



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

JAN 12 2017

Ms. Gale Magyar, Executive Director  
Sarah A. Reed Retirement Center  
227 West 22<sup>nd</sup> Street  
Erie, Pennsylvania 16502

RE: Sarah Reed Senior Living  
License #: 447610

Dear Ms. Magyar:

As a result of the Department of Human Services' annual licensing inspections on July 13, 2016 and July 14, 2016, and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes).

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
Licensing Inspection Summary

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

PCH Name: SARAH REED SENIOR LIVING		License Number: 44761
Address: 227 WEST 22ND STREET, ERIE, PA 16502		County: Erie
Administrator: Carey Vieira		Region: WEST
Legal Entity Name: SARAH A REED RETIREMENT CENTER		
Legal Entity Address: 227 WEST 22ND STREET, ERIE, PA 16502		<b>RECEIVED</b>
Certificate(s) of Occupancy		OCT 24 2016
C-2 LP 12/30/1994 Dept. of L & I	C-2 LP 08/28/1980 Dept. of L & I	WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 101	Waking Staff: 76
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Renewal, Complaint		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 07/13/2016: Cutler, Jan; Daerr, Alicia 07/14/2016: Cutler, Jan; Daerr, Alicia		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 100	Number of Residents who:	
Number of Residents Served: 78	Receive Supplemental Security Income: 1	
Secured Dementia Care Unit In Home: Yes	Are 60 Years of Age or Older: 78	
Area: Zurn Pavillion	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable: 25	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable: 23	Have a Mobility Need: 23	
Number of Current Hospice Residents: 1	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 1		

OCT 24 2016

Violation Report: 44761 - 07/13/2016 - Cutter, Jan  
PCH Name: SARAH REED SENIOR LIVING

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

Resident #1 did not sign his/her contract dated 1/14/2016.

Resident #2 did not sign his/her contract addendum dated 6/18/2016.

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.

An audit of every personal care residents' contract and addendum was completed. All addendums and contracts have been signed by, not only the residents' POAs, but also by each resident. Upon admission to personal care, each resident will sign his/her contract and addendum, in addition to POA. If a resident is admitted to SDCC and is unable to comprehend contents of contract/addendum, Administrators will indicate such but will still make attempts at obtaining a marking by the resident. At the end of each month, admission paperwork for each resident will be reviewed, again, to ensure accuracy. Signature for Resident # 1 and # 2 were obtained. Please see attached.

See page 2A

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

Signature of Legal Entity Representative (Required on EVERY Page) *Carey Vieira Director of Resident Services*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Carey Vieira Director of Resident Services*      Date *10-20-16*

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

The above plan of correction is approved as of <u>11/3/16</u> (Date)	Plan of correction implementation status as of <u>11/3/16</u> (Date)
The above plan of correction was approved by <u>BS</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>BS</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

OCT 24 2016

WEST REGION FIELD OFFICE  
Human Services Licensing

1. Regulation 55 Pa.Code 2600

2600.25(b): The contract shall be signed by the Administrator or a designee, the resident, the payer, if different from the resident, and co-signed by the resident's designated person if any, if the resident agrees.

2a. Description of Violation: Resident #1 did not sign his/her contract dated 1/14/2016.

After review of Resident 1's contract, the resident did, in fact, sign [redacted] contracts. [redacted] first contract was dated [redacted] 2005; [redacted] second contract was dated [redacted] 2012. Please see enclosed copies of each contract. This violation was given in error. However, the resident did not sign the financial addendum dated 1/14/2016. The resident has since signed the addendum. Please see enclosed copy if signed addendum. Our plan of correction is the following:

Administrator, or designee, will complete all admission to personal care paperwork with both resident and POA. Resident, payer, and resident's designated person will all be asked to sign admission contract. At the end of each month, Administrator will review admissions for that month, to review admission paperwork, again, to ensure that all appropriate parties have signed both the contract and the financial addendum. An audit of every personal care resident's contract and addendum was completed. All contracts and addendums have been signed by not only the resident's designated person and/or payer, but also by each resident.

Carly Vieira, Director of Resident Services

Carly Vieira, Director of Resident Services

10-20-16

OCT 24 2016

Violation Report: 44761 - 07/13/2016 - Cutler, Jan  
PCH Name: SARAH REED SENIOR LIVING

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

Emergency numbers were not posted by the telephone in resident #3's bedroom.

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.

After our exit conference w/ inspectors on 7/14/16, the Housekeeping Supervisor and Resident Services Coordinator went to the apartment of Resident # 3 to affix the 911 label to the phone in the bedroom. They saw the laminated 911 label was, in fact, affixed to the cord of the phone - it had simply slid down the cord to the floor - as these labels are strip-zipped to the cords. Originally, we told the inspectors the resident had cut the strip-zip off - because the housekeeper had replaced the 911 label 3 times in the past. As per the Housekeeping policy for personal care - see attached - the housekeepers do a monthly check of residents' apartments to ensure all applicable DHS regulations are being followed - see attached. These checklists are then given to Administrators who follows up w/ resident and/or families -> See Page 3A

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

Signature of Legal Entity Representative (Required on EVERY Page) Carey Neira, Director of Resident Services

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Carey Neira, Director of Res Services Date 10-20-16

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

The above plan of correction is approved as of 11/3/16 (Date)

Plan of correction implementation status as of 11/3/16 (Date)

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

- Fully Implemented BB
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

to ensure the potential violation is corrected immediately. Therefore, I respectfully request this violation be removed from the Violation Report given to Sarah Reed Senior Living. There was a 911 label on this residents' phone and we do have a procedure in place to ensure the safety of our residents and to ensure the compliance to all DHS regulations that relate to a resident's apartment.

Immediately - The housekeeping checks will include increased emphasis on checking for emergency telephone numbers posted on or by each telephone and telephone checks will occur at least twice per month.

Carey Vieira, Director of Resident Services

Carey Vieira, Director of Resident Services

10-20-16

BS  
11/3/16

BS 11/3/16