



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 06 2018

Ms. Patty Kirk
Community Director
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. Kirk:

As a result of the Department's Bureau of Human Services Licensing annual inspection on September 13, 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: 44657 - 09/13/2018 - Roser, Ashley
PCH Name: REGENCY SUITES REGENCY AT SOUTH SHORE

Western Region Field Office
Bureau of Human Services Licensing

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

There was no flu poster posted in a public place of the home in accordance with the Influenza Act, enacted July 2016.

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.

To comply with applicable Federal, State, and Local laws the Regency at South Shore had a flu poster posted up in a public place on a bulletin board but unfortunately a staff member removed it in order to make room for another publication for the community. It was believed that the staff person's intentions were to have put the flu poster back up but that was not completed. Upon noticing that the flu poster was not up during our state inspection an office member immediately posted the flu poster back up onto the bulletin board.

To help prevent a similar occurrence from happening again the Regency's Administrator will comply with applicable Federal, State, and local laws, ordinances and regulations by monthly checking that the flu poster is posted. The Administrator will train and review with the office staff of the importance of having the flu poster up at all times. The monthly checklist and the signed staff training for the flu poster are attached.

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Patty Kirik* Date *11/23/18*

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

The above plan of correction is approved as of 11/29/18
(Date)

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

Plan of correction implementation status as of 11/29/18
(Date)

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

11/29/18

Violation Report: 44657 - 09/13/2018 - Roser, Ashley

PCH Name: REGENCY SUITES REGENCY AT SOUTH SHORE

Western Region Field Office
Bureau of Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION

The home has cameras which are recording the following common areas:

- *1st floor Atriums
- *Common 1st floor living room
- *Common 2nd floor living room
- *Common 3rd floor living room
- *At the end of resident bedroom hallways near bedrooms #101, #124, #201, #224, #301 and #324

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 Regency at South Shore protects the resident's rights to privacy of self and possessions. The Regency's Administrator instructed the camera/computer technology staff member to change the cameras from recording to non-recording effective immediately. All cameras will be non recording as of 12/7/2018. The Administrator also rephrased the wording on the information page given during admission to state that cameras do not record.

Repeat Violation: No	Date(s) of Previous Violation(s):				
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Signature of Legal Entity Representative (Required on EVERY Page)	Patty Kirik
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Patty Kirik	11/29/18

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The above plan of correction is approved as of 11/29/18
(Date)

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

Plan of correction implementation status as of 11/29/18
(Date)

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

11/23/2018

Violation Report: 44657 - 09/13/2018 - Roser, Ashley
PCH Name: REGENCY SUITES REGENCY AT SOUTH SHORE

Western Region Field Office
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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
No handrail is present at the steps of the outside gazebo, located in the garden.

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 the date of the inspection 9/13/18 upon noticing that there was no handrail present at the step of the gazebo located in the garden area outside of the building, Regency's maintenance staff person immediately installed a handrail to that area -photo of handrail is attached.

Each ramp, interior stairway and outside step have a well-secured handrail.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Patty Kirik*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Patty Kirik* Date *11/23/18*

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(Date)

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

Plan of correction implementation status as of 11/29/18
(Date)

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

Violation Report: 44657 - 09/13/2018 - Roser, Ashley
PCH Name: REGENCY SUITES REGENCY AT SOUTH SHORE

Western Region Field Office
Bureau of Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION

At 10:16 a.m., there was a 1/4" accumulation of lint in the lint trap of the dryer located in the laundry room across from bedroom #111.

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.

To reduce the risks of fire hazards the staff were trained to remove all lint from the lint traps and drums of the dryers after every single time using the dryers. Signs were posted in every laundry room to help instruct and inform users of the dryer to remove the lint after every use of the dryer. A checklist was posted in every laundry room to record the date and time that lint is removed from the dryer.

To help prevent this from occurring again the Regency Administrator will train the staff on the importance of removing the lint from the dryer after every use. The Administrator will assign the Regency's Head Housekeeper to monitor the lint removal logs daily. The Head Housekeeper will return completed lint removal logs to the Administrator who will keep and maintain them in a lint removal binder in the main office.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Patty Kirik*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Patty Kirik* Date *11/23/18*

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The above plan of correction is approved as of 11/29/18
(Date)

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

Plan of correction implementation status as of 11/29/18
(Date)

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

Violation Report: 44657 - 09/13/2018 - Roser, Ashley

PCH Name: REGENCY SUITES REGENCY AT SOUTH SHORE

Western Region Field Office

Bureau of 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

Resident #1's medical evaluation, dated 1/17/18, does not include an assessment of the resident's ability to self administer medications, as this section of the form is blank. Also, the medication addendum indicates, "see attached"; however, nothing is attached.

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 the date of the state inspection, the Regency's personal care nurse called Resident #1's doctor to ask them to please document the self-administer medications box on the DME Documentation of Medical Evaluation that Resident #1 can self-administer some medications but not others.

Regency spoke with Resident #1's doctor whose nurse confirmed that the doctor said yes the resident can administer some medications but not others. Regency's nurse wrote that note onto the DME. The following day 9/14/18 the Regency nurse faxed the verbal confirmation note as well as the "see attached" parts to the state.

To help prevent this from happening again the personal care nurse will check all current resident DME's as well as all new admissions to be sure a resident has a medical evaluation done 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 wherein all of the required boxes have been correctly marked and documented.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Patty Kirak*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Patty Kirak* Date *11/23/18*

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The above plan of correction is approved as of 11/29/18 (Date)

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

Plan of correction implementation status as of 11/29/18 (Date)

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

Violation Report: 44657 - 09/13/2018 - Roser, Ashley
 PCH Name: REGENCY SUITES REGENCY AT SOUTH SHORE

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.

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 Bureau of Human Services Licensing

2a. DESCRIPTION OF VIOLATION
 Resident #2 is prescribed Acetaminophen 325 mg-Take 2 tablets by mouth at bedtime; however, the pharmacy label indicates Acetaminophen 325 mg-Take 1-2 tablets every 4 hours as needed.

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.

Upon the date of the state inspection the Regency corrected the pharmacy label for Resident #2's by immediately placing a corrected with directions changed refer to chart sticker on it.

The current order is correct on the MAR. The request was sent to the pharmacy requesting a pharmacy label change at the next refill.

To help prevent this from happening again the Regency nursing staff will check that all current resident prescription orders match their pharmacy labels as well as during any new MAR's or medication changes.

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

Patty Kirik

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Patty Kirik</i>	<i>11/23/18</i>

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

The above plan of correction is approved as of <u>11/29/18</u> (Date) The above plan of correction was approved by <u>IM</u> (Initials)	Plan of correction implementation status as of <u>11/29/18</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>IM</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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