



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 05 2018

Ms. Bridgette Siciliano
Administrator
The Presbyterian Homes
in the Presby of Lake Erie, Inc.
6351 West Lake Road
Erie, Pennsylvania 16505

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

Dear Ms. Siciliano:

As a result of the Department's Bureau of Human Services Licensing annual inspection on April 4, 2018 and April 5, 2018, 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: MANCHESTER COMMONS OF PRESBYTERIAN SENIOR CARE		License Number: 45058
Address: 6351 WEST LAKE ROAD, ERIE, PA 16505		County: Erie
Administrator: Bridgette Siciliano		Region: WEST
Legal Entity Name: THE PRESBYTERIAN HOMES IN THE PRESBY OF LAKE ERIE		RECEIVED
Legal Entity Address: 6351 WEST LAKE ROAD, ERIE, PA 16505		
Certificate(s) of Occupancy C-2 LP 09/28/2015 Fairfield Township		OCT 22 2018 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours Resident Support: 0		Total Daily Staff: 98 Working Staff: 74
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 04/04/2018: Winters, Lynn; Pfaff, Vicki 04/05/2018: Winters, Lynn; Pfaff, Vicki		
Off-Site Inspection Dates and Inspectors, if Applicable 09/12/2018: Winters, Lynn		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 80 Number of Residents Served: 73 Secured Dementia Care Unit in Home: Yes Area: Woodside Place Secured Dementia Unit Capacity, if Applicable: 24 Number of Residents Served in Secured Dementia Care Unit, if applicable: 20 Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 9		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 73 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 25 Have a Physical Disability: 1

Bridgette Siciliano
Bridgette Siciliano PCHA
 10-14-18

Violation Report: 45056 - 04/04/2018 - Winters, Lynn
PCH Name: MANCHESTER COMMONS OF PRESBYTERIAN SENIOR CARE

OCT 22 2018

1. REGULATION 65 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

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 4/4/18, the licensing inspection summary (LIS), dated 8/17/17, 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.

See attached page 2A of 8

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

Signature of Legal Entity Representative (Required on EVERY Page) Bridgette Siciliano PCHA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Bridgette Siciliano PCHA Date 10-19-18

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

The above plan of correction is approved as of <u>10/30/18</u> (Date)	Plan of correction implementation status as of <u>10/30/18</u> (Date)
The above plan of correction was approved by <u>MS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>MS</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

2A

Regulation 2600.3(c) is important because it ensures that residents, families, and visitors have the access to learn about applicable regulations and regulatory compliance status of the home's plan to correct any violations found. Manchester Commons violated this regulation by not having the most recent inspection summary from 8/17/17 posted in a conspicuous and public place in the home. The inspection summary from 8/17/17 was posted immediately during the 4/4/18 inspection. Administrator or designee will ensure all inspections summaries are posted in a conspicuous and public place upon receiving the summary report.

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Human Services Licensing

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Bridgette Siciliano PCHA

10-19-18

MS 10/30/18

Violation Report: 45056 - 04/04/2018 - Winters, Lynn
 PCH Name: MANCHESTER COMMONS OF PRESBYTERIAN SENIOR CARE

OCT 22 2018

1. REGULATION 55 Pa.Code §2800

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be disclosed to any other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

WEST REGION FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 4/4/18, the LIS, dated 4/6/17 and 4/7/17, with the attached resident privacy coding document including residents #1, #2 and #3 was posted on the bulletin board in the reception area 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.

See attached page 3A of 8

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

Signature of Legal Entity Representative (Required on EVERY Page) Bridgette Siciliano PCHA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Bridgette Siciliano PCHA Date 10.19.18

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The above plan of correction is approved as of 10/30/18 (Date)

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

Plan of correction implementation status as of 10/30/18 (Date)

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

Regulation 2600.17 is important to keep our resident's information confidential and non-accessible to anyone other than the resident, residents designated person if any, or staff persons for the purpose of providing services to the resident. Manchester Commons violated this regulation by not removing resident privacy coding document from the 2017 survey results. The resident coding document was immediately removed from the survey results when it was brought to my attention on 4/4/18. Administrator or designee will remove resident privacy coding document from any survey results prior to posting them for residents and visitors to see.

