



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE:

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

JUN 11 2014

RE: Manchester Presbyterian Lodge
Manchester Commons
450560

Dear Ms. Trump:

As a result of the Department of Public Welfare's licensing inspection on April 25, 2014 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Jill Pezzino".

Jill Pezzino
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

RECEIVED

JUN 03 2014

Violation Report: 45056 - 04/22/2014 - Williams, Jason
PCH Name: MANCHESTER PRESBYTERIAN LODGE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.15(b) - If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

2a. DESCRIPTION OF VIOLATION

On 4/16/14, the home received an allegation of sexual abuse against staff person A toward Resident #1 from Resident #1's family member. The home suspended staff person A on 4/16/14, but allowed the staff person to return to work on the 10:30 PM - 6:30 AM shift on 4/17/14, 4/18/14 and 4/21/14 having unsupervised contact with residents before the allegation was investigated by the Department.

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.

Incident was investigated by both the Pennsylvania State Police and Adult Protective Services and found unsubstantiated before staff in question was returned to work without supervision.
The Personal Care Home Administrator will ensure in the future that any and all staff persons suspended for suspected abuse have a DPW approved plan of supervision in place prior to returning the staff person to unsupervised duty.

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

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date 6-2-14

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

The above plan of correction is approved as of 6-11-14 (Date)

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

Plan of correction implementation status as of 6-11-14 (Date)

- Plan of correction implementation status as of 6-11-14 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

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JUN 03 2014

Page 3 of 5

Violation Report: 45056 - 04/22/2014 - Williams, Jason
PCH Name: MANCHESTER PRESBYTERIAN LODGE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION

Direct care staff person B, hired 7/12/10, only completed 11 hours of annual training in the training year 1/1/13 - 12/31/13.

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

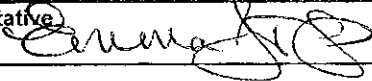
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Staff person B received disciplinary action on 1/16/14 for not completing 12 hours of education. See attached.
All personal care staff have received education on completing the required education hours. See attached.
The Personal Care Home Administrator will audit staff training records beginning in October, any staff not completing the required education by December will be removed from the schedule until they complete the DPW required education. See attached.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)



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

EMMA J TRUMP

Date

6-2-14

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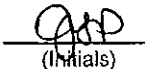
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Violation Report: 45056 - 04/22/2014 - Williams, Jason
PCH Name: MANCHESTER PRESBYTERIAN LODGE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Staff person B, hired 7/12/10, did not have annual training in care for residents with dementia and cognitive impairments, infection control, safe management techniques, or care for residents with mental illness and intellectual disability during the training year 1/1/13 - 12/31/13.

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.

Staff person B received disciplinary action on 1/16/14 for not completing the required training. All staff have been educated on the required topics needed to maintain compliance with the department. See attached. The Personal Care Home Administrator will audit the staff training records beginning in October, staff not completing the required topics of education listed above by December will be removed from the schedule until these DPW requirements are met. See attached.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Christa J Trump* Date *6-2-14*

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(Date)

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

Plan of correction implementation status as of 6-11-14
(Date)

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- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 45056 - 04/22/2014 - Williams, Jason
PCH Name: MANCHESTER PRESBYTERIAN LODGE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 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. §§ 10225.101-10225.5102).
- (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 B, hired 7/12/10, did not have annual training in fire safety, resident rights, the Older Adults Protective Services Act, or falls & accident prevention during the training year 1/1/13 - 12/31/13.

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.

Staff person B received disciplinary action for not completing required education. See attached.
 All personal care staff have been educated on the topics needed to maintain compliance with the department.
 See attached.
 The Personal Care Home Administrator will audit staff training records beginning in October, staff not completing the required topics listed above by December will be removed from the schedule until these DPW requirements are met.
 See attached.

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|---|-----------------------------------|--|--------|
| Repeat Violation: No | Date(s) of Previous Violation(s): | | |
| 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 | | | 6-2-14 |

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|---|--|
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