



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 04 2017

Ms. Gale Magyar,
Executive Director
Sarah A. Reed Retirement Center
227 West 22nd 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 June 27, 2017 and June 28, 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.

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

**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		RECEIVED
Legal Entity Address: 227 WEST 22ND STREET, ERIE, PA 16502		JUL 31 2017
Certificate(s) of Occupancy C-2 LP 10/11/1994 L&I		WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 106	Waking Staff: 80
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
06/27/2017: Hoover, Josh; Cutler, Jan		
06/28/2017: Hoover, Josh; Cutler, Jan		
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: 100 Number of Residents Served: 84 Secured Dementia Care Unit in Home: Yes Area: Zurn Pavilion Secured Dementia Unit Capacity, if Applicable: 25 Number of Residents Served in Secured Dementia Care Unit, if applicable: 22 Number of Current Hospice Residents: 0 Number of Hospice Residents In past year: 3	Number of Residents who: Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 84 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 22 Have a Physical Disability: 0	

Violation Report: 44761 - 06/27/2017 - Hoover, Josh
PCH Name: SARAH REED SENIOR LIVING

WEST REGIONAL FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION

On 6/27/2017, a copy of the Licensing Inspection Summary, dated 7/16/17, was not posted in a conspicuous and public place in 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.

On 6/27/2017, the most recent copy of the Licensing Inspection Summary was immediately posted on three bulletin boards throughout the facility. Please see attached photos. As soon as final licensing summary has been received from 6/27- 6/28/2017 inspection, those will also be posted by Director of Resident Services.

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


Signature of Legal Entity Representative
(Required on EVERY Page) Carey Vieira

Printed Name and Title of Legal Entity Representative Director of Resident Services
(Required on EVERY Page) Carey Vieira Date 7/28/17

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

The above plan of correction is approved as of 8/11/17
(Date)

Plan of correction implementation status as of 8/11/17
(Date)

The above plan of correction was approved by 
(Initials)

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

Violation Report: 44761 - 06/27/2017 - Hoover, Josh
PCH Name: SARAH REED SENIOR LIVING

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

Direct care staff persons A, hired on 11/3/2000, and B, hired on 7/2/2012, did not receive training on medication self-administration during the 2016 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.

By April 30, 2018, all personal care direct care workers will have completed their training in the required topics outlined in Regulation 2600.65(f). Please see attached schedule. Director of Resident Services will review staff training records in October 2017, January 2018, and March 2018 to review topics completed and to review topics needed to be completed. Direct care staff person A and B will complete their self-administration of medication training by August 30, 2017.

Repeat Violation: No <input checked="" type="checkbox"/>	Date(s) of Previous Violation(s): 8/11/17
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Signature of Legal Entity Representative (Required on EVERY Page) *Curey Vieira*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Curey Vieira Director of Resident Services</i>	Date <i>7/28/17</i>
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The above plan of correction is approved as of 8/11/17 (Date)

Plan of correction implementation status as of 8/11/17 (Date)

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

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

Violation Report: 44761 - 06/27/2017 - Hoover, Josh
PCH Name: SARAH REED SENIOR LIVING

JUL 31 2017

WEST HENRY FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

On 6/27/2017, at approximately 10:21 a.m., a can of disinfectant was unlocked and accessible on top of the paper towel dispenser in the common bathroom of the Secure Dementia Care Unit (SDCU). The manufacturer's label indicated "If ingested call a poison control center or doctor for treatment advice."

Not all residents of the home, including Resident #1, have been assessed as being capable of recognizing and using poisons safely.

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.

Disinfectant removed at time of inspection. *[Signature]* 8/10/17

A locked medicine cabinet will be installed in for poisonous products common bathroom in Secure Dementia Care Unit by August 15, 2018.

Until that time, no personal care supplies or cleaning supplies will be left in common bathroom. After each use of bathrooms by a resident or housekeeper and housekeeper with an aide; the aide will be required to sign off on the checklist that personal care/cleaning supplies used have been removed and locked away. See attached.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Cary Vieira*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cary Vieira* Director of Resident Services Date *7/28/17*

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

The above plan of correction is approved as of 8/11/17 (Date)

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

Plan of correction implementation status as of 8/11/17 (Date)

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- Partially Implemented - Inadequate Progress
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JUL 31 2017

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44761 - 06/27/2017 - Hoover, Josh
PCH Name: SARAH REED SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.93(a) - Each ramp, interior stairway and outside steps must have a well-secured handrail.

2a. DESCRIPTION OF VIOLATION

The 7 inch cement step outside of the ground floor exit to the garage and the 4 foot by 4 foot wooden ramp placed against the curb do not have handrails.