Bridgette Siciliano pCHA
Bridgette Siciliano

MS 10/30/18

10-19-18

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Violation Report: 45056 - 04/04/2018 - Winters, Lynn
PCH Name: MANCHESTER COMMONS OF PRESBYTERIAN SENIOR CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

There was no cover on the trash can located on the sidewalk at the entrance of the home.

There was an approximate 5" x 9" opening on each side of the trash can, which has a separate ashtray section, located at the designated smoking area in front of the home.

(Observed 4/4/18)

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.

Immediately - A designated staff person will check the home at least weekly to ensure sanitary conditions are maintained, including that trash outside the home is kept in covered receptacles. *ms 10/30/18*

Please see Attached page 4A of 8

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Bridgette Siciliano PCHA*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Bridgette Siciliano PCHA* Date *10/19/18*

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

The above plan of correction is approved as of 10/30/18
(Date)

Plan of correction implementation status as of 10/30/18
(Date)

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

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

4A

Regulation 2600.85(e) is important because it ensure that there will be no rodent or insect infestation which could lead to an infestation inside the home. Manchester commons violated this regulation by having an uncovered trash can upon entering the home and also having a trash can with a 5x9 opening in the designated smoking area which would not prevent possible animal infestation. The trash can upon entering the building will be removed and is in the process of being replaced with a new purchased covered trash can it should arrive on October 23, 2018. The trash can in the smoking area will be removed and replaced with a smoking urn with no garbage can as it is not needed. Please see attached photos of replacement trash and smoking urn.

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WEST REGION FIELD OFFICE
Human Services Licensing

Bridgette Siciliano PCHA

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10-19-18

MS 10/20/18

Violation Report: 45056 - 04/04/2018 - Winters, Lynn
PCH Name: MANCHESTER COMMONS OF PRESBYTERIAN SENIOR CARE

OCT 22 2018

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

The initial medical evaluation for resident #5, admitted on 7/17/17, does not include the date the resident was evaluated, therefore, it is unable to be determined if the medical evaluation was completed 60 days prior to admission or within 30 days after admission. Also, the medical evaluation does not include the resident's pulse rate, blood pressure, temperature or allergies. These sections of the form are blank.

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 medical evaluation for resident #5 was completed in its entirety on 10/23/18. MS 10/20/18
within 30 days of receipt of the plan of correction. The administrator or designee will check medical evaluations completed since April 2015 to ensure compliance with regulation 2600.141a. MS 11/30/18

See attached pages A of 8

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

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

Date 10.19.18

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The above plan of correction was approved by <u>MS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress MS <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Regulation 2600.141(a)(1) is important because ensures our residents have a medical evaluation by a physician providing the facility with accurate medical information in return helps homes decide whether a resident's needs can be met at the home. Also allowing the home to develop accurate assessments and support plans that ensure the residents medical needs will be met. Manchester commons violated this regulation by not having the evaluation date along with not adding resident's vital signs and allergies to the document as well. Resident service coordinator will ensure all DME forms are filled out entirely and correctly upon return from the physician. Resident coordinator will also give to administrator prior to placing form in the residents chart for a final review to ensure accuracy.

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10-19-18
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Violation Report: 45056 - 04/04/2018 - Winters, Lynn
PCH Name: MANCHESTER COMMONS OF PRESBYTERIAN SENIOR CARE

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
On 11/2/17, resident #6 was prescribed Tussin DM, give 2 teaspoons four times daily as needed for 2 weeks. However, the medication was still in the medication cart on 4/5/18.

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.

See attached page 6A of 8

Repeat Violation: Yes Date(s) of Previous Violation(s): 04/06/2017 et al.

