



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 14 2017

Mr. James G. Schneider
Vice President
Asbury Atlantic, Inc.
2323 Edinboro Road
Erie, Pennsylvania 16509

RE: Springhill Senior Living Community
Certificate #: 425550

Dear Mr. Schneider:

As a result of the Department of Human Services' annual licensing inspection on June 29, 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: SPRINGHILL SENIOR LIVING COMMUNITY		License Number: 42555
Address: 2323 EDINBORO ROAD, ERIE, PA 16509		County: Erie
Administrator: Jane Gibson		Region: WEST
Legal Entity Name: ASBURY ATLANTIC INC		
Legal Entity Address: 2323 EDINBORO ROAD, ERIE, PA 16509		RECEIVED
Certificate(s) of Occupancy C-2 LP 10/04/1990 Labor & Industry		AUG 18 2017 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: N/A	Total Daily Staff: 29	Waking Staff: 22
Type of Inspection: Full	BHA Docket Number: N/A	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 06/29/2017: Park, Beth; Mulick, Cindy		
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: 44 Number of Residents Served: 29 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: 2		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 29 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0

Violation Report: 42555 - 06/29/2017 - Park, Bath
PGH Name: SPRINGHILL SENIOR LIVING COMMUNITY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

The maximum safe evacuation time as designated by a fire safety expert on 10/26/16 is 5 minutes. However, the evacuation time for the following drills exceeded the designated time:

Date and time of drill	Evacuation Time
5/31/2017	8 minutes, 41 seconds
8/18/2016	8 minutes, 5 seconds
11/10/2016	5 minutes, 1 second

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 the enclosed letter (Attachment A) from Matthew Exley, Fire Marshal for Millcreek Township regarding our request to increase the evacuation time for Residents of Springhill's OakView Personal Care. Our corrective action plan is to follow the recommendations of Mr. Exley and the International Fire Code which he explains in more detail.

However, knowing that this may result in further discussion between all parties, OakView Personal Care has added a security guard during this interim period, who will consistently be available and participate in any emergency or practice emergencies in Personal Care until an agreement is reached. This individual will be available in OakView from 11 PM until shift change at 6 AM when additional staff arrives in OakView. Education has been provided to all individuals in the security guard position regarding their responsibility to assist with any emergency including fire drills. A practice fire drill was conducted the morning of 8/18/17 at 5:52 AM with this additional person. The evacuation time for all residents during this fire drill was under our maximum safe evacuation time designated in writing by our fire safety expert. See Attachment B - "OakView Personal Care Fire Drill Evaluation." Ongoing drills will continue as per regulatory guidelines and evaluation after each drill will take place between the Director of Protective Services and Risk Management, and the Administrator of OakView Personal Care to determine any additional education needs and confirm that the evacuation occurred within the time allowed.

- see below -

This portion of the plan is not acceptable. gdw. 10/24/17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Janet E. Gibson*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Janet E. Gibson, Director of Operations* Date *8/18/17*

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

The above plan of correction is approved as of 10/24/17 (Date)

Plan of correction implementation status as of 10/24/17 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *gdw.*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *J.E.G.* (Initials)

Fire drills were conducted on 7/11/17, 8/18/17, 9/20/17 & 10/12/17 with all residents evacuating to a designated fire safe area within the hours designated safe evacuation time. *gdw. 10/24/17.*

AUG 18 2017

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 42555 - 08/29/2017 - Park, Bellh
PCH Name: SPRINGHILL SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.253(c) - The home shall keep a log of resident records destroyed on or after October 24, 2005. This log must include the resident's name, record number, birth date, admission date and discharge date.

2a. DESCRIPTION OF VIOLATION

The home periodically destroys the records of residents who have been discharged. However, the home's log of records destroyed does not include the residents' date of birth, date of admission or date of discharge.

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 new "Medical Records Planning Checklist" has been developed and takes the place of the prior check list used. This new form will be used to log resident record destruction and includes the resident name, record number, birthdate, and discharge date. The Health Services Office Assistant will be responsible to use this updated form and has been educated in this change. The administrator will be responsible to annually check that this form is being used and that the process is being carried out according to regulatory requirements.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
(Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *JANE E. GIBSON, R.N., M.S.W. Director of Operations* Date *8/18/17*

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

The above plan of correction is approved as of 10/24/17
(Date)

Plan of correction implementation status as of 10/24/17
(Date)

The above plan of correction was approved by J.E.G.
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *J.E.G.*
- Partially Implemented - Inadequate Progress
- Not Implemented