



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

AUG 16 2013

Ms. Emma J. Trump, Administrator
Presbyterian Homes in the Presby of Lake Erie, Inc.
Manchester Presbyterian Lodge
6351 West Lake Road
Erie, Pennsylvania 16505

Dear Ms. Trump:

As a result of the Department of Public Welfare's licensing inspection on July 2, 2013 and July 3, 2013, 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.

Your regular license for the period September 11, 2013 to September 11, 2014 was issued on June 17, 2013. Your regular license remains in good standing.

Sincerely,

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

Ronald Melusky
Director

Enclosure
Violation Report

Violation Report: 45056 - 07/02/2013 - Orme, Melinda
PCH Name: MANCHESTER PRESBYTERIAN LODGE

WESTBROOK CENTER

1. REGULATION 65 Pa.Code §2600

2600.25(b) - 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.

2a. DESCRIPTION OF VIOLATION

The contracts for resident #1, admitted 3/11/13, and resident #2, admitted 5/1/13 were not signed by the residents.

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.

Resident #2 has signed the contract. (see attached #1) Resident #1 refuses to sign the contract. Resident #1 has significant dementia. (see attached #2) Resident #1 designated POA signed the contract on admission.

Upon admission the Admission Coordinator will review the contract with the resident and obtain resident signature on the contract. If resident is unable or refuses to sign the contract, Admission Coordinator will document attempts to obtain signature or the reasons why resident is unable to sign.

All current resident charts will be reviewed by the Personal Care Administrator for signature of resident by 8/16/13.

All new admissions will be audited monthly by the Personal Care Administrator for three months, if any issues arise the audits will continue once per quarter until no further issues arise.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Emma J Trump LA

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

Emma J Trump LA

Date 7-25-13

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

The above plan of correction is approved as of

7/25/13
(Date)

Plan of correction implementation status as of

7/25/13
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

Violation Report: 45056 - 07/02/2013 - Orma, Melinda
PCH Name: MANCHESTER PRESBYTERIAN LODGE

1. REGULATION 55 Pa.Code §2600

2600.41(e) - A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in § 2600.41(d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION

The resident rights' statements for resident #1, admitted 3/11/13, and resident #2, admitted 5/1/12, were not signed by the residents, nor was there documentation of efforts to obtain residents' signatures. The contracts for each resident, containing the residents' rights, were signed only by each resident's Power of Attorney.

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.

Copy of resident rights for resident #2 has been signed by the resident. (see attached #3) Resident #1 refuses to sign the resident rights.(see attached #2) Resident #1 has significant dementia. Resident #1 designated person signed the residents rights upon admission.

Upon admission the Admission Coordinator will review the resident rights with the resident and obtain resident signature. If resident refuses to sign, the Admission Coordinator will document attempts to obtain signature.

All current resident charts will be reviewed by the Personal Care Home Administrator for signature on resident rights form by 8/16/13.

All new admissions will be audited monthly by the Personal Care Home Administrator for three months and if any issues arise from the auditing process, these audits will continue once per quarter until no further issues arise.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *Emma J. Trunpla*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Emma J. Trunpla* Date *7.25.13*

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

The above plan of correction is approved as of *7/25/13*
(Date)

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

Plan of correction implementation status as of *7/25/13*
(Date)

- Fully Implemented *[initials]*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 45056 - 07/02/2013 - Orma, Melinda
PCH Name: MANCHESTER PRESBYTERIAN LODGE

WEST PHILADELPHIA
Rumohr Center for Learning

1. REGULATION 55 Pa.Code §2600
2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION

All four of the home's commercial dryers contained multiple clumps of lint. There was also a layer of lint on the walls, floor, and on top of the lint trap in the bottom of the dryer.

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.

Laundry employees have been educated to clean the lint filters after every load, being sure to use a broom to scoop up any loose pieces.
Laundry supervisor will monitor that this is being done, once a day for four weeks, and if no problems persist, then will monitor once a week for one month.
Maintenance department will vacuum dryer compartment monthly.
Laundry staff will notify maintenance department if they see an increased need for more frequent vacuuming.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Emma J. Trunger*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Emma J. Trunger* Date *7-25-13*

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

The above plan of correction is approved as of *7/25/13*
(Date)

Plan of correction implementation status as of *7/25/13*
(Date)

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

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

Violation Report: 45056 - 07/02/2013 - Orma, Melinda
PCH Name: MANCHESTER PRESBYTERIAN LODGE

WEST REGION HEAD OFFICE
PUNISH SERVICES DIVISION

1. REGULATION 55 Pa.Code §2600

2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION

On 7/2/13, the home had 61 residents, but only 168 gallons of emergency drinking water on-site. The home would need 183 gallons of water to meet this requirement.

The home has two letter contracts to have companies deliver an emergency supply of water; however, the contracts do not specify the amount of water to be delivered or the length of time for delivery.

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.

