



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: February 21, 2019

Ms. Taralee M. Rea
Administrator
Presbyterian Homes in the Presby of Lake Erie, Inc
2628 Elmwood Avenue
Erie, Pennsylvania 16508

RE: Elmwood Gardens
License #: 447650

Dear Ms. Rea:

As a result of the Department's Bureau of Human Services Licensing inspection on October 30, 2018, of the above facility, the citations 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Jason Williams", is written over a light blue horizontal line.

Jason Williams
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report: 44765 - 10/30/2018 - Gillette, Lori
 PCH Name: ELMWOOD GARDENS OF PRESBYTERIAN SENIOR CARE

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

The following expired medications were stored in a large blue tote container in the home's medication room:

For resident #1:

- Topiramate, 50mg take 1, 2x day, expires 10/20/18
- Oxybutynin ER 15mg, take 1, 1x day, expires 10/10/18
- Oxybutynin ER 10mg, take 1 1x day, expires 6/9/18
- Hydralazine 25mg, take 1, 3x day, expires 9/5/18

For resident #2:

- Levothyroxine Sodium 112mcg take 1, 2x day, expires 9/14/18
- Amlodopine 5-20, take 1, 1x day, expires 9/14/18

For resident #3:

- Dicyclomine 10mg PRN, discard after 10/10/18
- Dicyclomine 10mg PRN, discard after 10/16/18 (2nd bottle)
- Memantine 10mg, take 1, 2x day, discard after 10/16/18
- Senexon 5 tab8.6-50mg, discard after 10/10/18

For resident #4:

- Pantoprazole 40mg, take 1, 1x day, discard after 10/16/18
- Aspirin tab 81mg, take 1, 1x day, expires 10/11/18

For resident #5:

- Metolazone 5mg, take 1, 1x day, expires 9/30/18

For resident #6:

- Ranitidine 300mg, take 1, 1x day, expires 10/2/18

For resident #7:

- Diclofenac Sodium topical, apply 2 grams, 2x day as needed for pain, expires 9/9/18.

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.

All expired and discontinued medications in the blue tote were removed and properly disposed of. The blue tote was removed from med room. The Medication Disposition Protocol and The Medication Destruction/Disposition Form were updated, see attached. All nurses were educated on 11/29/18 of these changes.
 The personal care administrator will monitor, at least monthly *JW* 2/20/19, until next inspection, to ensure that the process is being followed and that no discontinued or expired medications remain in the med room.

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Taralee M. Rea, BSW*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *TARALEE M. REA, BSW* Date *12/31/18*

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

The above plan of correction is approved as of <u>2/20/19</u> (Date)	Plan of correction implementation status as of <u>2/20/19</u> (Date)
The above plan of correction was approved by <u><i>JW</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JW</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented