4-30-11	The log of all records destroyed after 10/24/05 was updated to include the record number, birthdate, admission date and discharge date. The inventory sheet for future destroyed records has been updated to include the necessary items. (See Attachment M)	6-6-11 <i>JJP</i> Date Initials (DPW)

Steps have been taken to correct violation; full compliance is not verifiable
 6-6-11
 Date Initials (DPW)