

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.

To operate PRESBYTERIAN LODGE

Located at 2628 ELMWOOD AVENUE, ERIE, PA 16508

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

The total number of persons which may be cared for at one time may not exceed 35
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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

and shall remain in effect from May 25, 2012 until May 25, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 447650

Robert E. Robinson
ISSUING OFFICER

[Signature]
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.



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

ADULT RESIDENTIAL LICENSING

JUL 02 2012

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

Mr. Carl Waterhouse, NHA
Presbyterian Homes in the Presby. of Lake Erie, Inc.
Presbyterian Lodge
2628 Elmwood Avenue
Erie, Pennsylvania 16508

Dear Mr. Waterhouse:

As a result of the Department of Public Welfare's licensing inspection on May 18, 2012 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.

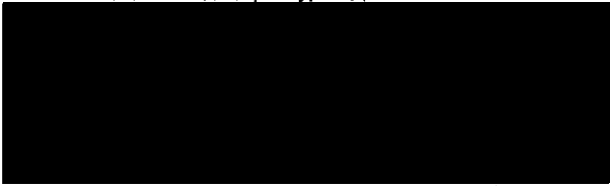
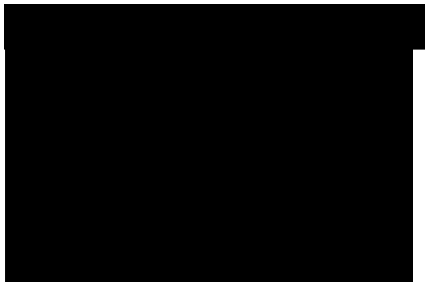
Sincerely,

A handwritten signature in black ink, appearing to read 'R. Melusky'.

Ronald Melusky
Director

Enclosures
License
Violation Report

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

PCH Name: PRESBYTERIAN LODGE		License Number: 447650
Address: 2628 ELMWOOD AVENUE, ERIE, PA 16508		County: Erie
Administrator: Carl Waterhouse		Region: WEST
Legal Entity Name: PRESBYTERIAN HOMES IN THE PRESBY OF LAKE ERIE INC		
Legal Entity Address: 2628 ELMWOOD AVENUE, ERIE, PA 16508		
Certificate(s) of Occupancy C-1 04/03/1987 L&I		
Staffing Hours Resident Support: 22 Total Daily Staff: 45 Working Staff: 34		
Type of Inspection: Full BHA Docket Number: N/A Notice: Unannounced		
Reason(s) for inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 05/18/2012: Ropon, Dennis; Williams, Jason		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p>RECEIVED</p> <p>JUN 22 2012</p> <p>Western Field Office Adult Residential Licensing</p>		
Other Details Partial or Full Triggers: N/a Random Indicators: N/a		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 35 Number of Residents Served: 23 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: 	Number of Residents who: 	

Violation Report: 44765 - 06/18/2012 - Ropon, Dennis
PCH Name: PRESBYTERIAN LODGE

1. REGULATION 56 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.6102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Staff person A did not complete fire safety, emergency preparedness, resident right and Older Adults Protective Services Act training in the 2011 training year.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Personal Care non-direct care staff's Documentation of Annual Staff Training forms (see attached) were not being retained. Staff Person A is an Activities Aide and therefore considered non-direct care staff and fell into our misinterpretation of regulation 2600.65(g).

We will now retain all Personal Care staff's (direct, ancillary, substitute personnel and regularly scheduled volunteers) Documentation of Annual Staff Training forms. They will be retained and filed in Human Resources Representative office. Human Resources Representative has a spreadsheet that tracks who has received what training when to ensure that all Personal Care personnel receive annual training.

RECEIVED

JUN 22 2012

Western Field Office
Adult Residential Licensing

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) CHRIS WATERHOUSE

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) CHRIS WATERHOUSE Date 6/22/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 6-25-12
(Date)

Plan of correction implementation status as of 6-25-12
(Date)

The above plan of correction was approved by SW
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress 6-25-12
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44785 - 05/18/2012 - Ropon, Dennis
PCH Name: PRESBYTERIAN LODGE

1. REGULATION 55 Pa.Code §2600
2600.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION

The home use the same emergency evacuation routes for the 17 consecutive fire drills conducted from 1/31/11 to 3/22/12.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

All fire drills in the future will have a safety cone with the word "FIRE" labeled on it. It will be placed in different hallways and or exits on a random basis, and be documented on the fire drill log accordingly.

