



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

SEP 05 2017

Ms. Elizabeth Miller,  
PCHA  
The Presbyterian Homes in the Presby of Lake Erie  
6351 West Lake Road  
Erie, Pennsylvania 16505

RE: Manchester Commons of Presbyterian Senior Care  
License #: 450560

Dear Ms. Miller:

As a result of the Department of Human Services' annual licensing inspections on April 6, 2017 and April 7, 2017 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](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, appearing to read "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



RECEIVED  
03:10 p.m. 06-01

JUN 01 2017

Violation Report: 45056 - 04/06/2017 - Eveses, Joseph  
PCH Name: MANCHESTER PRESBYTERIAN LODGE MANCHESTER COMMONS WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION  
Pursuant to Senate Bill No. 246 Session of 2007, known as the Clean Indoor Air Act, which states "Section 4 Signage 'Smoking' or 'No Smoking' signs or the international 'No Smoking' symbol, which consists of a pictorial representation of a burning cigarette in a circle with a bar across it, shall be prominently posted and properly maintained where smoking is regulated by this act, by the owner, operator, manager or other person having control of the area."  
There is no signage at the home's designated smoking areas, located at the bench in the front of the home and by the employee break room in the rear of the home.

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.  
*Please see attached page 2 of 17*

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Elizabeth Miller PCH*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Elizabeth Miller* Date *6/1/17*

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

The above plan of correction is approved as of 6-1-17  
(Date)  
The above plan of correction was approved by [Signature]  
(Initials)  
Plan of correction implementation status as of 6-1-17  
(Date)  
 Fully Implemented  
 Partially Implemented - Adequate Progress *r.*  
 Partially Implemented - Inadequate Progress  
 Not Implemented

PAGE 2A OF 13

Regulation 2600.18 is important because it ensures compliance with all other requirements that are not included by Chapter 2600 to maintain health, safety and wellness. Manchester Commons violated this regulation by not having "Smoking" signs at our two approved smoking areas. Signage that was available for the employee smoking area was posted immediately (see attached picture). Maintenance is currently in the process of ordering the sign for smoking area located at the bench in the front of the building. Once signage arrives, maintenance will install. Administrator or designee will review for completion by end of June 2017.

RECEIVED

JUN 01 2017

WEST REGION FIELD OFFICE  
Human Services Licensing

PCMA  
Elizabeth Miller 6/1/17  
Elizabeth Miller  
6-1-17

Violation Report: 45056 - 04/08/2017 - Eveses, Joseph  
PCH Name: MANCHESTER PRESBYTERIAN LODGE MANCHESTER COMMONS

JUN 01 2017

WEST VIRGINIA FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION  
There were no locks on the bathroom doors to provide residents privacy as follows:  
• Woodside #9.  
• Woodside #10  
• Woodside #13

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.

Please see attached pages 3A of 13

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      Date 6/1/17

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

The above plan of correction is approved as of 6-1-17 (Date)  
The above plan of correction was approved by (Initials) (Initials)  
Plan of correction implementation status as of 6-1-17 (Date)  
 Fully Implemented  
 Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented

Page 3 of 13

Regulation 2600.42(s) is important because it ensures that the residents have the right to privacy. Manchester Commons violated this regulation by not having locks on bathrooms in resident rooms. This prevents the residents from have the right to privacy. Due to the nature of our barn sliding style door, locks will be placed on the main door of each resident room on Woodside. This will give the resident the choice to lock the door and give themselves privacy. Locks have been ordered by maintenance and will be installed upon arrival. Letter to families will be sent out by Administrator explaining the need for this change. Administrator or designee will review for completion of locks installed by end of July 2017.

RECEIVED

JUN 01 2017

WEST REGION FIELD OFFICE  
Human Services Licensing

Elizabeth Miller PCA 6/1/17  
Elizabeth Miller  
6-1-17

Violation Report: 45056 - 04/06/2017 - Eveses, Joseph	
PCH Name: MANCHESTER PRESBYTERIAN LODGE MANCHESTER COMMONS	WEST REGION FIELD OFFICE Human Services Licensing

**1. REGULATION 55 Pa.Code §2600**  
 2600.87 - The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

**2a. DESCRIPTION OF VIOLATION**  
 The exterior light was inoperable at the emergency exit leading from E Hall to the outside.  
 The exterior light was inoperable at the emergency exit leading from D Hall to the outside courtyard.