Water has been purchased to meet this requirement. Water is onsite. (see attached #5)
Personal Care Home Administrator will monitor that there is a three day supply of drinking water on-site at all times.
Monitor will be completed once a month for three months. If problems persist monitor will continue quarterly.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *Emma J. Temple*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Emma J. Temple* Date *7.25.13*

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

The above plan of correction is approved as of *7/25/13*
(Date)

Plan of correction implementation status as of *[Signature]*
(Date)

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

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

Violation Report: 45056 - 07/02/2013 - Orme, Melinda
PCH Name: MANCHESTER PRESBYTERIAN LODGE

1. REGULATION 55 Pa.Code §2600
2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION
The most recent sleeping hours fire drill was held on 1/17/13; however a sleeping hours fire drill was not held within 6 months prior to that drill.

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.

A fire drill was held during sleeping hours on 7/23/13. (see attached #6 and #7)
Fire drills will be held monthly, with one fire drill to be held during sleeping hours once every 6 months.
Personal Care Administrator will audit fire drill record quarterly for 6 months.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *Emma J. Trump*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Emma J. Trump* Date *7.25.13*

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

The above plan of correction is approved as of 7/25/13
(Date)

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

Plan of correction Implementation status as of 7/25/13
(Date)

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

Violation Report: 46056 - 07/02/2013 - Orme, Melinda
PCH Name: MANCHESTER PRESBYTERIAN LODGE

WEST PASCHE...
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1. REGULATION 55 Pa.Code §2600
2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION
There is no documentation that residents #1, #2, #3, #4, #5, and #6 have been educated to the residents' right to refuse medications if the resident believes there may be an error.

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.

Presbyterian Homes Notification, Authorization and Consent Form containing documentation of resident education has been signed by residents #2, #3, #4, #5 and #6. (see attached #8, #9, #10, #11, and #12) Resident #1 has been educated on his right to question or refuse medication. Res #1 refuses to sign the Notification form. (see attached #2)

Residents #1, #2, #3, #4, #5, and #6 have all received education regarding the right to question or refuse a medication if the resident believes there may be a medication error.

Upon admission the right to refuse or question medication will be reviewed by the Admission Coordinator with the resident and the Presbyterian Homes Notification, Authorization and Consent Form will be signed by the resident. If the resident is unable or unwilling to sign, the Admission Coordinator will document that education was given and the attempts made for signature.

All Current resident charts will be reviewed by the Personal Care Home Administrator for signature and education will be given to those residents who have not signed this form by 8/16/13.

All admissions will be audited monthly by the Personal Care Home Administrator for three months and if problems persist the audits will continue on a quarterly basis until no further issues arise.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative <i>Emma J. Trump</i>			
Printed Name and Title of Legal Entity Representative <i>Emma J. Trump</i>			Date <i>7.25.13</i>

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

The above plan of correction is approved as of <u>7/25/13</u> (Date)	Plan of correction implementation status as of <u>7/25/13</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>JD</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 45056 - 07/02/2013 - Orme, Melinda
 PCH Name: MANCHESTER PRESBYTERIAN LODGE

1. REGULATION 55 Pa.Code §2600
 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

The preadmission screening form for resident #3, admitted 1/9/13, was not dated.
 The home did not complete a preadmission screening form for resident #6, admitted 1/7/13.

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 admissions will be audited monthly for three months by the Personal Care Administrator and if any issues arise the audits will continue on a quarterly basis until no issues arise.
 Staff will be educated on completing the preadmission screen within 30 days and on dating the preadmission screen at the time of completion. Education was completed with staff participating in the admission process. (see attached #13)

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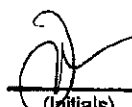
Signature of Legal Entity Representative
 (Required on EVERY Page)




Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Emma J Trump	7.25.13

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

The above plan of correction is approved as of 7/25/13
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 7/28/13
 (Date)

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

Violation Report: 45056 - 07/02/2013 - Orme, Melinda
 PCH Name: MANCHESTER PRESBYTERIAN LODGE

1. REGULATION 55 Pa.Code §2600
 2600.225(c) - 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.

2a. DESCRIPTION OF VIOLATION
 Resident #5 had 10 falls in the home between May 2012 and June 2013. The resident's 11/20/2012 assessment has not been updated to address the falls or fall prevention.

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.

The support plan was corrected and reviewed with the department surveyor on 7/2/13 at time of inspection.
 Physician was updated with each fall at the time of the fall.
 Staff will be educated on updating the RASP for falls, fall prevention, and other changes in resident condition. Education will be completed by 8/1/13.
 Personal Care Administrator will audit resident RASPs monthly for three months, if issues arise the audits will continue quarterly until no further issues are noted.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Emma J Trumpel*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Emma J Trumpel* Date *7-25-13*

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

The above plan of correction is approved as of *7/25/13*
 (Date)

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

Plan of correction implementation status as of *7/25/13*
 (Date)

Fully Implemented *0*
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented