



July 10, 2019

Ms. Jane E. Gibson
Executive Director
Asbury Atlantic, Inc.
2323 Edinboro Road
Erie, Pennsylvania 16509

RE: Springhill Senior Living Community
Certificate #: 425550

Dear Ms. Gibson:

As a result of the Department's Bureau of Human Services Licensing annual inspection on June 6, 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 that reads "J. Rowe". The signature is written in a cursive, flowing style.

Jacqueline L. Rowe
Director

Enclosure
Violation Report

6/14/2019

Violation Report

Western Region Field Office
Bureau of Human Services Licensing

Facility Information

Name: *SPRINGHILL SENIOR LIVING COMMUNITY*
Address: *2323 EDINBORO ROAD, ERIE, PA 16509*
County: *ERIE*License Number: *425550*Region: *WESTERN*

Administrator

Name: *Jane Gibson*Phone: *8148607000*Email: *kgibson@asbury.org*

Legal Entity

Name: *ASBURY ATLANTIC INC*
Address: *2323 EDINBORO ROAD, PA, 16509*

Certificate(s) of Occupancy

Type: *C-2 LP*Date: *10/04/1990*Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0*Total Daily Staff: *44*Waking Staff: *33*

Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*Reason: *Renewal*

Inspection Dates and Department Representative

06/06/2019 - On-Site: Lauren Spagna, Lori Gillette

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *44*Residents Served: *36*

Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0*Are 60 Years of Age or Older: *36*Diagnosed with Mental Illness: *2*Diagnosed with Intellectual Disability: *0*Have Mobility Need: *8*Have Physical Disability: *1*

132d - Evacuation

Regulations

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home's maximum safe evacuation time is 5 minutes, as indicated in writing by a fire safety expert, dated 6/12/18. However, the evacuation for the fire drill held on 5/31/19 at 5:06 am was conducted in 9 minutes.

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.)

Education will be provided to the Residents in Personal Care by the Facilities Director and the Director of Health Services regarding the importance of a swift evacuation with full cooperation. The education will contain the detailed process of evacuation and allow for follow up questions and answers by the residents. This education will be completed by 6/28/19.

Staff education will be provided by the Director of Facilities and the Director of Health Services to all associates who service Personal Care Residents related to dealing with challenging behaviors during evacuation procedures and other events. The education will include the expectation of the Department that all Residents evacuate and what exceptions are allowed. A question and answer period will follow the education. This will be completed by 6/28/19.

A review of each fire drill will occur by the Director of Facilities and the Director of Health Services following the event to confirm compliance with the process, and to ensure all residents evacuate within the time specified in writing by the fire safety expert within the past year. 6/17/19

Legal Entity Representative

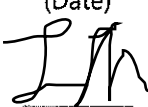
Executive Director, Administration

Signature 

Printed Name and Title Jane E Gibson, RN, MSN Date 6/14/19

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

The above plan of correction is approved as of 6/17/19 Plan of correction implementation status as of 6/17/19
 (Date) (Date)

The above plan of correction was approved by  (Initials)

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