



pennsylvania

DEPARTMENT OF HUMAN SERVICES

October 4, 2019

Ms. Bridgette Siciliano
Administrator
The Presbyterian Homes
in the Presby of Lake Erie, Inc.
6351 West Lake Road
Erie, Pennsylvania 16505

RE: Manchester Commons of
Presbyterian Senior Care
Certificate #: 450560

Dear Ms. Siciliano:

As a result of the Department's Bureau of Human Services Licensing annual inspection on May 14, 2019 and May 15, 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,

Kevin Hancock
Deputy Secretary
Office of Long Term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: *MANCHESTER COMMONS OF PRESBYTERIAN SENIOR CARE*
Address: *6351 WEST LAKE ROAD, ERIE, PA 16505*
County: *ERIE* Region: *WESTERN*

License Number: *450560*

Administrator

Name: *Bridgette Siciliano* Phone: *8148389191* Email: *bsiciliano@srcare.org*

Legal Entity

Name: *THE PRESBYTERIAN HOMES IN THE PRESBY OF LAKE ERIE*
Address: *6351 WEST LAKE ROAD, PA, 16505*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *09/28/2015* Issued By: *Fairfield Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *98* Waking Staff: *74*

Inspection

Type: *Full* BHA Docket #: Notice: *Unannounced*
Reason: *Renewal*

Inspection Dates and Department Representative

05/14/2019 - On-Site: Lori Gillette, Patricia Bartlett
05/15/2019 - On-Site: Lori Gillette, Patricia Bartlett

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *80* Residents Served: *74*

Secured Dementia Care Unit

In Home: *Yes* Area: *Woodside Place* Capacity: ~~*20*~~ ^{*24*} *LB* Residents Served: *20*

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *74*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *24* Have Physical Disability: *0*

05/14/2019

Bridgette Siciliano LPN PCHA 7-26-19
Bridgette Siciliano

1 of 10

51 - Criminal Background Check

Regulations

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person A, date of hire of 8/28/17, did not have a completed criminal background check until 5/15/19.

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.)

Please see Attached (page 2a of 10)

Legal Entity Representative

Bridgette Siciliano pCHA upu Bridgette Siciliano pCHA, LPM 7-24-19
Signature Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 8/22/19 Plan of correction implementation status as of 8/22/19
(Date) (Date)
The above plan of correction was approved by JW Partially Implemented - Adequate Progress
(Initials) Partially Implemented - Inadequate Progress
Not Implemented

Regulation 2600.51 is important to determine any criminal activity that would endanger our residents and staff. The background check is in place to ensure that we are hiring the most appropriate staff members to care for our residents. Per the attached policy Presbyterian Senior Care will ensure all potential staff members have a criminal background check and it is available in their personal file immediately.

Bridgette Siciliano
Bridgette Siciliano LPA PC HA 7-24-19

Within 15 days of receipt of the plan of correction: A designated staff person will review all staff records to ensure a Pa State Police criminal background check has been completed for each staff person in accordance with the Older Adult Protective Services Act.

JW 8/22/19

64c - Annual Training

Regulations

2600.

64.c. An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.

Description of Violation

Staff person B, the home's administrator, completed only 13 hours of Department-approved training in training year 2018.

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.)

Please see attached.
(page 3a of 10)

Legal Entity Representative

Bridgette Siciliano
Signature

Bridgette Siciliano CPA PHA 8/19/19
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of	<u>8/22/19</u> (Date)	Plan of correction implementation status as of	<u>8/22/19</u> (Date)
The above plan of correction was approved by	<u>JW</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	

Regulation 2600.64c is an important regulation to ensure the administrator has all the needed education and continued DHS updates to run a safe and efficient Personal care home. Staff member did not have all required hours needed for the year. Currently staff member B has obtained the 11 additional hours needed to have 24 hours of DHS approved training. To prevent this from happening again Administrator will obtain the 24 hours DHS annual training and document it on the attached audit sheet, audit sheet will be reviewed monthly by director of nursing to ensure training hours are being met. Please see attached.

