



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 30 2018

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
Certificate #: 446570

Dear Ms. Titzel:

As a result of the Department of Human Services' annual licensing inspection on September 27, 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: 44857 - 09/27/2017 - Rahuba, Matt
PCH Name: REGENCY SUITES REGENCY AT SOUTH SHORE

REGISTRY OF PROFESSIONAL CARE
COMMUNITY CARE LICENSING

1. REGULATION 55 Pa.Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Staff member A, hired 1/26/17, did not receive training in the following topics until 2/27/17:

- (1) Evacuation procedures
- (4) Smoking safety procedures and the home's smoking policy
- (7) Telephone use and notification of emergency services

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 member A's staff training sheet was resolved and was given the proper training of (1), (4) and (7).
(SEE ATTACHED)

POC

The hiring process will include all direct care staff persons including ancillary staff persons, substitute personnel and volunteers to be trained in the regulation 55 PA Code 2600.65 (a), and sign a staff training sheet during orientation prior to or during their first work day and will be located in their employee file of the site they are employed.
(SEE ATTACHED)

Within 15 days of receipt of the plan of correction: A designated staff person shall review all staff person files to ensure each staff person received training in all topics specified in 2600.65a.

2/15/18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative Kelly N Gebler
(Required on EVERY Page) Assistant Community Director

Date 11/24/2017

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 2/15/18
(Date)

Plan of correction implementation status as of 2/15/18
(Date)

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

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

Violation Report: 44857 - 09/27/2017 - Rahuba, Matt
PCH Name: REGENCY SUITES REGENCY AT SOUTH SHORE

WEST VIRGINIA HEALTH SERVICES
Home Care Services

1. REGULATION 55 Pa.Code §2600

2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
- (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

Staff member A, hired 1/26/17, completed their 40th scheduled hour of work 2/3/17; however, did not receive training in the following topics until 2/27/17:

- (1) Emergency medical plan
- (4) Reporting of reportable incidents and conditions

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 member A's staff training sheet was resolved and was given the proper training of (1) and (4).
(SEE ATTACHED)

POC

The hiring process will include all direct care staff persons including ancillary staff persons, substitute personnel and volunteers to be trained in the regulation 55 PA Code 2600.65 (b), and sign a staff training sheet during orientation or within 40 scheduled working hours and will be located in their employee file of the site they are employed.
(SEE ATTACHED)

The staff will be trained in the regulation 55 PA Code 2600.65 (b) and sign a staff training sheet within 40 scheduled working hours and will be located in their employee file.
(Attached is the staff training sheet)

*within 15 days of receipt of the plan of correction. A designated staff person shall review all staff person files to ensure each staff person received training in all topics specified in 2600.65b
2/15/18*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kelly N Gebler*

Printed Name and Title of Legal Entity Representative Kelly N Gebler Assistant Community Director Date 11/24/2017

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RECEIVED

NOV 27 2017

Violation Report: 44667 - 09/27/2017 - Rahuba, Mall
PCH Name: REGENCY SUITES REGENCY AT SOUTH SHORE

POSTED BY: [unclear]
[unclear]

1. REGULATION 55 Pa.Code §2600
2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
The exit door leading from the main dining hall to the exterior of the home sits approximately 6" above grade. The door opens onto a 4' x 3' section of ground covered in loose river rocks and poses a tripping hazard.

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.

POC

The exit door leading from the main dining hall to the exterior in question will be replaced with a level pad 5ft by 5ft out side of the door with a ramp of not more than 1/12 slope to existing grade in place by December 27th, 2017.

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

Signature of Legal Entity Representative
(Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative Kelly N Gebler Date 11/24/2017
(Required on EVERY Page) Assistant Community Director

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RECEIVED

NOV 27 2017

Violation Report: 44057 - 09/27/2017 - Rahuba, Matt
PCH Name: REGENCY SUITES REGENCY AT SOUTH SHORE

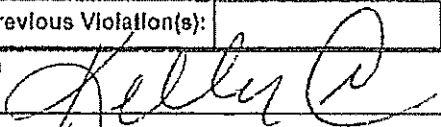
1. REGULATION 55 Pa.Code §2600
2600.123(c) - For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

2a. DESCRIPTION OF VIOLATION
The emergency evacuation diagrams, posted in the following areas, do not accurately display the line of travel to exit doors:
* 2nd floor across from room 229
* 2nd floor across from room 215
* 3rd floor

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.


