



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: NOV 25 2013

Ms. Gayle 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 (Department) licensing inspection on October 9, 2013 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary 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 Human Services Licensing so that compliance can be verified.

Sincerely,

A handwritten signature in black ink, appearing to read "Jon Kimberland".

Jon Kimberland
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

NOV 13 2013

Violation Report: 44761 - 10/09/2013 - Phillips, Joseph
PCH Name: SARAH A REED RETIREMENT CENTER

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - 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.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted on 12/21/12; however the resident's medical evaluation was completed on 4/5/12.

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.

Resident #1 was admitted to Sarah A. Reed Retirement Center (non-secure unit) on 8-3-11. On 12-21-12, Resident #1 was moved to the Center's secure dementia unit. A new DME was completed on 12/18/12 to acknowledge the resident's admit to the SDCU. However, the Center erroneously tracked the date of the annual medical evaluation based on the date of completion of the DME vs the date of actual medical evaluation by the physician. Resident #1 had an appointment on 10/8/13. A DME was forwarded to the physician and a copy will be forwarded to the Regional office when complete. All current resident's charts will be reviewed by the Resident Services Coordinator and the Dir of Resident Services to determine date of evaluation. Future tracking of the DME will be based upon the date

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

Signature of Legal Entity Representative (Required on EVERY Page) Carey Vieira *evaluated, not the date completed.*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Carey Vieira, Director Resident Services Date 11/6/13

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

The above plan of correction is approved as of 11-15-13 (Date)

Plan of correction implementation status as of 11-15-13 (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress 11-15-13
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44761 - 10/09/2013 - Phillips, Joseph
PCH Name: SARAH A REED RETIREMENT CENTER

NOV 13 2013

1. REGULATION 55 Pa.Code §2600

2600.141(b)(1) - A resident shall have a medical evaluation at least annually

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident # 2's was admitted to the home on 11/1/12. Resident #2's most recent medical evaluation was completed on 9/19/12.

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.

Resident # 2 was admitted to The Sarah A. Reed Retirement Center (non-secure unit) on 9/1/12. On 11/1/12, Resident #2 was moved to the secured dementia care unit. Physician's order for placement in secured dementia unit was signed and received by Center on 11/1/12. On 11/6/12, the new DME was completed by physician. However, the Center erroneously tracked the date of the annual medical evaluation based on the date of completion of the DME vs the date of the medical evaluation by the physician.

all current residents' charts will be reviewed by the Resident Services Coordinator and the Director of Resident Services. Future tracking of the DME will be based on the date evaluated, not the date of completion.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Carey Vieira

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

Carey Vieira, Director of Resident Services

Date 11/6/13

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

The above plan of correction is approved as of 11-15-13
(Date)

Plan of correction implementation status as of 11-15-13
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress 11-15-13
- Partially Implemented - Inadequate Progress
- Not Implemented

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