**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.

Please see attached page 4 of 13

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Elizabeth Miller PCHTA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Elizabeth Miller</i>	Date <i>6/1/17</i>
---	--------------------

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

The above plan of correction is approved as of <u>6-1-17</u> (Date)  The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	Plan of correction implementation status as of <u>6-1-17</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
--	---

Regulation 2600.87 is important to ensure the safety of residents and minimize falls during rapid evacuations in an emergency. Manchester Commons violated this regulation by not having operable exterior lights at the emergency exits leading from E and D hall. The light bulbs were replaced immediately that day when reported by the surveyors. An environmental checklist has been created (see attached) and will be completed by Administrator or designee on quarterly basis. Initial audit will be completed by the end of June. Issues/problems will be addressed immediately by administrator or designee.

RECEIVED

JUN 01 2017

WEST REGION FIELD OFFICE  
Human Services Licensing

Elizabeth Miller PCHS 6/1/17  
Elizabeth Miller  
6-1-17

Violation Report: 45056 - 04/06/2017 - Eveses, Joseph  
PCH Name: MANCHESTER PRESBYTERIAN LODGE MANCHESTER COMMONS

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  
None of the required telephone numbers were posted on or by the telephones in the resident rooms as follows:  
\* Woodside #9  
\* Woodside #10  
\* Woodside #13  
\* Room #141

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.

Please see attached page 5 of 13

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

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Elizabeth Miller      Date 6/1/17

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

The above plan of correction is approved as of 6-1-17  
(Date)  
The above plan of correction was approved by [Signature]  
(Initials)

Plan of correction implementation status as of 6-1-17  
(Date)

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

Regulation 2600.91 is important because having the emergency numbers posted by all telephones ensures a quick response in the event of an emergency, and allows staff and residents to contact the Department to report complaints. Manchester Commons violated this regulation by not having these numbers posted by every phone. Emergency phone numbers were placed in the listed rooms immediately by administrator and designee (see attached). A room audit was created and will be completed by the administrator or designee quarterly (see attached). Initial room audits will take place by the end of June. Issues/concerns will be addressed immediately by administrator or designee.

RECEIVED

JUN 01 2017

WEST REGION FIELD OFFICE  
Human Services Licensing

Elizabeth Miller - PCAA 2011/A  
Elizabeth Miller  
6-1-17 y

Violation Report: 45056 - 04/08/2017 - Eveges, Joseph	
PCH Name: MANCHESTER PRESBYTERIAN LODGE MANCHESTER COMMONS	WEST REGION FIELD OFFICE Human Services Licensing

1. REGULATION 55 Pa.Code §2600 2600.131(a) - There shall be at least one operable fire extinguisher with a minimum 2-A rating for each floor, including the basement and attic.	
--	--

2a. DESCRIPTION OF VIOLATION There was no fire extinguisher located in the home's "Old Mezzanine" and second floor storage area.	
---	--

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
Please see attached	Pg 50 6 11 17

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	Date 6/1/17
--	-------------

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

The above plan of correction is approved as of <u>6-1-17</u> (Date)	Plan of correction implementation status as of <u>6-1-17</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

PAGE 600017

Regulation 2600.131(a) is important to ensure that fire extinguishers are easily accessible on all floors of the building. Manchester Commons violated this regulation by not having a fire extinguisher in the "Old Mezzanine" and second floor storage area. Fire extinguishers were placed in these areas by maintenance (see attached).

RECEIVED

JUN 01 2017

WEST REGION FIELD OFFICE  
Human Services Licensing

Elizabeth Miller PCHH 6/1/17  
Elizabeth Miller

6-1-17

02:07:33 PM RECEIVED

JUN 01 2017

Violation Report: 45056 - 04/06/2017 - Eveses, Joseph  
PCH Name: MANCHESTER PRESBYTERIAN LODGE MANCHESTER COMMONS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

2a. DESCRIPTION OF VIOLATION

There were expired medications on the top shelf in Resident #1's medication cabinet on 4/6/17 to include:

- \* A 1/3 full bottle of Valsarten 80mg tab, expired 7/12/16
- \* A 1/3 full bottle of Levothyroxine 112mg tab, expired 7/12/16

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.

