



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: April 13, 2022



The Presbyterian Homes in the Presby of Lake Erie
6351 West Lake Road
Erie, Pennsylvania 16505

RE: Manchester Commons of Presbyterian Senior Care
License/COC #: 450561

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on June 9, 2021, June 10, 2021, June 11, 2021 and October 15, 2021 of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance (license number 450560) dated September 11, 2021 – September 11, 2022 and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. §1026 (b)(1) and 55 Pa. Code § 20.71(a)(2); (3); (4) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from April 13, 2022 to October 13, 2022.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 or § 2800 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.



55 Pa. Code Chapter 2600	Class of Violation	Census at Inspection	Fine Per resident X Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
Section: _____					

184(a)	III	61	\$3	\$183	15 calendar days from mailing date of this letter
--------	-----	----	-----	-------	---

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Jeanne Parisi, Bureau Director
 Pennsylvania Department of Human Services
 Bureau of Human Services Licensing
 Room 631, Health and Welfare Building
 625 Forster Street
 Harrisburg, Pennsylvania 17120
 PH: 717-783-3670

[REDACTED]

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

Jamie F. Buchenauer

Jamie Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:

[REDACTED]

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

Facility Information

Name: *MANCHESTER COMMONS OF PRESBYTERIAN SENIOR CARE* License #: *45056* License Expiration Date: *09/11/2021*
Address: *6351 WEST LAKE ROAD, ERIE, PA 16505*
County: *ERIE* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: *8148389191* Email: [REDACTED]

Legal Entity

Name: *THE PRESBYTERIAN HOMES IN THE PRESBY OF LAKE ERIE*
Address: *6351 WEST LAKE ROAD, ERIE, PA, 16505*
Phone: *8148389191* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *09/08/2015* Issued By: *Fairview Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *79* Waking Staff: *59*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *06/11/2021*

Inspection Dates and Department Representative

06/09/2021 - On-Site: [REDACTED]
06/10/2021 - On-Site: [REDACTED]
06/11/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *80* Residents Served: *58*

Secured Dementia Care Unit

In Home: *Yes* Area: *Woodside Place* Capacity: *24* Residents Served: *17*

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *58*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *21* Have Physical Disability: *0*

Inspections / Reviews

06/09/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *08/22/2021*

9/2/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *09/08/2021*

9/9/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *09/30/2021*

11/30/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Exception*

16c - Written Incident Report

1. Requirements

2600.

- 16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation


On 6/6/21, residents #3 was not administered numerous medications in accordance with prescriber's orders. The home did not report these medication errors to the Department until 6/10/21.

On 6/7/21 and 6/8/21, resident #4 was not administered Ipratropium Bromide 42 mcg in accordance with prescriber's orders. The home did not report this medication error to the Department until 6/10/21.

Plan of Correction

Accept

Violation 2600.16c was corrected immediately upon survey discovering listed medications were not given an incident report was written up by PCHA and sent via email to DHS. A report will be ran daily to verify and list any medications that have not been given a medication error report will be done and sent to DHS with in the appropriate time frame. This report will be run starting 9/6/2021 by the administrator or designated staff member. This report will be run Monday - Friday and signed in a log.

 11/30/21

Completion Date: 08/25/2021 Licensee’s Proposed Date for POC Implementation

Not Implemented

17 - Record Confidentiality

1. Requirements

2600.

- 17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident’s designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident’s power of attorney for health care or health care proxy or a resident’s designated person, or if a court orders disclosure.

Description of Violation

On 6/9/21 at 9:47 am, numerous resident records, including the records for residents #1, #3 and #4, were unlocked and unattended in the charting room next to the nurse’s station.


On 6/9/21 at 9:50 am, numerous resident support plans, including the support plans for residents #1, #3 and #4, were unlocked and unattended at the nurse’s station.

Plan of Correction

Accept

Regulation 2600.17 was found to be in violation due to doors not being locked in nurses station and chart room. This was fixed immediately by locking both doors. All Personal care staff will be educated by 9-1-21 on regulation 2600.17 and the importance of Hippa laws to ensure our residents rights to have medical info private. This will be documented and a copy of our hippa policy and regulation given to each current staff member and they will review and sign off. Administrator or designee to audit for compliance 5 times a week with all shifts being represented.

Completion Date: 09/07/2021 Licensee’s Proposed Date for POC Implementation

 11/30/21

Document Submission

Implemented

please see attachment

Violation Withdrawn LM 3/7/22

85a - Sanitary Conditions

1. Requirements

2600. 85.a. Sanitary conditions shall be maintained.

Description of Violation

On 6/9/21, over 30 cigarette butts were on the ground outside the home's main kitchen entrance and near the dumpster.

Plan of Correction

Regulation 2600.85.a was violated due to multiple cigarettes' butts found in a non smoking area around a dumpster. This violation put our building at risk for possible fire due to butts not being properly disposed of. The cigarettes butts were cleaned up immediately when brought to my attention by surveyor. A non smoking sign will be placed in this area and staff will be educated on non smoking areas vs smoking areas this education will be completed by 9/10/21. Administrator will do a weekly audit to ensure this entrance near the main kitchen remains clean and safe.

Completion Date: 09/07/2021 Licensee's Proposed Date for POC Implementation

Accept

Not Implemented

AM 11/30/21

85d - Trash Receptacles

1. Requirements

2600. 85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 6/9/21 at 9:42 am, no lid was present on trash can in the woman's bathroom located near the receptionist desk. The trash can was approximately 1/2 full of trash.


85d - Trash Receptacles *(continued)*

Plan of Correction

Accept

Regulation 2600.85d was in violation due to a uncovered garbage can in the restroom. this issue was fixed immediately by obtaining a new lid and emptying trash. To prevent future violation lids will be physically attached to can so they can not be separated. All lids will be replaced by 9/3/21. Administrator or designee will audit that trash cans have the appropriate lid in place on a weekly basis

Completion Date: 09/07/2021 Licensee's Proposed Date for POC Implementation

 11/30/21

Document Submission

Implemented

please see attachment

91 - Telephone Numbers

1. Requirements

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

On 6/9/21, there were no emergency telephone numbers, to include the nearest hospital and police department, posted on or near the telephone next to bedroom #136.

On 6/11/21, there were no emergency telephone numbers, to include the nearest hospital and police department, posted on or near the telephone in resident #5's bedroom.


REPEAT VIOLATION: 5/14/19, et al

Plan of Correction

Accept

Regulation 2600.91 was violated due to no emergency numbers not placed near bedroom #136 and #5 telephone this problem was fixed immediately and a audit will be put in place beginning 9/3/21 Administrator or designee will check daily that emergency numbers are located next to the residents phones . Emergency numbers need to be available to all residents and staff incase a emergent situation arises.

Completion Date: 08/31/2021 Licensee's Proposed Date for POC Implementation

 11/30/21

Document Submission

Implemented

please see attachment

103e - Left Overs

1. Requirements

2600.

- 103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

On 6/9/21, there were 7 unlabeled and undated cinnamon rolls in the secured dementia care unit (SDCU) pantry refrigerator.


103e - Left Overs (continued)

Plan of Correction

Accept

Regulation 103.e was found to be in violation due to food not being properly labeled in the refrigerator. This violation was fixed immediately and cinnamon rolls were disposed of. Staff will be educated that all food must be labeled and dated after opening. This education will be completed by 9/3/21. Administrator or designee will do a daily audit to ensure all items in the refrigerator are covered and labeled appropriately.

Completion Date: 09/07/2021 Licensee's Proposed Date for POC Implementation

 11/30/21
Implemented

Document Submission

please see attachment

103f - Refrigerator/Freezer Temps

1. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 6/9/21 at 10:16 am, there was no thermometer in the SDCU kitchen freezer.

Plan of Correction

Accept

Regulation 2600.103.f was violated due to a thermometer not being placed in the freezer. If freezer is not kept at 0 degrees f or below a potential risk to residents may occur. A thermometer was placed immediately in freezer and a daily audit of all refrigerators and freezers will be done by Administrator or designee This will be in place by 9/1/21. Staff will be educated as well regarding the appropriate freezer temps by 9/10/21

Completion Date: 09/07/2021 Licensee's Proposed Date for POC Implementation

 11/30/21
Not Implemented

103g - Storing Food

1. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation


On 6/9/21 at 10:17 am, there was uncovered and unsealed 4 oz. Magic Cup dessert in the SDCU kitchen freezer.

Plan of Correction

Directed

Regulation 2600.103g was violated to a magic cup not having a sealed lid. This magic cup was thrown out immediately. An audit will be done daily to ensure all food items are properly stored and sealed. This audit will be started on 9/1/21 In addition staff will be educated on proper sealing and storage of all food items (DIRECTED: The staff education shall occur within 10 days of receipt of the plan of correction. Documentation of the education shall be kept. LM 9/9/21)

Completion Date: 09/08/2021 Licensee's Proposed Date for POC Implementation

 11/30/21

Document Submission

Implemented

Staff was educated and documentation was completed

105g - Lint Removal and Duct Cleaning

1. Requirements

2600.

105g - Lint Removal and Duct Cleaning (continued)

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer’s instructions.

Description of Violation

On 6/9/21, there was an approximate 1" accumulation of lint in the lint trap of the dryer in the laundry room of the SDCU. Also, there was an accumulation of lint and dryer sheets behind the dryer and around the ductwork of the dryer.

Plan of Correction

Accept

Regulation 2600.105.g was violated due to the lint trap not being cleaned out and a accumulation of dryer sheets behind and around the dryer. This violation could cause a fire and potentially put residents and staff at risk. The lint and dryer sheets were cleaned up immediately. Staff education will be provided and a daily audit will be done to ensure there is no lint or debris present. The education will be completed 9/3/21 and The audit will begin 9/1/21

Completion Date: 08/31/2021 Licensee’s Proposed Date for POC Implementation

Not Implemented

141a 1-10 Medical Evaluation Information

11/30/21

1. Requirements

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. The evaluation must include the following:

1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Resident #1's most recent medical evaluation, dated 4/21/21, was updated by staff person [redacted] in the areas of ability to self-administrate and the type of medical evaluation; however, does not include the date, time, and the person spoken to next to the updates.

Resident #2's most recent medical evaluation, dated 5/6/21, was updated in the following areas: blood pressure, pulse rate, temperature, and additional diagnoses of GERD and Hyperlipidemia were added; however, the updates do not include the initials of the staff person who made the updates or the date, time, and the person spoken to next to the updates.

Resident #2's most recent medical evaluation dated 5/6/21, was updated by staff person [redacted] indicating the resident can safely use poisons; however, does not include the date, time, and the person spoken to next to the update.

141a 1-10 Medical Evaluation Information (continued)

Plan of Correction

Accept

Regulation 2600.141.a was violated due to not having the correct documentation while updating the DME of resident #1 and #2. including date , time, and person spoke to next to the updates. Staff was educated immediately and violations were corrected immediately. All Dmes have been reviewed and are in compliance. Administrator or designee we perform quarterly audit to ensure accuracy for all Dmes

11/30/21

Completion Date: 09/08/2021 Licensee's Proposed Date for POC Implementation

Not Implemented

[Redacted content]

Violation Withdrawn

3 times a day; however, M 11/30/21

187d - Follow Prescriber's Orders

1. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

187d - Follow Prescriber's Orders (continued)

Description of Violation

Resident #3 is prescribed Quinapril 40 mg-Take 1 tablet at bedtime; however, this medication was not administered on 6/6/21.

Resident #3 is prescribed Tramadol 50 mg-Take 1 tablet by mouth at 1:00 pm and 9:00 pm; however, the medication was administered to the resident on 6/1/21 at 10:07 pm, and on 6/2/21 at 11:55 am.

Resident #3 is prescribed Potassium Chloride 20 MEQ-Take 2 tablets by mouth 3 times a day; however, the medication was only administered to the resident twice on 6/6/21.

Resident #3 is prescribed Vitamin B complex-Give one tablet by mouth daily; however, the medication was not administered to the resident on 6/6/21.

Resident #3 is prescribed the following medications to be administered twice daily; however, on 6/1/21, they were only administered to the resident one time:

- *Viatmin D 3 1,000 units-Take 2 capsules by mouth twice a day
- *Folic Acid 800 mcg-Take 2 tablets by mouth twice a day
- *Artificial Tears 1.4%-Instill 1 drop twice a day in each eye
- *Eliquis 5 mg-Take 1 tablet by mouth twice a day

Resident #4 is prescribed Ipratropium Bromide 42 mcg-Take 2 sprays in nostril twice a day; however, this medication was not administered on 6/7/21 and 6/8/21, because the medication was not available in the home.


Plan of Correction

Directed

Regulation 2600187.d was violated due to medications not being given per physician orders. This violation could of caused harm to the resident by not following her physician's orders. Staff will be educated on the rights of medication administration and each nurse/med tech will run a missed medication report at the end of every shift. the report display missed medications and or treatments. when this report is run any missed meds will be remedied at the time the report is run the report will be placed in a binder Reports then will be reviewed by Administrator or designee on a weekly basis this education and process will be in place by 9/10/21

DIRECTED: Within 5 days of receipt of the plan of correction, then monthly thereafter: A designated staff person shall review the medications for all residents, including resident #4, to ensure all medications are available in the home for administration in accordance with prescribers' orders. LM 9/9/21

Completion Date: 09/08/2021 Licensee's Proposed Date for POC Implementation

 11/30/21
Not Implemented

252 - Record Content

1. Requirements

2600.

- 252. Content of Resident Records - Each resident's record must include the following information:
 - 3. A photograph of the resident that is no more than 2 years old.

Description of Violation


Resident #2's record does not include a photograph of the resident that is no more than 2 years old

252 - Record Content (continued)

Plan of Correction**Accept**

Regulation 2600.252 was violated due to having a resident without a photo present on the MAR. This violation was fixed immediately and photo was taken and uploaded to the MAR. Beginning 9/1/21 Administrator or designee will be notified by admissions the date a new resident moves in and a photo will be taken and uploaded within 24-48 hours of admission. A log has been created and being utilized to track dates that existing residents photos were taken so they are updated as required.

Completion Date: 09/01/2021 Licensee's Proposed Date for POC Implementation

 11/30/21
Implemented

Document Submission

see attachment