



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAR 15 2019

Ms. Gale Magyar
Executive Director
Sarah A Reed Retirement Center
227 West 22nd Street
Erie, Pennsylvania 16502

RE: Sarah A Reed Senior Living
Certificate #: 447610

Dear Ms. Magyar:

As a result of the Department's Bureau of Human Services Licensing annual inspection on June 13, 2018 and June 14, 2018, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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
Violation Report

Violation Report: 44761 - 06/13/2018 - Barone, Barbara

PCH Name: SARAH REED SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

The Care Facility Carbon Monoxide Alarms Standards Act, enacted on 6-23-16, requires carbon monoxide alarms to be installed in close proximity to, but not less than 15 feet from, any fossil-fuel burning device or appliance. No carbon monoxide detectors were present in the home as required by The Care Facility Carbon Monoxide Alarms Standards Act, enacted on 6/23/16.

The home has multiple fossil-fuel burning devices and appliances, however there were no carbon monoxide alarms for the following:

- 1 gasoline powered generator
- 2 natural gas heating boilers
- 8 natural gas hot water tanks
- 4 natural gas clothes dryers
- 2 natural gas stoves

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.

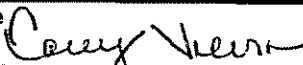
While some of the above referenced devices/appliances are not located within the Personal Care facility, eight (8) carbon monoxide detectors have been installed and meet the required regulation of proximity to the device.

The home provided photos documenting the installation of carbon monoxide detectors as follows:

- 1 in main laundry room
- 1 in main kitchen
- 1 in generator room
- 4 in boiler room (for boilers and hot water tanks)

 2/26/19

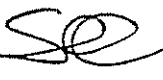
Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) 


Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Carey Vieira, Director of Resident Services Date 10-31-18

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

The above plan of correction is approved as of 2/26/19 (Date)

The above plan of correction was approved by  (Initials)

Plan of correction implementation status as of 2/26/19 (Date)

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

Violation Report: 44761 - 06/13/2018 - Barone, Barbara
PCH Name: SARAH REED SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

On 6/13/2018, at 10:30 AM, the hot water temperature at the sink in the 4th floor men's common bathroom was 127.7 degrees Fahrenheit.

On 6/13/2018, at 11:18 AM, the hot water temperature at the sink in resident room #120 was 132.2 degrees Fahrenheit.

On 6/13/2018, at 11:35 AM, the hot water temperature at the sink in resident room #20A was 129.2 degrees Fahrenheit.

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.

Maintenance Team Leader re-adjusted the mixing valve from the boilers to the water holding tanks. New temperatures taken ranged from 114°-117°. Maintenance Team Leader will take water temperature samples in Red Manor, Red Terrace and Zinn Pavilion once daily for four weeks. If temperatures, again, read too high, mixing valve will once again be adjusted. Temperatures for water in these areas will, then, be taken once weekly for 3 months and then once, monthly ongoing.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Cery Vieira

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

Cery Vieira, Director of Resident Services

Date 11-2-18.

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Partially Implemented - Adequate Progress *SE*

Partially Implemented - Inadequate Progress

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(Initials)

Violation Report: 44761 - 06/13/2018 - Barone, Barbara

PCH Name: SARAH REED SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

Phone numbers for the ambulance and local emergency management were not posted on or near the telephone with an outside line in resident room #305.

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 6-13-18, when # 305 was checked and her phone was found to not have the emergency contact label, another label was obtained by the Housekeeping Supervisor, immediately, and label was affixed to her phone that same day. Housekeepers will perform monthly checks of all apartments to determine if a new label needs to be placed on all telephones. Labels are zip-stripped to phone cord or a label is made for cell phones or cordless extensions.

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

10-31-18

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Violation Report: 44761 - 06/13/2018 - Barone, Barbara
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

On 6/13/18, there was no handrail in place for the ramp leading outside from the Sassafras exit to the porch.

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.

This exit was previously indicated as an emergency exit only. However, the City of Erie Building Inspector and the Fire Chief for the City of Erie were consulted by the Sarah Reed Environmental Services Director to see if this emergency exit could be relocated on that same floor. They both agreed, see Attachment A, so this emergency exit has been relocated from the Sassafras Street side to the 23rd and Sassafras Street side of the building. There is already a ramp in place at this exit.

This door leads to a porch that faces a high traffic street. On 10/15/18, the door was locked and residents cannot access it. The door is no longer in use.

 2/26/19

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/27/2017 et al
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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) Cary Vieira, Director of Resident Services Date 11-1-18.


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Violation Report: 44761 - 06/13/2018 - Barone, Barbara

PCH Name: SARAH REED SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

On 6/13/18, the fire exit door leading to the stairwell across from resident room #303 did not shut securely.

On 6/13/18, the fire exit door leading to the stairwell near resident room #310 did not shut securely.

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 6-13-18, when above referenced doors were found to have not latched securely, the Maintenance Coordinator was immediately contacted. Both doors were adjusted to close properly and securely that same day. Maintenance Coordinator will perform monthly checks of all fire exit doors to ensure these doors are closing securely. Doors will be adjusted when needed.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Caray Vieira

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Caray Vieira, Director of Resident Services

Date

10-31-18

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SE

Violation Report: 44761 - 06/13/2018 - Barone, Barbara

PCH Name: SARAH REED SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

On 6/13/18, there was no light source that could be turned on/off from bedside in resident room #20A.

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 6-13-18, when 20A was found to not have an operable lamp or light source at bedside, a new lamp was placed at bedside. Housekeepers will perform monthly checks of all apartments to check for operable light sources at bed-sides. Director of Resident Services will be given monthly checks, and she will notify appropriate family member to replace / place light source as needed.

Immediately and ongoing, the home shall ensure that each resident has a light source that can be turned on/off at bedside. Any missing or inoperable light sources shall be repaired or replaced at the home's expense.

 2/26/19

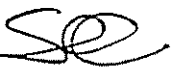
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Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Carey Vieira - Director of Resident Services Date 10-31-18

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Violation Report: 44761 - 06/13/2018 - Barone, Barbara

PCH Name: SARAH REED SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

On 6/13/2018, at 11:20 AM, the temperature of the refrigerator in the first floor Terrace kitchenette was 42 degrees Fahrenheit. At 3:05 PM the temperature was 45 degrees Fahrenheit.

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.

While the temperatures of this refrigerator were being monitored weekly, it was determined that neither resident or staff uses the refrigerator so it will be removed from the kitchenette on 11/8/18.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Carry Vieira

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Carry Vieira: Director of Resident Services

Date 11-1-18.

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(Initials)

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Violation Report: 44761 - 06/13/2018 - Barone, Barbara

PCH Name: SARAH REED SENIOR LIVING

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

Resident #1 was admitted on 11/30/17; however, the resident's medical evaluation was dated 5/9/18.

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.

This violation occurred when resident's primary care physician ordered a routine blood pressure reading by Sarah Reed staff. The Resident Services Office was not notified by nursing staff that this independent resident was to be added to the personal care program. After an audit of resident charts was completed, the error was found and pre-admit screening, medical evaluation and resident assessment and support plan were completed. Now, the nursing shift report has been modified to require the LPN to indicate when an independent resident will now be receiving LPN/PCA assistance and that resident should be added to the Personal Care Tracking Spreadsheet. The pre-admission screening, medical evaluation, and resident assessment and support plan will be completed by Director of Resident Services, or designee, and with primary care physician to meet regulatory timelines.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
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Carey Voira

Printed Name and Title of Legal Entity Representative
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Carey Voira, Director of Resident Services

Date 11-1-18

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Violation Report: 44761 - 06/13/2018 - Barone, Barbara

PCH Name: SARAH REED SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION

On 6/13/18, in the home's Secured Dementia Care Unit, the two week menus were not posted in a public and conspicuous place. The menus were locked in the area's nursing station.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

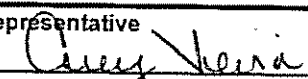
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

On 6/13/18, the above menus were posted in the nurses' station within the secured dementia unit. When the nurse leaves the station, the door does get closed and locked. Therefore, all required postings are now kept in a binder which is left in the lounge of the secured dementia unit. This binder is accessible to all residents of the secured dementia Care unit and their families.

Immediately and ongoing: The administrator or designated staff person shall ensure menus for 1 week in advance are posted in a conspicuous or public place.

 2/26/19

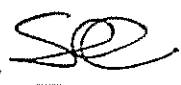
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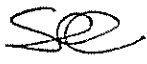
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Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Carey Vieira - Director of Resident Services Date 10-31-18

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(Date)
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Violation Report: 44761 - 06/13/2018 - Barone, Barbara

PCH Name: SARAH REED SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

The label for resident #2's Humalog does not include the sliding scale coverage.

The label for resident #3's Humalog does not include the sliding scale coverage.

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.

Monthly medication cart audits are being conducted by 3rd shift LPN to review the labels of medications with the MAR. These labels are also checked at the time the medication is delivered. Labels are checked by LPNs. LPNs were re-educated that sliding scale coverage must be part of the order that is requested from PCP and must be on label of pharmacy. A two night cart audit is also scheduled for 11-6 and 11-7-18 by Director of Resident Services and Night Shift LPN to check, again, all appropriate orders, labels of medication cards/boxes.

The pharmacy provided the home a new label, including the sliding scale, on 3/15/19 and the label was placed on the medication.

 2/26/19

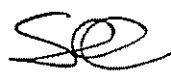
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Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Carey Vieira Director of Resident Services Date 11-5-18


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Not Implemented

Violation Report: 44761 - 06/13/2018 - Barone, Barbara

PCH Name: SARAH REED SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted on 11/30/17; however, the resident's preadmission screening form is dated 12/14/17.

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.

This violation occurred when resident's physician ordered a routine blood pressure reading by Sarah Reed staff. The Resident Services Office was not notified by nursing staff that this independent resident was to be added to the personal care program. After an audit of resident's charts was completed, the error was found and the preadmission screening, medical evaluation and resident assessment and support plan were completed. Now, the nursing 24-hour report has been modified to require the LPN to indicate when an independent will now be receiving LPN/PCA assistance and that resident should be added to Personal Care Tracking Spreadsheet. The pre-admission screening, medical evaluation and resident assessment and support plan will be completed by Director of Resident Services or designee, along with primary care physician, to meet regulatory timelines.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Cecy Vieira

Printed Name and Title of Legal Entity Representative
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Cecy Vieira - Director of Resident Services

Date 11-1-18

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Violation Report: 44761 - 06/13/2018 - Barone, Barbara
PCH Name: SARAH REED SENIOR LIVING

1. REGULATION 55 Pa.Code §2600
2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION
Resident #1 was admitted on 11/30/17; however, the resident's assessment is dated 5/25/18.

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.

This violation occurred when resident's physician ordered a routine blood pressure reading by Sarah Reed Staff. The Resident Services Office was not notified by nursing staff that this Independent resident was to be added to the personal care program. After an audit of resident charts was completed, the error was found and pre-admit screening, medical evaluation, and resident assessment and support plan were completed. Now, the nursing 24-hour report has been modified to require the LPN to indicate when an independent resident will now be receiving LPN/PCA assistance and that resident should be added to Personal Care Tracking Spreadsheet. The pre-admit screening, medical evaluation and resident assessment and support plan will be completed by Director of Resident Services or designee along with primary care physician to meet regulatory timelines.

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Carey Vilella - Director of Resident Services* Date *11-1-18.*

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