Please see attached Page 7A of 13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Elizabeth Miller PLHA

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

Elizabeth Miller

Date 6/1/17

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

The above plan of correction is approved as of 6-1-17  
(Date)

Plan of correction implementation status as of 6-1-17  
(Date)

The above plan of correction was approved by [Signature]  
(Initials)

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

Regulation 2600.183(d) is important because it ensures that all medications that are kept in the home are current. Manchester Commons violated this regulation by having expired medications stored in resident #1's medicine cabinet. This violation was caused because the medications were not disposed of when the medication expired. Medications listed on violation report were disposed of properly during the time of the survey. A cart audit was created and will be completed quarterly by administrator or designee (see attached). Nursing staff will be educated at the next staff meeting in June by administrator or designee that medications need to be audited weekly and disposed and replaced when expired. Nursing staff will sign weekly log stating that this was completed (see attached). It will also be communicated to staff at the staff meeting that quarterly cart audits will be performed to ensure that regulations are being followed and that they will be held accountable for maintaining compliance.

RECEIVED

JUN 01 2017

WEST REGION FIELD OFFICE  
Human Services Licensing

Elizabeth Miller PCHA  
Elizabeth Miller 6/1/17  
6-1-17

Violation Report: 45056 - 04/08/2017 - Eveggs, Joseph  
PCH Name: MANCHESTER PRESBYTERIAN LODGE MANCHESTER COMMONS  
WEST REGION FIELD OFFICE  
Human Services Licensing

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.

2a. DESCRIPTION OF VIOLATION  
Resident #2 is prescribed Vitamin D- 50,000 unit cap -- Take one cap by mouth every two weeks. However, the medication label reads: Vitamin D -- 50,000 cap - Take one cap by mouth once monthly.

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.  
  
Please see attached PCH 82-117

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      Date 6/1/17

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

The above plan of correction is approved as of 6-1-17  
(Date)

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

Plan of correction implementation status as of 6-1-17  
(Date)  
 Fully Implemented  
 Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented

*Plp 5/10/17*

Regulation 2600.184(a) is important because having the correct label on the medication minimizes the possibility that medication would be administered to the wrong resident or administered incorrectly. Manchester Commons violated this regulation by having a label that had not been updated when the order had changed. An "order changed, refer to MAR" sticker was applied immediately during the survey to the label that was incorrect for resident #2. A cart audit was created and will be completed quarterly by administrator or designee (see attached). Nursing staff will be re-educated at the staff meeting in June by administrator or designee that the label on the medication container needs to match the order in the MAR. It will also be communicated to staff that quarterly cart audits will be performed to ensure that regulations are being followed and that they will be held accountable for maintaining compliance.

RECEIVED

JUN 01 2017

WEST REGION FIELD OFFICE  
Human Services Licensing

*Elizabeth Miller PCHH  
Elizabeth Miller 6/1/17  
6-1-17*

RECEIVED

JUN 01 2017

Violation Report: 45056 - 04/06/2017 - Eveses, Joseph  
PCH Name: MANCHESTER PRESBYTERIAN LODGE MANCHESTER COMMONS  
WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION  
Resident # [redacted] was administered polyethylene glycol - 1 capful (17gm) in liquid by mouth on 4/4/17. However, the resident's April 2017 medication administration record (MAR) was not initialed by the staff member who administered the medication on 8/13/16 at 9:25 a.m.

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.

*Please see attached page 9 of 13*

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*      Date *6/1/17*

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

The above plan of correction is approved as of 6-1-17  
(Date)  
The above plan of correction was approved by [Signature]  
(Initials)  
Plan of correction implementation status as of 6-1-17  
(Date)  
 Fully Implemented  
 Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented

*Page 9 of 13*

Regulation 2600.187(b) is important because initialing the MAR at the time that medication was given minimizes the chances that there would be a documenting error of resident refusal. Manchester Commons violated this regulation by not initialing the MAR for resident # 2 Miralax order at the time that medication was given. Nursing staff will be re-educated at the staff meeting in June by administrator or designee about the medication rights. Random weekly checks for completion of MAR/TAR's will be conducted by administrator or designee to ensure that regulation is being followed and hold staff accountable for maintaining compliance.

