



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 18 2016

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

RE: Manchester Presbyterian Lodge – Manchester Commons
License #: 450560

Dear Ms. Trump:

As a result of the Department of Human Services' annual licensing inspections on May 11, 2016 and May 12, 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 blue ink that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

RECEIVED

AUG 18 2016

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Violation Report: 45056 - 05/11/2016 - Summers, Vicky
PCH Name: MANCHESTER PRESBYTERIAN LODGE MANCHESTER COMMONS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

Residents #1 and #2 did not have an operable source of light that can be turned on/off from bedside.

(Observed 5/12/16)

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.

Regulation 2600.101(j)(7) is an important regulation due to the fact that a bedside light source provides residents with sufficient light to move safely around their room in the dark, reducing the risk of falls and injury. This regulation was violated in our home because resident #1 and #2 did not have an operable source of light that could be turned on/off from bedside available. Resident #1 had a lamp bedside but it was broken. The lamp was immediately removed from the room and another operable lamp in the room was moved to bedside. Resident #2 had a lamp at bedside but the bulb was burnt out. The bulb was immediately changed by maintenance. I have spoken to our maintenance department and they will be ordering wall-mounted touch lights and installing them in every room on the Woodside Place neighborhood. These wall-mounted touch lights are already being utilized in our traditional PC rooms. Checking of the operable status of wall-mounted touch lights will be the DCW's responsibility monthly. This task will be listed in the nurse aide flow sheets to be completed and signed off on for all residents within our personal care. There will also be a direction to contact maintenance if the light is not in working order. This will be implemented on the flow sheets on 9/1/16. Staff will be educated prior to 9/1/16 of this new task.

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

Signature of Legal Entity Representative
(Required on EVERY Page) Elizabeth Miller, PCHA

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Elizabeth Miller, PCHA Date 8/18/16

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

The above plan of correction is approved as of 8-18-16
(Date)

Plan of correction implementation status as of 8-18-16
(Date)

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

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

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Violation Report: 45056 - 05/11/2016 - Summers, Vicky
PCH Name: MANCHESTER PRESBYTERIAN LODGE MANCHESTER COMMONS

JEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

Resident #3's Lantus 100/ml and Humalog 100/ml Insulins were open and undated; therefore, the expiration date is unable to be determined. According to the manufacturer's instructions, Humalog and Lantus once opened must be discarded after 28 days.

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.

Regulation 2600.183(e) is an important regulation because it ensures that medications will be stored in accordance with manufacturer's instructions to ensure correct efficacy of medication. This regulation was violated in our home because resident # 3's Lantus and Humalog insulin's were open and undated, therefore the expiration date is unable to be determined. The manufacture instructions noted that both insulin's need to be discarded 28 days after open date. Both of the insulin's were re-ordered from the pharmacy to replace non-compliant bottles. Date opened stickers were applied to prescription box and filled out with date opened. We have already implemented a sign off check every week for the 1st and 2nd shift nurses to ensure that all medications ordered are in the home and not expired. See attached copy of sign off sheet.

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Elizabeth Miller, PCHA Date 8/18/16

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The above plan of correction is approved as of 8-18-16
(Date)

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

Plan of correction implementation status as of _____
(Date)

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