



pennsylvania

DEPARTMENT OF HUMAN SERVICES

FEB 23 2017

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

RE: Regency Suites/Regency at South Shore
322 Washington Place
Erie, Pennsylvania 16506
License #: 446570

Dear Ms. Titzel:

As a result of the Department of Human Services' annual licensing inspection on September 27, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink that reads 'J. Rowe'.

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: REGENCY SUITES REGENCY AT SOUTH SHORE		License Number: 44857
Address: 322 WASHINGTON PLACE, ERIE, PA 16505		County: Erie
Administrator: Patty Kirik		Region: WEST
Legal Entity Name: MILLCREEK MANOR		
Legal Entity Address: 5515 PEACH STREET, ERIE, PA 16509		
Certificate(s) of Occupancy C-2 LP 04/08/1993 Labor & Industry		RECEIVED NOV 15 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 41	Waking Staff: 31
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 09/27/2016: Daerr, Alicia; 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: 70 Number of Residents Served: 41 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: 0 Are 60 Years of Age or Older: 40 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 44657 - 09/27/2016 - Daerr, Alicia
 PCH Name: REGENCY SUITES REGENCY AT SOUTH SHORE

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

The home's staff training year is 1/1-12/31.

Direct care staff person A, hired on [redacted] 94, and direct care staff person B, hired on [redacted] 14, did not receive training on medication self-administration or instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan during the 2015 training year.

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 A and staff person B were trained on medication self-administering and instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan on 10-19-2016 (see attached certificates).

All staff will be trained annually by the nursing coordinator on medication self-administering and instructions on meeting the needs of the residents (see attached staff training signature form.)

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Patty Kirik*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Patty Kirik* Date *11/10/16*

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

The above plan of correction is approved as of <u>12/19/16</u> (Date)	Plan of correction implementation status as of <u>12/19/16</u> (Date)
The above plan of correction was approved by <u>BB</u> (initials)	<input checked="" type="checkbox"/> Fully Implemented <i>BB</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44857 - 09/27/2016 - Daerr, Alicia
PCH Name: REGENCY SUITES REGENCY AT SOUTH SHORE

NOV 15 2016

1. REGULATION 55 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Glucometers, including the house glucometer, were shared amongst multiple residents in September and August of 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.

Sanitary conditions shall be maintained. Individual glucometers were purchased on 9/29/16 and on 10/5/16 for all residents receiving assistance with glucose monitoring at the cost of the Regency (attached receipts and pictures.) The house glucometer was properly discarded on 9/27/16. A new policy was written regarding glucose monitoring (attached.)

All staff were trained on new glucometer policy (attached signed training sheet.)

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Patty Kiril*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Patty Kiril* Date *11/10/16*

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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

Resident #1's bedroom #223 does not have a source of light that can be turned on/off from bedside.

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.

A touch lamp was placed in resident #1 bedroom apartment #233 on 9/27/16. Personal care staff will monitor all resident apartment reachable light sources monthly. Attached is a photo of the light source and a monthly checklist.

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(Required on EVERY Page) *Patty Kirik*

Printed Name and Title of Legal Entity Representative
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PCH Name: REGENCY SUITES REGENCY AT SOUTH SHORE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
The ice cream freezer in the gift shop did not have a thermometer.

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.

A thermometer was placed into the gift shop freezer on 9/27/16. Attached is the food service's monthly freezer temperature checklist for the gift shop freezer to ensure that frozen food shall be kept at or below 0 degrees Fahrenheit as well as a picture of the thermometer. The Director of Food Service will monitor and check that the freezer temperatures are recorded.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *patty kirik*

Printed Name and Title of Legal Entity Representative
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PCH Name: REGENCY SUITES REGENCY AT SOUTH SHORE

WEST REGION FIELD OFFICE
Human Services Licensing

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 in the dining room kitchen has not been inspected by a fire safety expert since April of 2014.

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.

The Regency replaced the outdated fire extinguisher with an updated, inspected and approved fire extinguisher in the dining room kitchen on 9/27/16 (see photo attached.) The Regency's fire extinguishers were checked and inspected on 6/16/16 (see attached extinguisher inspection sheet, bill, etc.)

A checklist was created for the Regency maintenance professional to annually check that all of the extinguishers have current inspected tags on them.

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Patty Kink* Date *11/10/16*

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PCH Name: REGENCY SUITES REGENCY AT SOUTH SHORE

NOV 15 2016

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION
The menus posted were for 9/12-9/25.

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.

We are now posting a 4 week cycle of dated menus that are in a conspicuous and public place in the home (on our bulletin board outside of the personal care dining room.) The Food Service Director will monthly monitor and check that the dates on the menus are current (see attached menu photos and checklist.)

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

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WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION

The first aid kit in the home's vehicle did not include a thermometer, scissors, breathing shield, and eye coverings.

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.

The Director of Transportation added the following items into the home vehicle's first aid kit on 9/27/16: thermometer, scissors, breathing shield, and eye coverings (see photo.) In addition the Director of Transportation added that the driver would check the required items needed for the first aid kit onto their driver van inspection checklist. The state regulation 2600.96 (a) is now posted inside the vehicle first aid kit.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Patty Kirilc

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

Patty Kirilc

Date

11/10/16

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NOV 15 2016

1. REGULATION 55 Pa.Code §2600
 2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
 (1) The resident's name.
 (2) The name of the medication.
 (3) The date the prescription was issued.
 (4) The prescribed dosage and instructions for administration.
 (5) The name and title of the prescriber.

WEST REGION FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION
 Resident #2 is prescribed novolog flex pen with instructions to inject 5 units before breakfast and the label indicated to inject 4 units before breakfast.
 Resident #3 is prescribed lantus solostar 100 units/ml with instructions to inject 20 units subcutaneously once daily at breakfast at 7 a.m. and the label did not include the dosage or instructions.

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.

All medications will be labeled with the correct pharmacy label to include all required items stated in regulation 2600.184 (a). When the label is different due to an order change from a physician a direction's change label will be added to the pharmacy label. For resident #2 a new label from the pharmacy was applied to the current flex pen container (see attached photo.)

For resident #3 a new pharmacy label was ordered for the insulin pen and it arrived on 9/28/16. See photo of current insulin pen with pharmacy label. Our licensed nursing staff will monitor prescription medication orders and the pharmacy labels.

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WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #3 is prescribed nystatin powder 100,000 units with instructions to apply to affected area three times per day and the September 2016 medication administration records indicate to apply twice per day.

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.

For resident #3 on 9/27/16 a directions changed sticker was placed on the pharmacy label for the prescribed nystatin powder. See attached photo. Also attached is the current MAR with the current correct order. Physician orders and pharmacy labels will be monitored by the licensed nursing staff.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Patty Kirik</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Patty Kirik</i>	<i>11/10/16</i>

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