

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

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

To operate SARAH A. REED RETIREMENT CENTER

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

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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To provide Personal Care Homes

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

and shall remain in effect from June 16, 2012 until June 16, 2013,
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



AUG 14 2012

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

Dear Mr. Magyar:

As a result of the Department of Public Welfare's licensing inspection on June 6, 2012 and June 7, 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 be 'R. Melusky'.

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 44761 - 06/06/2012 - Marini, Michael

8/10/2012

1. REGULATION 55 Pa.Code §2600 :

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Western Field Office
Western Residential Licensing

2. DESCRIPTION OF VIOLATION

Skin moisturizer, with a manufacture's label indicating "if injected contact a poison control center", was unlocked and accessible to residents. The moisturizer was in the bathrooms off room 15 and room 20 and these rooms were in the secure dementia unit. Residents of the home, including residents 1, 2, and 3, have not been assessed capable of recognizing and using poisons safely.

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.

Locked cabinets for all bathrooms located in the SDCU have been purchased. Installation will be complete by 8-10-2012. All aides working in the SDCU have been informed about locking up poisonous materials. (See attached documentation.) Room checks will be completed monthly. (See attached audit sheet.)

A designated staff person(s) will check resident bathrooms 1x a week to ensure all poisonous materials are locked and inaccessible to residents.
8-1-12 JSP

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Karen Brobst

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

Karen Brobst, Director of Resident Services

Date 7-26-2012

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

The above plan of correction is approved as of 8/1/12 (Date)

Verification of Legal Entity Representative Signature 8/1/12 (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44761 - 06/06/2012 - Marini, Michael

7-10-2012

1. REGULATION 55 Pa.Code §2600

2600.102(d)(1) - Toilet and bath areas must have grab bars, hand rails or assist bars. Western Field Office Adult Residential Licensing

2. DESCRIPTION OF VIOLATION

There were no grab bars by the toilets in the bathrooms off room 122 and room 308.

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.

Grab bars were placed on the toilets in Room 122 and Room 308 on 6-7-2012. Room checks will be completed by the housekeeping staff during monthly cleaning. Any bathroom without a hand rail (see attached) will be reported to the Director of Resident Services.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Karen Brobst, Director of Resident Svcs.* Date *7-26-12*

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The above plan of correction is approved as of 8-1-12 (Date)

Verification of Legal Entity Representative Signature 8-1-12 (Date)

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

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44761 - 06/06/2012 - Marini, Michael

1. REGULATION 55 Pa.Code §2600

10 2012

2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.
 Western Field Office
 Adult Residential Licensing

2. DESCRIPTION OF VIOLATION

The home's emergency procedures were not posted in a conspicuous and public place in the home.

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.

Prior to inspection, the Center's Emergency Procedures are located in a binder that is at the nurse's station, administrator's office and main office. A sign has been posted directing residents to these areas.

On 6-7-2012, a binder was also placed in the library so that residents can access the procedures at all times and without having to ask at an office.

Please note: Although listed as a repeated violation, this is not a repeat violation. This was confirmed by licensing representative (DM) on 7-26-2012.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Karen Brobst

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Karen Brobst, Director of Resident Svcs.

Date

7-26-12

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The above plan of correction is approved as of

8-1-12
(Date)

Verification of Legal Entity Representative Signature

8-1-12
(Date)

- Fully Implemented
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- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

[Signature]
(Initials)