POC
The emergency evacuation diagrams posted on 2nd floor across from room 229, room 215 and on the 3rd floor are being in process of replaced with updated and correct adjustments to accurately display travel to exit doors. These all will be completed by December 27, 2017.


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

Signature of Legal Entity Representative
(Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative Kelly N Gebler Date 11/24/2017
(Required on EVERY Page) Assistant Community Director

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Violation Report: 44657 - 09/27/2017 - Rahuba, Mall
PCH Name: REGENCY SUITES REGENCY AT SOUTH SHORE

Violations of Fire Code
Violations of Building Code

1. REGULATION 55 Pa.Code §2600
2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION

A fire drill was conducted during sleeping hours on 1/13/17 at 2:02 AM; however, the previous fire drill during sleeping hours was conducted on 6/17/16 at 2:40 AM, which exceeds 6 months.

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.

Our last sleeping drill was conducted on 6/13/17 and the next sleeping fire drill will be conducted before 12/13/17 to be in compliance with regulation 2600.132 (e)

POC

We have placed reminders on internal calendars to ensure proper accuracy of sleeping drills to be held once every 6 months.

A fire drill was conducted during sleeping hours on 12/7/17 at 2:45 AM

2/15/18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative Kelly N Gebler
(Required on EVERY Page) Assistant Community Director

Date 11/24/2017

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(Date)

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(Initials)

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

Violation Report: 44657 - 09/27/2017 - Rahuba, Matt
 PCH Name: REGENCY SUITES REGENCY AT SOUTH SHORE

WEST PASTORAL BUILDING OFFICE
 Home Services Planning

1. REGULATION 55 Pa.Code §2600
 2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION

The top, inner-side left door of the fire rated double doors outside of bedroom 208 was catching, preventing it from closing completely.

The top, inner-side right door of the fire rated double doors outside of bedroom 306 was catching, preventing it from closing completely.

The top, inner-side right door of the fire rated double doors outside of bedroom 323 was catching, preventing it from closing completely.

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.

During the day of inspection (9/27/17) Maintenance staff had already shaved the doors to ensure that the fire rated double doors would close completely.

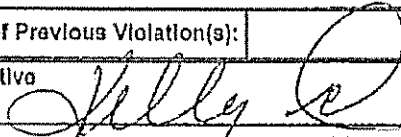
(PICTURES ATTACHED)

POC

The Director shall ensure that all fire rated double doors will close completely by conducting monthly checks.

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



Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Kelly N Gebler Assistant Community Director	Date	11/24/2017
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Violation Report: 44657 - 09/27/2017 - Rahuba, Matt
 PCH Name: REGENCY SUITES REGENCY AT SOUTH SHORE

WEST VIRGINIA COLLEGE OF PODIATRY
 UNIVERSITY OF WEST VIRGINIA

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

The following resident glucometers were not calibrated to the current date and time:

- * Resident #2
- * Resident #7
- * Resident #8

Multiple blood glucose readings documented on resident #3's September 2017 medication administration record (MAR) are not indicated on the resident's glucometer, to include the following:

<u>Date and Time</u>	<u>Blood Glucose Reading on MAR</u>
9/21/17 at 4:30 p.m.	191
9/20/17 at 4:30 p.m.	240
9/16/17 at 4:30 p.m.	163
9/16/17 at 4:30 p.m.	189
9/14/17 at 4:30 p.m.	271

Multiple blood glucose readings for resident #3 are indicated on the resident's glucometer; however, they are not documented on the resident's September 2017 MAR, to include the following:

<u>Date and Time</u>	<u>Blood Glucose Reading on Glucometer</u>
9/24/17 at 7:15 p.m.	134
9/23/17 at 6:01 a.m.	165
9/15/17 at 7:38 p.m.	280

Multiple blood glucose readings documented on resident #7's September 2017 medication administration record (MAR) are not indicated on the resident's glucometer, to include the following:

<u>Date and Time</u>	<u>Blood Glucose Reading on MAR</u>
9/16/17 at 7:00 p.m.	243
9/14/17 at 7:00 p.m.	241
9/11/17 at 7:00 p.m.	238
9/10/17 at 7:00 p.m.	252

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 training regarding documentation was completed on 10/24/17. (SEE ATTACHED)
- All resident glucometers were re-calculated on 9/28/2017. (SEE ATTACHED)
- Weekly glucometer checks will be monitored by licensed nursing staff and was initiated 10/14/17 (SEE ATTACHED)

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date	
Kelly N Gebler Assistant Community Director		11/24/2017	

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