Bridgette Siciliano

Bridgette Siciliano LPN PCITA • 8-19-19

65a - FS Orientation 1st Day

Regulations

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

Description of Violation

Staff person C, whose first day of work was 4/7/17, did not receive orientation on the following topics:

- Evacuation procedures
- Staff duties and responsibilities during fire drills
- Designated meeting place
- Smoking safety procedures
- Location and use of fire extinguishers
- Smoke detectors and fire alarms
- Telephone use and notification of emergency services.

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.)

Please see attached (page 4a of 10)

Legal Entity Representative

Bridgette Siciliano
Signature

Bridgette Siciliano RCHA LPN
Printed Name and Title
7-24-19
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 8/22/19 (Date) Plan of correction implementation status as of 8/22/19 (Date)

The above plan of correction was approved by JW (initials)

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

Regulation 2600 65.a is important to ensure the safety of our residents and staff during an emergent situation. A orientation packet including directions for staff duties and evacuation procedures and all other topics included in regulation 2600 65a will all be included in this packet please see attached. Administrator or designee will distribute packets to all first time agency employees and obtain a signature log of receipt starting immediately prior to or first day of work.

Bridgette Siciliano

Bridgette Siciliano for PCITA 7-24-19

Staff person C received this orientation training on 5/16/19.

JW 8/22/19

65b - Rights/Abuse 40 Hours

Regulations

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

Description of Violation

Staff person C, date of hire 4/7/17, did not receive an orientation in the following topics:

- Resident rights
- Emergency medical plan
- Mandatory reporting of abuse and neglect under the OAPSA
- Reporting of reportable incidents and conditions

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.)

Please see attached (page 5a of 10)

Legal Entity Representative

Bridgette Siciliano
Signature

Bridgette Siciliano LPN FCHA 7-25-19
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 8/22/19
(Date)

Plan of correction implementation status as of 8/22/19
(Date)

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

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

Regulation 2600.65b is important so our staff can have the accurate information and contact info to report any abuse, neglect or any other reportable incidents along with being aware of our resident's rights. The following attached info will immediately start to be given to new staff within the regulated first 40 hours of work and the administrator or designee will obtain a signature of receipt from the employee stating they received this information.

Bridgette Siciliano
Bridgette Siciliano LPA PCHA 7-25-19

Staff person C received this orientation training on 5/16/19. *JW* 8/22/19

65g - Annual Training Content

Regulations

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

Description of Violation

Staff persons, including staff person A, did not receive annual training in fire safety completed by a fire safety expert during training year 2018.

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.)

Please see attached (page 6a of 10)

Legal Entity Representative

Bridgette Siciliano
Signature

Bridgette Siciliano Lpn
Printed Name and Title
pcttr
8-20-19
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 8/22/19 (Date) Plan of correction implementation status as of 8/22/19 (Date)

The above plan of correction was approved by JW (Initials) Fully Implemented Partially Implemented - Adequate Progress Partially Implemented - Inadequate Progress Not Implemented

Regulation 2600.65g was violated due to staff member a not receiving their annual fire safety training from a fire safety expert. It is important to receive this training to assure our staff members know how to respond in a fire emergency. This is being corrected on September 11th as we have a fire safety expert coming in to conduct fire safety training with our staff , also our Maintenance director Paul Hart will be receiving specific training from the fire safety expert so Paul can conduct this training annually and be in compliance of regulation 2600.65g.

~~Budgett~~ Siciliano
Bridgette Siciliano Lpn PCHA 8.20.19

Documentation that the Maintenance Director has been trained by a fire safety expert shall be kept.

JW 8/22/19

91 - Telephone Numbers

Regulations

2600.

91. Emergency Telephone Numbers - 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.

Description of Violation

There are no emergency telephone numbers, to include the nearest hospital and fire department, on or by the telephone in the activity room.

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.)

Please see attached (Page 7a of 10)

Legal Entity Representative

Bridgette Siciliano
Signature

Bridgette Siciliano PCHA
Printed Name and Title

7-24-19

Date

LPA

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 8/22/19
(Date)

Plan of correction implementation status as of 8/22/19
(Date)

The above plan of correction was approved by JW
(initials)

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

Regulation 2600.91 is important because having the emergency numbers posted by all telephones ensures a quick response in the event of an emergency, and allows staff and residents to contact the Department to report complaints. Manchester commons violated this regulation by not having these numbers posted by the phone available in the activity lounge for resident use. Emergency phone numbers were placed immediately on the phone found in violation and an audit was created to ensure the emergency numbers are in place. Audit will be done by Administrator or designee on a monthly basis beginning immediately. If a phone is found without emergency numbers attached one will be added immediately. Please see attached.

Bridgett Siciliano

Bridgett Siciliano PCHA, LPN

7.24.19

132b - Safety Inspection/Fire Drill

Regulations

2600.
132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The last fire safety inspection by a fire safety expert was conducted on January 5, 2016.

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.)

See attached (page 8a of 10)

Legal Entity Representative

Bridgette Siciliano
Signature

Bridgette Siciliano
Printed Name and Title

LPN, RCHA
8-2-19
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 8/22/19
(Date)

Plan of correction implementation status as of 8/22/19
(Date)

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

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

Regulation 2600.132.b is important to ensure the safety of our residents and staff this regulation was violated due to not having a fire safety expert complete a fire safety inspection. This has been corrected and a fire safety inspection completed by a fire safety expert will be completed within 30 days of today 7/25/19. This will ensure the safety of our residents and staff and we will continue to schedule timely annual inspections with a fire safety expert.

Bridgette Siciliano
Bridgette Siciliano LPN, PCHA
8-2-19

A fire safety inspection was conducted by a fire safety expert on 8/1/19.

JW 8/22/19

Within 15 days of receipt of the plan of correction: The administrator or designee will develop and implement a tracking system to ensure a fire safety inspection and observed fire drill are conducted by a fire safety expert at least annually.

JW 8/22/19

184a - Labeling OTC/CAM

Regulations

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

Resident #2 is prescribed Fexofenadine 180 mg, take 1 tablet daily; however, the pharmacy label indicates to take one tablet daily as needed.

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.)

PLEASE SEE ATTACHED

(page 9a of 10)

Legal Entity Representative

Bridgette Siciliano pCHA, LPN
Signature

Bridgette Siciliano pCHA-LPN 7-24-19
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 8/22/19
(Date)

Plan of correction implementation status as of 8/22/19
(Date)

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

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

Regulation 2600.184(a) is important because having the correct label on the medication minimizes the possibility that medication would be administered to the wrong resident or administered incorrectly. Manchester Commons violated this regulation by having a label that had not been updated when the order had changed. An "order changed, refer to MAR" sticker was applied immediately during the survey to the label that was incorrect for resident #2. A cart audit was created and will be completed quarterly by administrator or designee (see attached). Nursing staff will be re-educated at the staff meeting in June by administrator or designee that the label on the medication container needs to match the order in the MAR. It will also be communicated to staff that quarterly cart audits will be performed to ensure that regulations are being followed and that they will be held accountable for maintaining compliance.

Bridgette Siciliano LPN PCHA
Bridgette Siciliano
7-24-14

227g -Support Plan Signatures

Regulations

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #3's support plan, dated 12/17/18, is not signed by the resident and there is no indication of the resident refusing or being unable to sign.

Repeat Violation: 4/4/18 et al

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.)

Please see attached (page 10a of 10)

Legal Entity Representative

Bridgette Siciliano
Signature

Bridgette Siciliano LPN FCHA
Printed Name and Title Date 7-25-19

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 8/22/19 (Date)

Plan of correction implementation status as of 8/22/19 (Date)

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

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

Regulation 2600.227.g is an important regulation that ensures all residents are updated on their plan of care and the care/treatment they receive. This regulation was not upheld with resident #3 because their support plan was not signed and it was not indicated that resident #3 could not or refused to sign. Starting immediately quarterly checks for all care plans will be check for proper documentation and signatures by the Administrator or designee.

Resident #3's support plan was updated to indicate that the resident refused to sign. *JW* 8/22/19

Within 15 days of receipt of the plan of correction: A designated staff person will review all support plans to ensure they include either the resident's signature or an indication of the resident's inability or refusal to sign. *JW* 8/22/19

Bridgette Siciliano
Bridgette Siciliano CPN PCHA 7-25-19