



October 8, 2019

Ms. Gale Magyar
Executive Director
Sarah A Reed Retirement Center
227 West 22nd Street
Erie, Pennsylvania 16502

RE: Sarah A Reed Senior Living
Certificate #: 447610

Dear Ms. Magyar:

As a result of the Department's Bureau of Human Services Licensing annual inspection on July 30, 2019 and July 31, 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 white background.

Kevin Hancock
Deputy Secretary
Office of Long Term Living

Enclosure
Violation Report

8/24/19

Violation Report

Facility Information

Name: SARAH REED SENIOR LIVING

License Number: 44761

Address: 227 WEST 22ND STREET,, ERIE, PA 16502

County: ERIE

Region: WESTERN

Administrator

Name: Carey Vieira

Phone: 8148782600

Email: careyvieira@sarahareed.org

Legal Entity

Name: SARAH A REED RETIREMENT CENTER

Address: 227 WEST 22ND STREET, ERIE, PA, 16502

Certificate(s) of Occupancy

Type: C-2 LP

Date: 10/11/1994

Issued By: PA Dept of L&I

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 95

Waking Staff: 71

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

Inspection Dates and Department Representative

07/30/2019 - On-Site: Scott Klein, Lori Gillette

07/31/2019 - On-Site: Scott Klein, Lori Gillette

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 100

Residents Served: 75

Secured Dementia Care Unit

In Home: Yes

Area: ZURN PAVILION

Capacity: 25

Residents Served: 20

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 1

Are 60 Years of Age or Older: 75

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 20

Have Physical Disability: 1

65f - Training Topics

Regulations

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

- 5. Personal care service needs of the resident.

Description of Violation

Direct care staff person A did not receive training for the personal care service needs of the resident in the staff training year of 5/1/18 to 4/30/19.

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.)

Direct Care Staff person A will complete the Personal care service needs of the resident training module by 8/30/19 and proof of completion will be forwarded to DHS. Training Plan tracking sheet has been updated which lists all required training topics and employees date of completion will be next to each training topic so that no required training topic is missed.

Immediately: The administrator or designated staff person shall review all training records for the 5/1/18 - 4/30/19 training year to ensure all direct care staff persons have completed the required training. 8/21/19 *[Signature]*

Legal Entity Representative

Carey Vieira

 Signature

Carey Vieira - Director of Resident

 Printed Name and Title Services 8-20-19

 Date

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The above plan of correction is approved as of 8/26/19
(Date)

Plan of correction implementation status as of 8/26/19
(Date)

The above plan of correction was approved by *[Signature]*
(Initials)

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

86a - Ventilation

Regulations

2600.

86.a. All areas of the home that are used by the resident shall be ventilated. Ventilation includes an operable window, air conditioner, fan or mechanical ventilation that ensures airflow.

Description of Violation

On 7/30/19 at approximately 11:30 a.m., the ventilation fan is inoperable and there is no window in resident room #7 in the home's Zurn Pavilion.

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.)

There are 2 windows in resident room #7, both of which are able to be opened. These windows are operable and are able to ensure airflow. To ensure proper airflow in bathroom, the proper working of the fan will be added to the monthly housekeepers checklist and applicable repairs will be made if needed. Referenced fan was repaired by Maintenance on 7/30/19. updated 8-24-19. Carey Vieira

Legal Entity Representative

Carey Vieira
Signature

Carey Vieira - Director of Resident Services
Printed Name and Title Date 8-20-19

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101j7 - Lighting/Operable Lamp

Regulations

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

On 7/30/19 at approximately 11:25 a.m. in resident bedroom 308, there is no operable source of light at bedside for either resident 1 or resident 2.

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 7/30/19, a lamp was placed next to the bed in resident bedroom #308. Each month, a housekeeper on each floor will complete a checklist which will be given to Personal Care Home Administrator. If any required items are not found in apartment i.e. bedside light source, emergency phone sticker, etc., Administrator will contact family member of resident to have missing item replaced or repaired.

Legal Entity Representative

Caray Vieira

 Signature

Caray Vieira Director of Resident Services 8-20-19

 Printed Name and Title Date

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141a - Medical Evaluation

Regulations

2600.

141.a. 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.

Description of Violation

Resident #3, admitted 4/17/19, did not have a medical evaluation completed until 5/21/19.

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.)

DTR/POA was asked on several occasions to make PCP appointment. Her Mother was being discharged from a rehabilitation stay so she was admitted with the assumption the PCP appointment would be made. By the time the daughter was able to make PCP appointment, the date was outside of the 30 day window. New residents to personal care will not be admitted to personal care until Personal Care Home Administrator has confirmation of PCP appointment from family member.

Immediately: A designated staff person shall ensure all residents have a current medical evaluation completed and the

Legal Entity Representative

documentation is in the resident's record. 8/26/19

Carey Vieira

Signature

Carey Vieira - Director of Resident

Printed Name and Title Services. 8/20/19

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181c - Self-administration Assessment

Regulations

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident #4 is assessed as unable to self-administer medication. However, interviews with staff and resident #4 indicate that the resident has self-administered medication at 8:00 a.m. from 7/1/19 through 7/31/19 to include:

- * Tradjenta 5mg tablet
- * Aspirin 325mg tablet
- * Diltiazem 24HR ER 300mg capsule
- * DOK 100mg tablet
- * Pantoprazole SOD DR 40mg tablet

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 #4 has been educated that licensed staff is not permitted to leave medication in her apartment. Licensed staff has been re-educated that 8:00am medication, as well as other medications, must be witnessed that resident has taken them.

See Page 6A of 9

Legal Entity Representative

Cary Vieira
Signature

Cary Vieira Director of Resident Services 8/20/19
Printed Name and Title Date

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Description of Violation: Resident #4 is assessed as unable to self-administer medication. However, interviews with staff and resident #4 indicate that the resident has self-administered medication at 8:00AM from 7/1/19 though 7/31/2019.

Plan of Correction continued:

Personal Care Home Administer will randomly select a resident, bi-weekly, who is assessed as not being able to self-administer medications. This resident will be asked how he/she is given medications by licensed staff. Disciplinary action will be taken against any staff who leaves medications for residents.

Casey Vieira
Casey Vieira
Director of Resident Services
8-20-19.

8/26/19



187b - Date/Time of Medication Admin.

Regulations
 2600.
 187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

The medication administration record for resident #4 indicates the home has administered 8:00 a.m. medications from 7/1/19 to 7/31/19 to include:

- * Tradjenta 5mg tablet
- * Aspirin 325mg tablet
- * Diltiazem 24HR ER 300mg capsule
- * DOK 100mg tablet
- * Pantoprazole SOD DR 40mg tablet

However, the interview with resident #4 indicates the home is leaving the 8:00 a.m. medications in a cup at the resident's bedside, and not recording at the time of administration.

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 #4 has been educated that licensed staff is not permitted to leave medication in her apartment at any time of the day. Licensed staff has been re-educated that the time of administration is the time the resident is witnessed taking/allowing

Legal Entity Representative the medications . See Page 7A of 9

Carey Vieira
Signature

Carey Vieira - Director of 820-19
Printed Name and Title Resident Services Date

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Description of Violation: Resident #4 is assessed as unable to self-administer medication. However, interviews with staff and resident #4 indicate that the resident has self-administered medication at 8:00AM from 7/1/19 through 7/31/2019.

Plan of Correction continued:

Personal Care Home Administer will randomly select a resident, bi-weekly, who is assessed as not being able to self-administer medications. This resident will be asked how he/she is given medications by licensed staff. Disciplinary action will be taken against any staff who leaves medications for residents.

Carey Vieira
Carey Vieira
Director of Resident Services
8-20-19

8/26/19



227a - Support Plan 30 Days

Regulations

2600. 227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident #3 was admitted on 4/17/19. However, the resident's initial support plan was not completed until 5/21/19.

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.)

Support Plan for Resident #3 was completed once DME was completed by PCP at time of appointment. DME was late so support plan was late. Residents will not be admitted to Personal Care until POA/family member has confirmed date of PCP appointment, if required prior to admission.

Immediately: The administrator or designated staff person shall review all new resident records, within 30 days of admission, to ensure all new residents have a support plan completed in accordance with regulation 2600.227(a).

8/26/19 [Signature]

Legal Entity Representative

Carey Vieira
Signature

Carey Vieira Director of Resident Services
Printed Name and Title Date

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251b - Record Entries Legible

Regulations

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Resident #1's contract has correction fluid used in the area of the contract effective date with 10/30/18 written over the correction fluid.

Resident #1's current assessment and support plan has correction fluid used in the area of the date signed by the assessor with 10/30/18 written over the correction fluid.

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.)

If an error is made on admission contract, a "strike through" of the error will be made, dated, and initialed by originator. Correction fluid will never be used on the error.

Immediately: All staff persons shall be educated on the requirements of regulation 2600.251(b). Documentation of education shall be kept. 8/26/19

Legal Entity Representative

Carey Veern

Signature

Carey Veern

Director of Resident Services 8/26/19

Printed Name and Title

Date

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