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 secured handrail will be installed on either side of the wooden ramp which is placed against the curb. Therefore, a rail can be used by someone choosing to go down the ramp and a rail can be used by someone choosing to step off the curb. I spoke to Gernie Wenzig on July 28, 2017 and she agreed this installation would satisfy the regulation.

The maintenance department of the home is addressing the need for a handrail and installation to be completed by 9/15/17. JW 8/11/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Carey Vieira

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

Carey Vieira Director of Resident Services

Date 7/28/17

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The above plan of correction is approved as of

8/11/17
(Date)

Plan of correction implementation status as of

8/11/17
(Date)

The above plan of correction was approved by

CV
(Initials)

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

JUL 31 2017

WEST BIRCHFIELD OFFICE
Human Services Licensing

Violation Report: 44761 - 06/27/2017 - Hoover, Josh
PCH Name: SARAH REED SENIOR LIVING

1. REGULATION 55 Pa.Code §2600
2600.103(d) - Food shall be stored off the floor.

2a. DESCRIPTION OF VIOLATION

On 6/27/2017, at approximately 11:37 a.m., 9 cases of emergency water, each containing 6 gallons, were stored on the floor of the walk-in cooler in the dietary area.

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.

On 6/27/17 at approximately 12:00 PM, the emergency water was placed on top of milk crates so that the water was not stored on the floor of the walk in cooler. A daily checklist will be completed by the Food Service Director, or her designee, to check the walk in cooler to ensure no food products or water is being stored on the floor. This completed checklist will be given to the Director of Resident Services at the end of each month. Please see attached.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Carey Vieira

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

Carey Vieira Director of Resident Services

Date 7/28/17

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The above plan of correction is approved as of

8/1/17
(Date)

Plan of correction implementation status as of

8/1/17
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

JUL 31 2017

Violation Report: 44761 - 06/27/2017 - Hoover, Josh
PCH Name: SARAH REED SENIOR LIVING

WEST REGIONAL OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.123(c) - For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

2a. DESCRIPTION OF VIOLATION

On 6/27/17, at approximately 10:12 a.m., the emergency evacuation diagram posted on the wall outside of bedroom #1 in Zurn Pavilion, the SDCU, indicated a line of travel through the courtyard door, which was marked "Exit" on the diagram. However, the sign above the courtyard door indicated "Not an Exit" and the gate at the end of the courtyard is locked with a padlock from the outside.

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.

On 6/27/17, at approximately 11:00 am, the emergency evacuation diagram posted on the wall outside of bedroom #1 in Zurn Pavilion, the SDCU, was removed and the corrected diagram for emergency evacuation was posted. The corrected diagram no longer shows "Exit" through the courtyard door. Please see attached.

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Carey Vieira* Director of Resident Services Date *7/28/17*

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The above plan of correction was approved by <u><i>[Signature]</i></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

Violation Report: 44761 - 06/27/2017 - Hoover, Josh
PCH Name: SARAH REED SENIOR LIVING

JUL 31 2017

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The medical evaluation for Resident #1, dated 3/24/2017, is missing the second page of the form.
The medical evaluation for Resident #2, dated 2/23/2017, is missing the second page of the form.
The medical evaluation for Resident #3, dated 3/15/2017, is missing the second page of the form.

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.

On 7/28/17, the second page of the medical evaluation was completed for Resident # 1 (redacted), Resident # 2 (redacted) ^{was also fixed to PCH and we are awaiting} and Resident # 3 (redacted). Please see attached. A medical evaluation for each resident will ^{be} completed and have two completed pages and signed physician's orders will accompany the medical evaluation of all diagnoses, medications and needs addendum cannot fit onto the 2nd page of the medical evaluation. "See attached" will be written in each section on Page 2. Please see attached completed medical evaluation as example. Resident's name ^{was not included to protect her anonymity.}

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

By 9/30/17 - A designated staff person will review medical evaluations of all current residents to ensure they are complete.

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

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

Date *7/28/17*

sliding

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Plan of correction implementation status as of 8/11/17 (Date)

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

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- Not Implemented

JUL 31 2017

Violation Report: 44761 - 06/27/2017 - Hoover, Josh
PCH Name: SARAH REED SENIOR LIVING

WEST PENNSYLVANIA OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

On 6/28/2017, the glucometers for Residents #3 and #4 were not correctly calibrated to the current date and time.

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.

On 6/28/17, at approximately 11:15am, glucometers for Residents #3 and #4 were calibrated by [redacted] LPN. In addition, all other glucometers were checked for calibration. Each glucometer will be checked for proper calibration each month and this calibration will be noted on the Quality Control Record for each resident.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Carey Vieira* Director of Resident Services Date *7/27/17*

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Plan of correction implementation status as of 8/11/17 (Date)

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

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- Partially Implemented - Inadequate Progress
- Not Implemented