



MAILING DATE: February 5, 2020

Ms. Patty Kirk
Community Director
Millcreek Manor
5515 Peach Street
Erie, Pennsylvania 16509

RE: Regency Suites
Regency at South Shore
322 Washington Place
Erie, Pennsylvania 16506
Certificate #: 446570

Dear Ms. Kirk:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on October 2, 2019, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Suzy Quinn". The signature is written in a cursive style with a large, looped "S" and a long, sweeping "Q".

Suzy Quinn
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information	
Name: <i>REGENCY SUITES/REGENCY AT SOUTH SHORE</i>	License Number: <i>44657</i>
Address: <i>322 WASHINGTON PLACE,, ERIE, PA 16505</i>	
County: <i>ERIE</i>	Region: <i>WESTERN</i>

Administrator		
Name: <i>Patty Kirik</i>	Phone: <i>8144542222</i>	Email: <i>MTITZEL@LECOMSLC.ORG</i>

Legal Entity	
Name: <i>MILLCREEK MANOR</i>	
Address: <i>5515 PEACH STREET, ERIE, PA, 16509</i>	

Certificate(s) of Occupancy		
Type: <i>C-2 LP</i>	Date: <i>04/08/1993</i>	Issued By: <i>L&I</i>

Staffing Hours		
Resident Support Staff: <i>0</i>	Total Daily Staff: <i>51</i>	Waking Staff: <i>38</i>

Inspection		
Type: <i>Full</i>	BHA Docket #:	Notice: <i>Unannounced</i>
Reason: <i>Renewal</i>		

Inspection Dates and Department Representative	
<i>10/02/2019 - On-Site: Barb Barone, Lori Gillette</i>	

Resident Demographic Data as of Inspection Dates			
General Information			
License Capacity: <i>70</i>		Residents Served: <i>48</i>	
Secured Dementia Care Unit			
In Home: <i>No</i>	Area:	Capacity:	Residents Served:
Hospice			
Current Residents: <i>2</i>			
Number of Residents Who:			
Receive Supplemental Security Income: <i>0</i>		Are 60 Years of Age or Older: <i>48</i>	
Diagnosed with Mental Illness: <i>0</i>		Diagnosed with Intellectual Disability: <i>0</i>	
Have Mobility Need: <i>3</i>		Have Physical Disability: <i>1</i>	

100a - Exterior - Free of Hazards

Regulations

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

A metal rod, approximately 3' tall, was sticking up from the ground next to a bench in the small exterior courtyard.

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.)

Date/Action/Person Responsible: On the date of the inspection 10/2/19 Regency's maintenance man pulled up the metal rod, properly disposed of it, and inspected the rest of the grounds to be sure there were no remaining hazardous items.

To prevent this from happening again the Regency maintenance man has been given the responsibility to walk around the exterior of the building and the building grounds once each working day and remove or repair immediately any hazardous item if noticed. A checklist was created for the maintenance man to use as documentation of his inspecting the grounds. The administrator will collect and monitor his hazard exterior building and grounds checklists monthly.

Legal Entry Representative

Patty Kirik

Signature

PATTY KIRIK
Community Director

Printed Name and Title

11/2/19

Date

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

The above plan of correction is approved as of 1/29/20
(Date)

Plan of correction implementation status as of 1/29/20
(Date)

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

Implemented

Not Implemented

132c - Fire Drill Records

Regulations

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drill conducted 8/22/19 at 10:48 AM indicates there were 48 residents in the home and 48 residents evacuated. However, per interviews, resident #1 was not evacuated.

Plan of Correction (POC)

The Administrator of the home went and spoke directly in person with the resident that was not evacuated during the 8/22/19 home fire drill and reviewed with the resident the policy and procedures that the home should have followed. The following month the fire drill was conducted on 9/27/19 and resident #1 was evacuated from her apartment as well as all personal care residents who were at the home at the time of the fire drill.

To help prevent this violation again the Administrator revised the policy on Fire Alarms to include accounting that all personal care residents who are home during a fire drill are evacuated out of their apartments. On 11/6/2019 the Administrator created a list of the personal care residents' names and apartment numbers and put copies of the list into the personal care staff office. The fire alarm policy now includes the staff action step to take the list with them and account for those residents who go to the fire safe area. The staff was trained on this important update to our fire alarm policy on 11/6/2019. The Regency will put this training into practice and hold our November fire drill in November 2019 using the names/apartment numbers checklist and accounting for all of the personal care residents who were in the home at the time of the fire drill. Deadline for this: Nov 26, 2019.

Legal

Patty Kirin
Signature

PATTY Kirin
Community Director
Printed Name and Title

11/7/19
Date

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

The above plan of correction is approved as of 1/29/20
(Date)

Plan of correction implementation status as of 1/29/20
(Date)

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

Implemented

Not Implemented

Regency Suites/Regency at South Shore

44657

Plan of correction part II from page 5 of 6:

For resident #5 on 10/2/19 the physicians order and the pharmacy label now both contain the order "max dosage 20 units." Going forward to help prevent this from occurring again the personal care nurse will closely monitor physicians' orders for changes when medications are refilled. This action step will be ongoing. The Administrator will meet with the personal care nurse monthly to monitor and support that orders and labels match for quality medication administration.

Patty Kirick

*Patty Kirick
Community Director 11/7/19*

225c - Additional Assessment

Regulations

2600.

225.c. The resident shall have additional assessments as follows:

- 2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident #4's initial assessment, dated 8/9/19, indicates her mobility need is minimal and she has no sensory needs for hearing and communication. However, during a fire drill on 8/22/19, staff member A determined she could not hear the fire alarm. The resident's assessment was not updated to indicate this change in condition.

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.)

Date/Action/Person responsible: On 10/2/19 the personal care nurse updated resident #4's assessment to include sensory needs. On 10/29/19 the apartment strobe light was installed and this was added to the RASP. On 11/6/19 staff were trained to report any sensory or any significant changes in resident needs to the personal care nurse including after fire drills. The personal care nurse will update resident assessments and RASPs as needed.

Legal Entity Representative

Patty Kiric
Signature

PATTY KIRIC
Community Director
Printed Name and Title

11/7/19
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX

The above plan of correction is approved as of 1/29/20
(Date)

Plan of correction implementation status as of 1/29/20
(Date)

Implemented

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

Not Implemented