

Department of Human Services
Bureau of Human Service Licensing

November 15, 2021

[REDACTED], VICE PRESIDENT

RE: SPRINGHILL SENIOR LIVING
COMMUNITY
2323 EDINBORO ROAD
ERIE, PA, 16509
LICENSE/COC#: 42555

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 09/29/2021, 09/30/2021 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: *SPRINGHILL SENIOR LIVING COMMUNITY* License #: *42555* License Expiration Date: *02/28/2022*
Address: *2323 EDINBORO ROAD, ERIE, PA 16509*
County: *ERIE* Region: *WESTERN*

Administrator

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

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *10/04/1990* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *41* Waking Staff: *31*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *09/30/2021*

Inspection Dates and Department Representative

09/29/2021 - On-Site: [REDACTED]
09/30/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *44* Residents Served: *31*

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: *31*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *10* Have Physical Disability: *3*

Inspections / Reviews

09/29/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *11/03/2021*

11/3/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *11/10/2021*

11/15/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *12/10/2021*

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Care Facility Carbon Monoxide Alarms Standards Act, enacted on 6/23/16, requires carbon monoxide alarms to be installed in close proximity to, but not less than 15 feet from, any fossil-fuel burning device or appliance.

On 9/29/21, at 11:08 a.m., the carbon monoxide detector in the kitchen was approximately 8 feet from the gas operated stove.

Plan of Correction

Accept

On 9/30/2021 at 8:00 am the carbon monoxide detector was relocated and is 19 feet from the nearest carbon producing device. On 10/27/21, all maintenance technicians were trained (see attachment A) on proper installation of carbon monoxide detectors to meet the manufacturers recommendations. Facilities director or designee will round to assure all new carbon monoxide detectors are installed properly. This rounding and documentation of, will be completed quarterly and begin November 10, 2021.

Completion Date: 11/10/2021

103g - Storing Food

1. Requirements

2600.

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

Description of Violation

On 9/29/21, at 11:03 a.m., there was an open and unsealed 3-gallon cardboard container of ice cream in the small freezer unit located in the front of the kitchen.

Plan of Correction

Accept

On 9/30/2021 at 8:24 am the dining department ordered plastic lids to replace the cardboard lids on the ice cream containers. (See attachment B). All dining staff have been educated in using the lids. (see attachment C). Dining supervisor or designee will round monthly to assure this process is being completed. The unsealed ice cream container noted on inspection, was thrown out immediately. Beginning November 10, 2021, Dining will complete weekly audits and document to assure compliance with use of plastic lids.

Completion Date: 11/10/2021