



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 02 2016

Ms. Taralee M. Rea, Personal Care Administrator
Presbyterian Homes in the Presby of Lake Erie, Inc
2628 Elmwood Avenue
Erie, Pennsylvania 16508

RE: Elmwood Gardens
License #: 447650

Dear Ms. Rea:

As a result of the Department of Human Services' annual licensing inspection on May 10, 2016 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 "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: ELMWOOD GARDENS		License Number: 44765
Address: 2628 ELMWOOD AVENUE, ERIE, PA 16508		County: Erie
Administrator: Taralae Rea		Region: WEST
Legal Entity Name: PRESBYTERIAN HOMES IN THE PRESBY OF LAKE ERIE INC		
Legal Entity Address: 2628 ELMWOOD AVENUE, ERIE, PA 16508		
Certificate(s) of Occupancy C-1 04/03/1967 L & I		RECEIVED JUL 11 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 19	Waking Staff: 14
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 05/10/2016: Summers, Vicky; Georgoulis, Karen		
Off-Site Inspection Dates and Inspectors, If Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 35 Number of Residents Served: 19 Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 1	Number of Residents who: Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 19 Have Mental Illness: 0 Have an Intellectual Disability: 1 Have a Mobility Need: 0 Have a Physical Disability: 1	

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JUL 13 2016

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44765 - 05/10/2016 - Summers, Vicky
PCH Name: ELMWOOD GARDENS

1. REGULATION 55 Pa.Code §2600
2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION
On 5/10/16 at 10:15 A.M., there was an uncovered recycling garbage can filled with water and paper located outside the basement exit. At 10:30 A.M., there was an uncovered garbage can, 3/4 full with trash, located outside the break room exit.

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.

Both garbage cans were removed immediately after the walk thru with the inspector by the maintenance staff and are no longer on the premise.
The maintenance assistant was educated on the regulation regarding trash receptacles.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Taralee M. Pea BSW*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Taralee M. Pea BSW Administrator* Date *7/7/16*

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

The above plan of correction is approved as of 7-13-16
(Date)

Plan of correction implementation status as of 7-13-16
(Date)

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

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

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JUL 11 2016

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44765 - 05/10/2016 - Summers, Vicky
PCH Name: ELMWOOD GARDENS

1. REGULATION 55 Pa.Code §2600
2600.130(e) - If one or more residents or staff persons are not able to hear the smoke detector or fire alarm system, a signaling device approved by a fire safety expert shall be used and tested so that each resident and staff person with a hearing impairment will be alerted in the event of a fire.

2a. DESCRIPTION OF VIOLATION
Resident #1 is unable to hear fire alarm system when he/she is in his/her bedroom; however, there is no signaling device in the resident's bedroom to alert the resident in the event of a fire.

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 never reported any inability to hear the fire alarm nor had they failed to respond to an alarm or drill. This was reported to the Inspector by another resident.
-A signaling device with a strobe light and vibrating attachment was placed in the residents room and care planned on their RASP.
-The resident was oriented to the alarm and its operations, subsequent fire alarms/drills have remained positive.
-Staff was re-educated on the guidelines and operation for the signaling device.
-Functioning and placement of the alarm is checked and documented each shift by the nursing staff.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Aracelis M. Rea, BSW*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Aracelis M. Rea, BSW Administrator* Date *7/7/16*

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

The above plan of correction is approved as of 7-13-16
(Date)

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

Plan of correction implementation status as of 7-13-16
(Date)

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