7-20-12 The Administrator will monitor the fire drill record monthly to ensure alternate exit routes are being used. 6-25-12

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Western Field Office
Adult Residential Licensing

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature]

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

PAUL WATERHOUSE

Date

6/22/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

6-25-12
(Date)

Plan of correction implementation status as of

6-25-12
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *6-25-12*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

[Handwritten Initials]
(Initials)

Violation Report: 44766 - 05/18/2012 - Rojon, Dennis
PCH Name: PRESBYTERIAN LODGE

1. REGULATION 66 Pa.Code §2600

2600.144(c) - A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include 2600.144(c)1-3.

2a. DESCRIPTION OF VIOLATION

The home permit's smoking on the premises by visitors and staff persons. The home has not developed written fire safety policies and procedures for smoking.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See attached Smoke Free Facility Policy.

7-20-12 All staff and residents will be educated on the smoking policy and procedures. 6-25-12

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JUN 22 2012

Western Field Office
Adult Residential Licensing

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Carl Waterhouse

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

CARL WATERHOUSE

Date

6/22/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

6-25-12
(Date)

Plan of correction implementation status as of 6-25-12
(Date)

Fully Implemented

Partially Implemented - Adequate Progress 6-25-12

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

[Signature]
(Initials)

Violation Report: 44765 - 06/18/2012 - Roan, Dennis
 PCH Name: PRESBYTERIAN LODGE

1. REGULATION 55 Pa.Code §2800
 2800.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION
 Resident #4's Lantus 100 unit was opened on 3/30/12. The medication label reads to discard after 28- days. The medication was stored in the medication cart for administration:

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

All Personal Care nursing staff has been reminded of the regulating guidelines for the proper storage of medications.

A formal weekly audit of prescription, OTC and CAM medications, and other unstable medications, including insulin, will be completed on a weekly basis to ensure they meet proper storage and stability guidelines.

All expired medications will be disposed of following facility protocol. All opened insulin will be discarded per protocol at or before 28 days.

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Western Field Office
 Adult Residential Licensing

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Carl Waterhouse*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) CARL WATERHOUSE	Date 6/22/12
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 6-25-12
 (Date)

Plan of correction implementation status as of 6-25-12
 (Date)

The above plan of correction was approved by [Signature]
 (Initials)

- Fully Implemented 6-25-12
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44765 - 05/18/2012 - Ropon, Dennis
 PCH Name: PRESBYTERIAN LODGE

1. REGULATION 55 Pa.Code §2800

2800.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

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Western Field Office
 Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

Resident #2's medication administration record (MAR) does not indicate a purpose or diagnosis for Aspirin, Coumadin, Citalopram and Calcium.

The MAR for resident #3 does not indicate a purpose or diagnosis for Risamine ointment, Calcitonin spray, Fluoxetine, Pantoprezole and Plavix.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Matrix pharmacy software has been modified / updated so that when any prescription medication or treatment is entered as an order, you must enter a diagnosis or the system / software will not let one proceed further.

All current MARs / TARs have been reviewed and, if necessary, modified to ensure a diagnosis in place at the present time.

7-20-12 Re Administrator or designated staff person obligated to Administer medications with conduct of a monthly check to ensure each medication indicates a purpose or diagnosis. 6-25-12

Repeat Violation: No	Date(s) of Previous Violation(s):
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Call Waterhouse*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>CALL WATERHOUSE</i>	Date <i>6/22/12</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>6-25-12</u> (Date)	Plan of correction implementation status as of <u>6-25-12</u> (Date)
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- Fully Implemented
- Partially Implemented - Adequate Progress *6-25-12*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *[Signature]*
 (Initials)

Violation Report: 44765 - 05/18/2012 - Rojon, Dennis
 PCH Name: PRESBYTERIAN LODGE

1. REGULATION 55 Pa.Code §2600

2600.225(a) - 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.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted on 4/27/12. An initial assessment has not been completed for the resident.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Initial assessment on Resident #1 was completed within the time period required. Attached is the documentation supporting this. Documentation was found post-exit.

with deletion of

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JUN 22 2012

Western Field Office
 Adult Residential Licensing

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Carl Waterhouse*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>CARL WATERHOUSE</i>	Date <i>6/22/12</i>
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The above plan of correction is approved as of _____
 (Date)

The above plan of correction was approved by _____
 (Initials)

Plan of correction implementation status as of _____
 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented