

Department of Human Services
Bureau of Human Service Licensing

July 29, 2021

[REDACTED]
SARAH A REED RETIREMENT CENTER
227 WEST 22ND STREET
ERIE, PA 16502

RE: SARAH REED SENIOR LIVING
227 WEST 22ND STREET
ERIE, PA, 16502
LICENSE/COC#: 44761

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 05/27/2021, 05/28/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,

[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC**

Facility Information

Name: SARAH REED SENIOR LIVING License #: 44761 License Expiration Date: 06/16/2021
Address: 227 WEST 22ND STREET, ERIE, PA 16502
County: ERIE Region: WESTERN

Administrator

Name: [REDACTED] Phone: 8148782600 Email: [REDACTED]

Legal Entity

Name: SARAH A REED RETIREMENT CENTER
Address: 227 WEST 22ND STREET, ERIE, PA, 16502
Phone: 8148782600 Email: [REDACTED]

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: 78 Waking Staff: 59

Inspection

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 05/28/2021

Inspection Dates and Department Representative

05/27/2021 - On-Site: [REDACTED]
05/28/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 100 Residents Served: 63

Secured Dementia Care Unit

In Home: Yes Area: Zurn Pavilion Capacity: 25 Residents Served: 15

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 63
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 15 Have Physical Disability: 2

Inspections / Reviews

05/27/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *07/10/2021*

7/19/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *07/26/2021*

7/29/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *08/08/2021*

25c4 - Payment Responsibility

1. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

4. The party responsible for payment.

Description of Violation

Resident #2's resident-home contract, dated [REDACTED], does not specify the party responsible for payment.

Plan of Correction

Accept

On 10/18/2019, the Resident signed the personal care rental agreement. The 3rd line down on the agreement is for the Payer Signature "if different from the Resident". This line was left blank because the resident is the payer. On 6/1/2021, the Resident and [REDACTED]/POA both signed the Addendum A-Fee Schedule for Personal Care Services. [REDACTED] signed the addendum as Responsible Party and the Resident also signed the document. These documents were emailed to the Licensing Supervisor on 7/6/21 and [REDACTED] acknowledged the receipt of the documents. These were sent to the Regional Director for further review.

Completion Date: 07/06/2021

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On [REDACTED]/21 at [REDACTED] am, a soiled undergarment and soiled paper towel were visible on the top closet shelf upon opening the closet door in bedroom #3.

Plan of Correction

Accept

The Resident resides in the secured dementia unit. The soiled articles were found on the top shelf of the closet in the resident's apartment. These items were immediately removed from the Resident's closet. Staff was educated on the same day to check all closets and dresser drawers for any soiled articles. Staff will check the rooms on their assignment each shift and will chart it as completed.

Completion Date: 07/21/2021

184a - Labeling OTC/CAM

1. Requirements

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.

184a - Labeling OTC/CAM (continued)

Description of Violation

Resident #1 is prescribed Metoprolol Tartrate 25mg - Take 1 tablet by mouth twice daily with meals. However, the pharmacy label for this medication indicates - Metoprolol Tartrate 50mg - Take 1 tablet by mouth 3 times a day.

Resident #2 is prescribed Lantus 100 unit/ml - Administer 18 units subcutaneously at bedtime. However, the pharmacy label for this medication indicates - Lantus 100 unit/ml - Inject 22 units subcutaneously at bedtime.

Plan of Correction**Accept**

The physician order for Resident #1 Metoprolol and Resident #2 Lantus was compared to the Medication Authorization Record and the dose and instructions matched; however, the pharmacy included an incorrect label for both medications. The pharmacy was contacted at the time of the medication review and a correction label was administered. When medications are delivered from the 4 different pharmacies, the LPN or Med Tech will compare the medication label to the physician order that is in the MAR. If there is an error, and the label does not match the physician order and MAR, the pharmacy will be contacted immediately and a new label will be requested to be sent to the facility.

Completion Date: 07/01/2021

225a - Assessment 15 Days

1. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #3's initial assessment, dated [REDACTED], does not include the diagnosis of anemia, chronic heart failure or facial cellulitis, as indicated on her initial medical evaluation, dated [REDACTED].

Plan of Correction**Accept**

The above diagnoses from the Documentation of Medical Evaluation (DME) that were not included on the Resident Assessment and Support Plan (RASP) for Resident #2 were immediately added when error was found. When RASPs are created but Director of Resident Services, the Resident Services Coordinator and the PC Coordinator will review to ensure that all diagnoses from DME are included on RASP. After the RASP has been reviewed by Director of Resident Services, Resident Services Coordinator and PC Coordinator for accuracy as compared to DME, their initials will be written in the Comment Section of Page 12 of RASP with a statement that all diagnoses from DME have been included on RASP. A random sample of 5 RASPs each month will be selected by Administrator, or designee. Verification that all diagnoses on DME are included on RASP and date of review and initial of reviewer will be included on page 12 of RASP.

Completion Date: 07/21/2021