

Department of Human Services  
Bureau of Human Service Licensing

December 29, 2021

[REDACTED], PCHA  
[REDACTED]  
[REDACTED]  
[REDACTED]

RE: PENNSYLVANIA SOLDIERS AND  
SAILORS HOME  
560 E. 3RD STREET, P.O.B 6239  
ERIE, PA, 16512  
LICENSE/COC#: 44829

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/21/2021, 09/22/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance 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: *PENNSYLVANIA SOLDIERS AND SAILORS HOME* License #: *44829* License Expiration: *02/19/2022*  
Address: *560 E. 3RD STREET, P.O.B 6239, ERIE, PA 16512*  
County: *ERIE* Region: *WESTERN*

**Administrator**

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

**Legal Entity**

[REDACTED]

**Certificate(s) of Occupancy**

Type: *Other* Date: *09/15/1997* Issued By: *Dept L & I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *43* Waking Staff: *32*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *09/22/2021*

**Inspection Dates and Department Representative**

09/21/2021 - On-Site: [REDACTED]

09/22/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *100* Residents Served: *43*

**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: *37*  
Diagnosed with Mental Illness: *42* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

**09/21/2021 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/16/2021*

**Inspection Dates and Department Representative (*continued*)**

10/20/2021 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/27/2021*

11/03/2021 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *12/18/2021*

12/29/2021 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

## 3c - Post Current License

## 1. Requirements

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

## Description of Violation

*On 9/21/21 at approximately 11:15 a.m., the home did not have a copy of the current licensing inspection summary, dated 8/8/19, posted in a public and conspicuous place in the home.*

## Plan of Correction

Accept

**Date:** 9/21/21

**Action:** Licensing inspection summary dated 8/8/19 immediately posted.

PCHA educated on criteria of posting complaints.

**Person Responsible:** PCHA & ADON

**Date:** 10/18/21

**Action:** DHS website/facility book will be checked beginning 10/18/21 for 3 months to make sure all licensing inspection summaries are correct.

**Person Responsible:** PCHA/designee

**Date:** 12/23/21

**Action:** All audits will be completed and the results of the audits will be reviewed at the QA meeting to determine further actions, as necessary.

**Person Responsible:** PCHA/designee

**Completion Date:** 12/23/2021

## Document Submission

Implemented

*Completed audits for the 2600.3 violation.*

**Completion Date:** 12/17/2021

## 92 - Windows

## 1. Requirements

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

## Description of Violation

*On 9/21/21, there were no screens in multiple windows in the home, to include the window on the right at the end of the 500 hall and the window in the first floor copy room. In addition, the screen in the far right window in the lounge across from the 1st floor nurses station was not installed properly, leaving a 2 to 3-inch gap between the upper right section of the screen and the window frame.*

## Plan of Correction

Directed

**Date:** 9/21/21

**Action:**

*Screens were immediately added to the window, right side, end of 500 hall and the window in copy room. The window in the 1st floor lounge was reinstalled for a proper fit.*

**Person Responsible:**

92 - Windows (continued)

FMM3/designee

**Date:** 10/18/21

**Action:** All 1st/2nd floor windows/doors will be inspected beginning 10/18/21 for 3 months for safety and compliance.

**Person Responsible:** FMM3/designee

**Date:** 12/23/21

**Action:** All audits will be completed and the results of the audits will be reviewed at the QA meeting to determine further actions, as necessary.

**Person Responsible:** PCHA/designee

**(Directed)**

By 11/18/21, all staff shall be trained to immediately report any damaged windows or screens to the administrator or designee.

**(AD 11/3/21)**

**Completion Date:** 12/23/2021

**Document Submission**

**Implemented**

Completed audits for the 2600.92 violation.

**Completion Date:** 12/16/2021

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

**Description of Violation**

Resident #1 was prescribed [REDACTED] extended released capsule-Take one capsule by mouth twice per day; however, from 9/1/21 to 9/21/21 twice daily and on 9/22/21 at 8:00 a.m., the medication administered was not an extended release version of the prescribed medication.

**Plan of Correction**

**Directed**

**Date:** 9/21/21

**Action:** Orders clarified with provider; new orders received. CRNP DHS incident report sent on 9/22/21. Sweep of all resident charts done by ADON for similar Tamsulosin errors.

**Person Responsible:** ADON

**Date:** 10/18/21

**Action:** 35% of med pass will be reviewed beginning 10/18/21 for 3 months to make sure medication prescribed is the correct medication being given.

**Person Responsible:** QA/designee

**Date:** 12/23/21

**Action:** Results of audits will be reviewed at the QA meeting to determine further actions, as necessary.

**Person Responsible:** PCHA/designee

## 187d - Follow Prescriber's Orders (continued)

**(Directed)** By 11/18/21, all staff persons administering medication shall be reeducated on administering medication including following the orders of the prescriber.

**(AD 11/3/21)**

Completion Date: 12/23/2021

Document Submission

Implemented

Completed audits for the 2600.187d violation.

Completion Date: 12/16/2021

## 224a - Preadmission Screen Form

## 1. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

## Description of Violation

Resident 2's preadmission screening, dated 5/4/21, does not include a determination that the needs of the resident can be met by the services provided by the home.

Plan of Correction

Directed

**Date:** 9/21/21

**Action:** Preadmission screening form was corrected immediately.

**Person Responsible:** PCHA

**Date:** 10/18/21

**Action:** 35% of all preadmission screening forms will be reviewed beginning 10/18/21 for 3 months for compliance.

**Person Responsible:** PCHA/designee

**Date:** 12/23/21

**Action:** Results of audits will be reviewed at the QA meeting to determine further actions, as necessary.

**Person Responsible:** PCHA/designee

**(Directed)**

Beginning 10/18/21, all preadmission screening forms will be reviewed by the administrator or designee every 2 weeks for 3 months for completeness. Documentation will be submitted.

**(AD 11/3/21)**

Completion Date: 12/23/2021

Document Submission

Implemented

Completed audits for the 2600.224.a violation.

Completion Date: 12/16/2021

## 251b - Record Entries Legible

## 1. Requirements

251b - Record Entries Legible *(continued)*

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**

*Correction fluid was used on the medical need section for the diagnosis of benign prostate hyperplasia on resident #2’s support plan, dated [REDACTED], and the plan to meet the medical need was written on top of the correction fluid.*

**Plan of Correction**

**Accept**

**Date:** 9/21/22

**Action:** The page with the correction fluid was immediately transcribed without correction fluid by nursing.

**Person Responsible:** ADON

**Date:** 10/29/21

**Action:** Nursing-wide education on correcting errors will be completed

**Person Responsible:** Nurse Instructor/designee

**Date:** 10/18/21

**Action:** 35% of all resident support plans will be reviewed beginning 10/18/21 for 3 months for completion and compliance. **Person Responsible:** QA/designee

**Date:** 12/23/21

**Action:** Results of audits will be reviewed at the QA meeting to determine further actions, as necessary.

**Person Responsible:** PCHA/designee

**Completion Date:** 12/23/2021

**Document Submission**

**Implemented**

*Completed audits for the 2600.251.b violation.*

**Completion Date:** 12/16/2021