Signature of Legal Entity Representative
(Required on EVERY Page) Bridgette Siciliano PCHA

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Bridgette Siciliano PCHA Date 10-19-18

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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 discontinued medications stored in medication cart. This violation was caused because the medications were not disposed of when the medication was discontinued. Medication listed on violation report was disposed of properly during the time of the survey. A cart audit was created and will be completed ~~quarterly~~ ^{monthly MS 10/20/18} by administrator or designee (see attached). Nursing staff will be educated at the next staff meeting by administrator or designee that medications need to be audited ~~weekly~~ ^{twice MS 10/20/18} and disposed and replaced when expired or discontinued. 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.

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Bridgette Siciliano
10-19-18

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PCH Name: MANCHESTER COMMONS OF PRESBYTERIAN SENIOR CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2800

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

The annual assessment, dated 6/20/17, for resident #10 does not include a diagnosis of chronic kidney disease, stage 3 as indicated on the resident's medical evaluation, dated 6/21/17.

The annual assessment, dated 7/14/17, for resident #6 indicates the resident is independent in transferring in/out of bed. However, there is a sign in the resident's bedroom encouraging the resident to call for assistance when getting out of bed.

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.

An assessment for resident #10 was completed on 10/20/18 and includes the diagnosis of chronic kidney disease, stage 3. MS 10/20/18
Resident #6 was re-assessed and no longer needs assistance in transferring. MS 10/20/18

See attached page 7A & 8
If there is a decline in resident #6's medical condition, transfer assistance shall be provided and indicated on the resident's assessment and support plan. MS 10/20/18

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

Signature of Legal Entity Representative (Required on EVERY Page) *Bridgette Siciliano PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Bridgette Siciliano PCHA* Date: *10/19/18*

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Plan of correction implementation status as of 10/30/18 (Date)

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

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

Regulation 2600.225(c) is important because it allows Manchester commons to create and provide a profile of the resident's needs and serves as the basis for the plan of care to meet those needs. Manchester commons violated this regulation by not including a diagnosis on the annual assessment of resident #10 as indicated on the medical evaluation.

In reference to resident #6 this regulation was violated due to a sign reminding resident to ring for assistance when transferring out of bed which contraindicates the resident's assessment that states the resident can transfer independently the sign was removed immediately and resident continues to transfer safely and independently.

Both violations regarding resident # 10 and resident #6 were immediately corrected and administrator or designee will review all annual assessments as there completed to ensure compliance.

Bridgette Siciliano pCHA
Bridgette Siciliano pCHA
10-19-18

MS 10/30/18

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WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 45056 - 04/04/2018 - Winters, Lynn
PCH Name: MANCHESTER COMMONS OF PRESBYTERIAN SENIOR CARE

OCT 22 2018

1. REGULATION 55 Pa.Code §2600
2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

WEST REGION FIELD OFFICE

2a. DESCRIPTION OF VIOLATION

The support plan, dated 7/28/17, for resident #8 does not include signatures of any individuals who participated in the development of the support plan.

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 support plan for resident #8 was completed on 6/6/18 and includes signatures and dates of individuals who participated in the development of the support plan ms 10/30/18

Please see attached page 8A of 8

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

Signature of Legal Entity Representative (Required on EVERY Page) Bridgette Siciliano PCHA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Bridgette Siciliano PCHA Date 10-19-18

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The above plan of correction was approved by <u>ms</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>ms</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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Human Services Licensing

Regulation 2600.227(g) is important to provide who has participated in the development of the support plan to be used for future reference purposes. Manchester commons violated this regulation by not having those team members that developed the support plan sign the document. Administrator or designee will review support plan upon completion to ensure support plans are signed by all team members that created the support plan. *prior to placing in the residents record. ms 10/30/18*

Bridgette Siciliano pCHA
Bridgette Siciliano pCHA
10-19-18
ms 10/30/18