



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 3 1 2018

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's Bureau of Human Services Licensing annual inspection on June 7, 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 that reads "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: 42655
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		
Certificate(s) of Occupancy C-2 LP 10/04/1990 L&I		RECEIVED JUL 10 2018 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 39	Waking Staff: 29
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for inspection(s) Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 08/07/2018: Hoover, Josh; Barry, Courtney		
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: 33 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: 0	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 33 Have Mental Illness: 4 Have an Intellectual Disability: 0 Have a Mobility Need: 6 Have a Physical Disability: 1	

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Violation Report: 42555 - 06/07/2018 - Hoover, Josh
PCH Name: SPRINGHILL SENIOR LIVING COMMUNITY

WEST REGION FIELD OFFICE
Nursing Center Licensing

1. REGULATION 55 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

On 6/7/2018, there was a large dark orange/brown stain that appeared to be grease and food debris extending from the counter to the ceiling on the wall of the kitchenette behind the small flat-top grill.

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.

The area of grease and food debris was immediately cleaned on 6/7/18. All dining staff that has access to this area will be educated in the expectations of keeping this area sanitary at all times. Completion of this education to all staff will occur no later than July 31, 2018. Dining staff are currently being assigned to initiate daily cleaning to meet the guidelines and expectations of this regulation. The Executive Chef will audit this weekly for the first three months. If expectations are met, the Executive Chef will continue the auditing at least monthly. An induction burner and pan have been ordered to replace the grill, which in addition to the cleaning plan should eliminate this grease build up.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Jane E Gibson*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Jane E Gibson* Date *7/9/18*

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

The above plan of correction is approved as of <u>7/11/18</u> (Date)	Plan of correction implementation status as of <u>7/11/18</u> (Date)
The above plan of correction was approved by <u><i>JEG</i></u> (Initials)	<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

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REGISTRATION FIELD OFFICE
Human Services Licensing

Violation Report: 42656 - 06/07/2018 - Hoover, Josh
PCH Name: SPRINGHILL SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600
2600.96 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

On 6/7/2018, there was a gap measuring approximately 3/8 inch between the double fire doors near bedroom # 201. There was also a gap measuring approximately 3/8 inch between the double fire doors near bedroom #101.

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.

Fire door gaps will be reduced with a metal astragal. The gaps between the panels will not exceed the 1/8th inch per the NFPA standard. The fire doors will be inspected monthly by the facilities department. Also during each monthly fire drill they will be noted for proper operation. Completion of this project will occur no later than August 31, 2018.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Jane E Absow*

Printed Name and Title of Legal Entity Representative Ex. Director. Date 7/9/18
(Required on EVERY Page) *Jane E Absow, admin. PC*

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The above plan of correction is approved as of 7/11/18
(Date)

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

Plan of correction implementation status as of 7/11/18
(Date)

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

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Violation Report: 42555 - 06/07/2018 - Hoover, Josh
PCH Name: SPRINGHILL SENIOR LIVING COMMUNITY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION

On 6/7/2018 at approximately 3:40 p.m., there was a metal porch chair blocking the doorway that serves as the main entrance to and emergency exit from the Oakview wing.

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.

The stairwell exit door is marked with a "Do Not Block" sign and the concrete in front of the door will be repainted with lines no later than July 31, 2018. Residents and staff have been verbally educated on the importance to maintain clear access in front of the door. Continued written education will continue in July and at various times in the future to remind Residents of this issue and have nursing staff members check to insure this area remains unobstructed. Security will inspect the area once per shift and during routine rounds. Future violations will be reported to the Director of Health Care and Director of Facilities, for additional education and action if necessary.

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)

Jane E Absaw *Ex Director, admin RC*

Date 7/9/18

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

The above plan of correction is approved as of 7/10/18
(Date)

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

Plan of correction implementation status as of 7/10/18
(Date)

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