RECEIVED

JUN 01 2017

WEST REGION FIELD OFFICE  
Human Services Licensing

*Elizabeth Miller RTHA*  
*Elizabeth Miller 6/1/17*  
*6-1-17,*

JUN 01 2017

Violation Report: 45056 - 04/06/2017 - Eveges, Joseph  
PCH Name: MANCHESTER PRESBYTERIAN LODGE MANCHESTER COMMONS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION  
Resident #2 is prescribed Vitamin D- 50,000 unit cap - Take one cap by mouth every two weeks. However, the medication was not administered as prescribed on 4/5/17.

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.

Please see attached page 10 of 13

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

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Elizabeth Miller      Date 6/1/17

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

The above plan of correction is approved as of 6-1-17  
(Date)

The above plan of correction was approved by [Signature]  
(Initials)

Plan of correction implementation status as of 6-1-17  
(Date)

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

*Page 10 of 13*

Regulation 2600.187(d) is important because following the directions of the prescribers order ensures that the resident is receiving the medication as intended. Manchester Commons violated this regulation not administering a medication as ordered by physician for resident # 2. Nursing staff will be re-educated at the staff meeting in June by administrator or designee about the medication rights. Random weekly checks for completion of MAR/TAR's will be conducted by administrator or designee to ensure that regulation is being followed and hold staff accountable for maintaining compliance.

RECEIVED

JUN 01 2017

WEST REGION FIELD OFFICE  
Human Services Licensing

*Elizabeth Miller PCHA  
Elizabeth Miller 6/1/17  
6-1-17*

RECEIVED

JUN 01 2017

Violation Report: 45056 - 04/06/2017 - Eveges, Joseph

PCH Name: MANCHESTER PRESBYTERIAN LODGE MANCHESTER COMMONS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

Resident #3's assessment, dated 4/5/17, does not include the resident's need for prescribed physical therapy and occupational therapy.

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.

Please see attached page 11 of 13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Elizabeth Miller PCHTA

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Elizabeth Miller

Date 6/1/17

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

The above plan of correction is approved as of

6-1-17  
(Date)

Plan of correction implementation status as of

6-1-17  
(Date)

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

The above plan of correction was approved by

6  
(Initials)

Page 11A of 13

Regulation 2600.225(a) is important because having an initial assessment within 15 days of admission allows the home to create a list of the resident needs and then the home is able to work on the plan to meet those needs. Manchester Commons violated this regulation by not updating the RASP for resident #3 with information regarding a new order for physical therapy and the plan to meet that need. RASP was updated with the needed information on 4/9/17 (see attached). Administrator and/or designee will be creating a form to help track changes in the resident care that needs supports planned. Administrative nurse will update RASP's with updated information and plan as they occur. Administrator or designee will review all RASP's for accuracy and completion.

Elizabeth McQuinn RCHA  
Elizabeth Miller 4/11/17

6-1-17g

RECEIVED

JUN 01 2017

Violation Report: 45056 - 04/06/2017 - Eveges, Joseph  
PCH Name: MANCHESTER PRESBYTERIAN LODGE MANCHESTER COMMONS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.233(a) - Doors equipped with key-locking devices, electronic card operated systems or other devices that prevent immediate egress are permitted only if there is written approval from the Department of Labor and Industry, Department of Health or appropriate local building authority permitting the use of the specific locking system.

2a. DESCRIPTION OF VIOLATION  
The magnetic lock doors exiting the Woodside neighborhood to the main hallway near the therapy room does not have a numerical key pad device. A key fob system is in place at this door, however, it can only be used by staff.

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.

Please see attached page 13 POF 13

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*      Date *6/1/17*

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

The above plan of correction is approved as of 6-1-17  
(Date)

The above plan of correction was approved by *K*  
(Initials)

Plan of correction implementation status as of 6-1-17  
(Date)

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

PT 13A/F13

Regulation 2600.233(a) is important because it ensures that the locking system has met the appropriate standards established by the Department. Manchester Commons violated by not having a key pad device at the magnetic locked doors exiting the Woodside neighborhood near the therapy gym preventing visitors from exiting these doors. Key pad was installed on 4/12/17 (see attached).

RECEIVED  
JUN 01 2017  
WEST REGION FIELD OFFICE  
Human Services Licensing

Elizabeth Miller PCHH  
Elizabeth Miller 6/1/17  
6-1-17g