



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to MILLCREEK MANOR
LEGAL ENTITY

To operate REGENCY SUITES/REGENCY AT SOUTH SHORE
NAME OF FACILITY OR AGENCY

Located at 322 WASHINGTON PLACE, ERIE, PA 16505
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 70
(MAXIMUM CAPACITY)
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
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from April 15, 2015 until October 15, 2015,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 446571

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.



pennsylvania

DEPARTMENT OF HUMAN SERVICES

APR 10 2015

Ms. Melanie Titzel, Director of Operations
Millcreek Manor
5515 Peach Street
Erie, Pennsylvania 16509

RE: Regency Suites/The Regency at South Shore
322 Washington Place
Erie, Pennsylvania 16505
License #: 446571

Dear Ms. Titzel:

As a result of the Department of Human Services' licensing inspection on March 10, 2015 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

During the inspection, violations on the enclosed License Inspection Summary were found. All violations specified on the 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.

Your PROVISIONAL license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

Sincerely,

Matthew J. Jones
Director

Enclosures
License
License Inspection Summary

Violation Report: 44657 - 03/10/2015 - Georgoulis, Karen
 PCH Name: REGENCY AT SOUTH SHORE-REGENCY SUITES

1. REGULATION 55 Pa.Code §2600
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION
 At 10:13 a.m., the hot water temperature in the recreation center common bathroom sink measured 123.9° Fahrenheit.

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.

CHANGE = HOT WATER TANK TURNED DOWN
 REPAIRED INSTRUMENT OF MEASURE AS IT NEEDED RECALIBRATION
 WHO = MAINTENANCE PROFESSIONAL
 WHEN = DAY OF INSPECTION
 HOW = PHYSICALLY/MANUALLY

Immediately - The administrator or designated staff person will monitor the water temperature on a daily basis at different areas of the home, to ensure the water temperature does not exceed 120°F.

SYSTEM: PRIOR TO TESTING WATER TEMPERATURE THE INSTRUMENT OF MEASURE WILL BE TESTED & COMPARED WITH ANOTHER THERMOMETER

WRITTEN EDUCATION ATTACHED
 STAFF WAS COUNSELED VERBALLY AS TO SYSTEM REQUIRED
 SEE ATTACHED PHOTO DIRECTOR PERSONALLY

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
 MELANIE TIZEL, RN 4/4/15

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

The above plan of correction is approved as of <u>4-7-15</u> (Date)	Plan of correction implementation status as of <u>4-7-15</u> (Date)
The above plan of correction was approved by <u>lms</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SNP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44867 - 03/10/2016 - Georgoulis, Karen
 PCH Name: REGENCY AT SOUTH SHORE-REGENCY SUITES

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
 There was an accumulation of approximately 1/8" layer of lint in the lint trap of the dryer on the right in the first floor laundry room.

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.

CHANGE: LINT WAS REMOVED
 WHO: HOUSEKEEPER
 WHEN: DURING INSPECTION
 HOW: PHYSICALLY/MANUALLY
 SYSTEM: STAFF WILL LOG LINT REMOVAL
 STAFF: VERBAL COUNSELLING TRAINING BY LEADERSHIP
 DIRECTOR CHECK PERSONALLY

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
 MELANIE TITRE 4/4/15

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

The above plan of correction is approved as of 4-7-15
 (Date)

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

Plan of correction implementation status as of 4-7-15
 (Date)

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

Violation Report: 44657 - 03/10/2015 - Georgoulis, Karen
 PCH Name: REGENCY AT SOUTH SHORE-REGENCY SUITES

1. REGULATION 55 Pa.Code §2600
 2600.131(f) - Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

2a. DESCRIPTION OF VIOLATION

The fire extinguisher located in the rear designated smoking area did not have an inspection tag indicating it was inspected or service by a fire safety expert.

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.

CHANGE: A TAGGED FIRE EXTINGUISHER WAS PLACED IN AREA-A SOUTH SHORE

WHO: MAINTENANCE PROFESSIONAL

WHEN: DURING INSPECTION

HOW: PHYSICALLY MANUALLY

SYSTEM: AFTER CONTRACTOR TAGS EXTINGUISHERS DIRECTOR WILL OCCURE CHECK THAT THEY GOT THEM ALL

STAFF TRAINING: DIRECTOR WILL PERSONALLY CHECK THAT ALL EXTINGUISHERS ARE INCLUDED IN INSPECTION

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

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The above plan of correction is approved as of 4-7-15
 (Date)

Plan of correction Implementation status as of 4-7-15
 (Date)

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

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

Violation Report: 44657 - 03/10/2015 - Georgoulis, Karen
 PCH Name: REGENCY AT SOUTH SHORE-REGENCY SUITES

1. REGULATION 55 Pa.Code §2600
 2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION
 Resident #1 did not evacuate to a fire safe area or designated meeting place away from the building during the fire drill conducted at 10:14 a.m. on 3/10/15.

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.

CHANGE: STAFF WILL EVACUATE ALL RESIDENTS IN A FIRE DRILL OR FALSE ALARM

WHO: ALL STAFF

WHEN: DAY OF INSPECTION

HOW: BY MONITORING ROOM TO ROOM OFFERING THE SUPPORT REQUIRED TO LEAVE AND MOVE TO FIRE SAFE AREA

SYSTEM: DIRECTOR WILL MONITOR DRILLS TO ENSURE COMPLIANCE.

STAFF TRAINING - EDUCATION MEMO ATTACHED COUNSELING

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 4/4/15

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

The above plan of correction is approved as of 4-7-15
 (Date)

Plan of correction implementation status as of 4-7-15
 (Date)

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

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