



August 23, 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 annual inspection on April 11, 2019 and July 19, 2019, 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, appearing to read "Kevin Hancock", written over a light blue horizontal line.

Kevin Hancock
Deputy Secretary
Office of Long Term Living

Enclosure
Violation Report

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: ELMWOOD GARDENS OF PRESBYTERIAN SENIOR CARE		License Number: 44765
Address: 2628 ELMWOOD AVENUE, ERIE, PA 16508		County: Erie
Administrator: Taralee Rea		Region: WEST
Legal Entity Name: THE PRESBYTERIAN HOMES IN THE PRESBY OF LAKE ERIE		
Legal Entity Address: 2628 ELMWOOD AVENUE, ERIE, PA 16508		
Certificate(s) of Occupancy C-1 04/03/1967 Labor & Industry		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 25	Waking Staff: 19
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
04/11/2019: Gillette, Lori; Grace, Desmond		
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: 35 Number of Residents Served: 24 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: 1 Number of Hospice Residents in past year: 1	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 24 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 1 Have a Physical Disability: 1	

Violation Report: 44765 - 04/11/2019 - Gillette, Lori
 PCH Name: ELMWOOD GARDENS OF PRESBYTERIAN SENIOR CARE

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 6/23/16, requires that a carbon monoxide alarm be installed at every care facility not less than 15 feet from any fossil fuel-burning device or appliance. Two carbon monoxide detectors were located within 15 feet of fossil fuel-burning devices located in the boiler room. One carbon monoxide detector is located approximately 4 feet from the fossil fuel-burning hot water tank and the other carbon monoxide detector is located approximately 6 feet from the fossil-fuel burning boilers #2 and #3.

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 carbon monoxide alarms have been scheduled to be moved the farthest distance away from the boilers as possible, next to the exit door, and will be completed by August 1st.

Immediately: The home shall follow all the requirements of the Care Facility Carbon Monoxide Alarms Standards Act including testing and cleaning the detectors per the manufacturer's instructions.

JW 7/31/19

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *TARALEEM. REA, P.C. Administrator* Date *6/25/19*

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

The above plan of correction is approved as of <u>7/31/19</u> (Date) The above plan of correction was approved by <u><i>JW</i></u> (Initials)	Plan of correction implementation status as of <u>7/31/19</u> (Date) <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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Violation Report: 44765 - 04/11/2019 - Gillette, Lori
 PCH Name: ELMWOOD GARDENS OF PRESBYTERIAN SENIOR CARE

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

2a. DESCRIPTION OF VIOLATION
 The home has been sharing a house glucometer on resident #1 and resident #2 for about 2 weeks, because these residents are out of test strips.

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 residents with glucometers received a new glucometer on day of inspection 4/11/19. The new glucometers were individually labeled and secured to maintain sanitary conditions. All old glucometers were discarded.

The residents, their POA/responsible party, and their PCP were made aware of potential risks and given the opportunity for testing or treatment.

Staff education began immediately with all oncoming nurses. Additionally all nurses in the building were educated at the annual skills fair on 4/18/19. Review of the P&P and "Infection Prevention during Blood Glucose Monitoring and Insulin Administration".

All chem strips are managed and reordered by the administrator/designee, and signed out by staff, to ensure that chemstrip test strips are kept in stock at all times.

The administrator or designee will complete weekly audits for 6 months to ensure compliance. Results will be discussed at the Quality Management Meetings for further recommendations as necessary.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>TARAHEE M. REA Administrator</i>	Date <i>6/25/19</i>
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Violation Report: 44765 - 04/11/2019 - Gillette, Lori
 PCH Name: ELMWOOD GARDENS OF PRESBYTERIAN SENIOR CARE

1. REGULATION 55 Pa.Code §2600
 144(c)(2) Location of a smoking room or outside smoking area a safe distance from heat-sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

2a. DESCRIPTION OF VIOLATION
 The home's designated smoking area is outside next to the shed in the parking lot. However, at 9:00 a.m. two female staff member were smoking approximately 20 feet outside of the main kitchen's emergency exit door.

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 no smoking sign has been added to this area as a reminder for staff.

All staff was educated on the smoking policy and the location of the designated smoking area at the annual spring skills fair on 4/18/19.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) TARAHEE M. REA <i>P.C. Administrator</i>	Date 6/25/19
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Violation Report: 44765 - 04/11/2019 - Gillette, Lori
 PCH Name: ELMWOOD GARDENS OF PRESBYTERIAN SENIOR CARE

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

Resident #1 is prescribed Bumetandine 1 mg by mouth 1x daily and the label inaccurately indicates 0.5 mg by mouth 1x daily.

Resident #1 is prescribed Lantus 22 units and the label inaccurately indicates 34 units.

Resident #1 is prescribed Novolog on a sliding scale and the sliding scale is not included on the label.

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.

Nursing staff will be re-educated on the accurate procedures for processing physicians orders and ensuring the correct medication and dosage is on hand. This will occur by 7/29/19.

For the next 6 months a weekly report will be generated of all medication changes/new medications and the cart will be audited to ensure that the proper medication is in stock or has a direction change sticker attached.

The PC administrator/designee will over see this completion and report findings at the Quality Management meeting.

The PC administrator/designee will continue to work with the VA pharmacy for compliance with labels on sliding scale insulin.

Direction change stickers were applied to the labels at the time of inspection.

JW 7/31/19

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/18/2018	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Tara M. Rea, RPA, BScw*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *TARA M. REA Pa. administrator* Date *6/25/19*

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- Not Implemented

Violation Report: 44765 - 04/11/2019 - Gillette, Lori
 PCH Name: ELMWOOD GARDENS OF PRESBYTERIAN SENIOR CARE

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

The assessment for resident #3 dated 2/5/19 indicates the resident has diagnoses of anemia and disc degeneration. The resident's support plan dated 3/25/19 does not document any services to meet these needs.

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.

Resident # 3's RASP was immediately updated.

RAPS's for all current residents will be reviewed by designated staff person no later then 7/15/19. Any RASP's found to need additional documentation will be updated.

For the next 6 months all new RASP's completed will be double checked for all necessary dianosis and supporting information and signed off by 2 staff members.

The personal care administrator will monitor and report the findings to the quality management team.

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, P.C. Adminstrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>TARALEE M. REA P.C. Adminstrator</i>	Date <i>6/25/19</i>
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