

Department of Human Services
Bureau of Human Service Licensing

November 15, 2021

[REDACTED]
THE PRESBYTERIAN HOMES IN THE PRESBY OF LAKE ERIE
6351 WEST LAKE ROAD
ERIE, PA 16505

RE: MANCHESTER COMMONS OF
PRESBYTERIAN SENIOR CARE
6351 WEST LAKE ROAD
ERIE, PA, 16505
LICENSE/COC#: 45056

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 10/15/2021 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,
Larry Mazza

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: *MANCHESTER COMMONS OF PRESBYTERIAN SENIOR CARE* License #: *45056* License Expiration Date: *09/11/2022*
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: *89* Waking Staff: *67*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Monitoring* Exit Conference Date: *10/15/2021*

Inspection Dates and Department Representative

10/15/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *80* Residents Served: *61*

Secured Dementia Care Unit

In Home: *Yes* Area: *Woodside Place* Capacity: *24* Residents Served: *20*

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *61*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *28* Have Physical Disability: *1*

Inspections / Reviews

10/15/2021 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *11/05/2021*

11/8/2021 - 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: *11/30/2021*

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

Resident #7 is prescribed Tramadol 50 mg-Take 1 tablet by mouth twice a day at 1:00 pm and 9:00 pm; however, on 10/5/21 and 10/11/21, the 9:00 pm dose was administered untimely. This medication error was not reported to the Department.

Plan of Correction

Directed

Regulation 2600.16.c was fixed immediately by Administrator by filling out medication error report and reporting to dhs on 10/15/21. A monthly audit will be completed by administrator or designee of MAR for any medication errors and will report any errors immediately to the office of DHS the audit will be completed 11/30/21 and monthly thereafter.

DIRECTED: Within 10 calendar days of receipt of the plan of correction: A designated staff person shall develop and implement policies and procedures to ensure all reportable incidents and conditions specified in 2600.16a, including medication errors, are reported to the Department within 24 hours. Documentation of the policies and procedures shall be kept. All staff persons shall be educated on the new policies and procedures. Documentation of the education shall be kept in accordance with 2600.65i. LM 11/15/21

Completion Date: 11/09/2021

65i - Training Record

1. Requirements

2600.

- 65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The record of training titled, "Sanitary conditions" does not include the date and length of the training.

Plan of Correction

Directed

Regulation 2600.65 i has been corrected immediately on 10/15/21 for date and length of training. Administrator or designee will check all trainings as they are completed to make sure they are filled out correctly and accurately.

DIRECTED: Within 7 calendar days of receipt of the plan of correction: A designated staff person shall review all current staff trainings conducted in 2021 to ensure all information indicated in 2600.65i is present on the training records. LM 11/15/21

Completion Date: 11/09/2021

81b - Resident Personal Equipment

1. Requirements

81b - Resident Personal Equipment (continued)

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

An uncovered bed enabler was present at the upper left side of resident #1's bed, which had 3 openings that were each approximately 5" wide.

An uncovered bed enabler was present at the upper left side of resident #2's bed, which had an opening that was approximately 10" wide. Also, resident #2's bed enabler was not secured to the resident's bed.

Plan of Correction**Directed**

Regulation 2600.81b was violated and fixed immediately on 10/15/21 by adding a cover to resident #1s enabler and the enabler for resident #2 was removed from the bed immediately and replaced with the proper fitting enabler. The charge nurses will check and sign off daily that enablers are properly secure and covered and document and sign off on every shift.

DIRECTED: Within 7 calendar days of receipt of the plan of correction: All direct care staff persons shall be reeducated that all bed enablers shall be securely attached to the bed and are properly covered to reduce the risk of limb entanglement. Documentation of the education shall be kept in accordance with 2600.65i. LM 11/15/21

DIRECTED: Within 72 hours of receipt of the plan of correction: A designated staff person shall check all resident bed enablers to ensure they securely attached to the resident's bed and are properly covered to reduce the risk of limb entanglement. LM 11/15/21

Completion Date: 11/09/2021

85a - Sanitary Conditions**1. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 10/15/21 at 4:40 am, resident #5's glucometer was used to test resident #6's blood glucose.

85a - Sanitary Conditions *(continued)***Plan of Correction****Directed**

Regulation 2600.85a was corrected immediately by disposing the shared glucometer and replacing it with a new one on 10/15/21. The physician was notified as well on that date. Education was provided immediately to staff member responsible for sharing glucometer, and additional education was provided to all staff regarding the use of glucometers and the risks of sharing glucometers on 11/8/21. (DIRECTED: Documentation of the education shall be kept in accordance with 2600.65i. LM 11/15/21) A weekly audit will be done to ensure that there is no sharing of glucometers between residents this audit will be done and documented by nursing supervisor or designee. This audit will begin 11/15/21

DIRECTED: Within 5 calendar days of receipt of the plan of correction: The home shall purchase new glucometers for all residents who receive blood sugar testing. All new glucometers shall be clearly labeled with the resident's first and last name. LM 11/15/21

DIRECTED: By 11/22/21: A designated staff person shall observe each staff responsible for diabetic care perform blood glucose checks. Each staff will be observed once per week for a period of three months. After which, each staff will be observed once per month for a period of three months. Documentation of the observations shall be maintained by the home for Department review. LM 11/15/21

Completion Date: 11/09/2021

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

At 10:05 am, there was no thermometer present in the home's main kitchen freezer.

Plan of Correction**Directed**

Regulation 2600.103f was violated due to know thermometer in main kitchen freezer a thermometer was immediately placed in the freezer and inspector returned and verified proper freezer temp on 10/15/21. Kitchen supervisor or designee will monitor freezer temps on a daily basis and document on a log which was started on 11/4/21 Dietary staff will be educated on the need to monitor freezer temps immediately (DIRECTED: Documentation of the education shall be kept in accordance with 2600.65i. LM 11/15/21)

DIRECTED: Within 5 calendar days of receipt of the plan of correction: A designated staff person shall inspect all refrigerators and freezers to ensure an operable thermometer is present and that proper food storage temperatures are maintained in accordance with 2600.103f. A daily log of all refrigerator and freezer temperatures shall be kept, which includes the date, time, the temperature of each refrigerator and freezer and the initials of the staff person who completed the check. LM 11/15/21

Completion Date: 11/09/2021

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

At 10:07 am, there was an approximate 2" accumulation of lint in the lint trap of the middle dryer in the main PC laundry room.

Plan of Correction**Directed**

Regulation 2600.105.g. Lint was found in main laundry in one of the dryers lint was removed immediately on 10/15/21 laundry attendant or designee will remove lint from all dryers every hour that they are in use from 7a- 3p everyday. Staff will be educated on 11/5/21 audit was started on 11/08/21 (DIRECTED: Documentation of the education shall be kept in accordance with 2600.65i. Audits of all dryers shall be conducted by a designated staff person hourly for 2 weeks then daily thereafter. Documentation of the audits shall be kept. LM 11/15/21)

Completion Date: 11/09/2021

141a 1-10 Medical Evaluation Information**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 #3's most recent medical evaluation, dated [REDACTED] was updated in the areas of the resident's height and special diets after the form was completed by the resident's physician; however, the updates do not include the date, time, who the person spoke to regarding the updates or the initials of the staff person who completed the updates.

141a 1-10 Medical Evaluation Information (*continued*)**Plan of Correction****Directed**

Regulation 2600.141.a was violated the violation was corrected immediately by care coordinator notifying resident # 3 physician that the changes were made to the medical evaluation and all changes were properly documented with date, time, and initials on 10/15/21 Starting immediately all DME's received will be checked by Administrator or designee for completion and accuracy. Any changes to the Dme must be checked by Administrator to ensure proper documentation related to changes.

DIRECTED: Within 7 calendar days of receipt of the plan of correction: All registered nurses (RN) and licensed practical nurses (LPN) shall be educated on proper procedures for making corrections to medical evaluations, which includes ensuring the LPN/RN contacts the person who completed the medical evaluation and documents the date, time and person spoken to on the medical evaluation next to the corrections. Documentation of the education shall be kept in accordance with 2600.65i. LM 11/15/21

Completion Date: 11/09/2021

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.

Description of Violation

Resident #10 is prescribed Warfarin Sodium 2 mg tablet-Take 1 tablet on Tuesday, Thursday and Saturday; however, the pharmacy label indicates, Warfarin Sodium 2 mg-Take 1 tablet by mouth 4 times weekly Sunday-Tuesday, Thursday and Saturday.

Resident #10 is prescribed Warfarin Sodium 2 mg-Take 1.5 tablets on Sunday, Monday, Wednesday, and Friday; however, the pharmacy label indicates, Warfarin Sodium 3 mg-Take 1 tablet 3 times weekly Monday, Wednesday and Friday.

REPEAT VIOLATION: 5/14/2019, et. al.

184a - Labeling OTC/CAM (continued)

Plan of Correction**Directed**

Regulation 2600.184.a was in violation and was corrected immediately by nursing supervisor on 10/15/21. Staff education on medication labeling will be provided and complete by 11/12/21 Pharmacy was notified of the correct and current order. (DIRECTED: Documentation of the education shall be kept in accordance with 2600.65i. LM 11/15/21) Pharmacy nurse will provide quarterly cart audits and report finding to pharmacy and Administrator beginning January 2022

DIRECTED: Within 72 hours of receipt of the plan of correction: The updated pharmacy labels shall be placed on Resident #10's Warfarin Sodium in accordance with prescribers' orders. LM 11/15/21

DIRECTED: Within 10 calendar days of receipt of the plan of correction, then monthly thereafter: A designated staff person shall review the pharmacy labels of all current resident medications to ensure accuracy in accordance with prescribers' orders. LM 11/15/21

DIRECTED: Within 10 calendar days of receipt of the plan of correction: A designated staff person shall develop and implement policies and procedures ensuring pharmacy labels on resident medications are immediately updated upon receipt of new medication orders issued from the prescriber. Documentation of the education shall be kept in accordance with 2600.65i. LM 11/15/21

Completion Date: 11/09/2021

187a - Medication Record

1. Requirements

2600.

- 187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:
1. Resident's name.
 2. Drug allergies.
 3. Name of medication.
 4. Strength.
 5. Dosage form.
 6. Dose.
 7. Route of administration.
 8. Frequency of administration.
 9. Administration times.
 10. Duration of therapy, if applicable.
 11. Special precautions, if applicable.
 12. Diagnosis or purpose for the medication, including pro re nata (PRN).
 13. Date and time of medication administration.
 14. Name and initials of the staff person administering the medication.

[REDACTED]

Description of Violation

Resident #10 is prescribed Warfarin Sodium 2 mg-Take 1.5 tablets on Sunday, Monday, Wednesday, and Friday; however, the resident's October 2021 medication administration record (MAR) indicates Warfarin 3 mg-Take 1 tablet by mouth 4 times every week.

Resident #10 is prescribed Warfarin 2 mg-Take 1 tablet on Tuesday, Thursday, and Saturday; however, the resident's October 2021 MAR indicates Warfarin 2 mg-Take 1 tablet by mouth 3 times every week.

Plan of Correction

Directed

2600.187.a violation was corrected immediately by Administrator verifying warfarin orders with physicians current order on 10/15/21 and notifying pharmacy of current order. staff education will be provided on medication administration and complete by 11/12/21 pharmacy was notified of current order. (Documentation of the education shall be kept in accordance with 2600.65i. LM 11/15/21). Pharmacy nurse will provide quarterly cart audits and provide results to the pharmacy and Administrator beginning January 2022

DIRECTED: Within 10 calendar days of receipt of the plan of correction, then monthly thereafter: A designated staff person shall review the medication administration records of all current residents to ensure accuracy in accordance with prescribers' orders. LM 11/15/21

DIRECTED: Within 10 calendar days of receipt of the plan of correction: A designated staff person shall develop and implement policies and procedures ensuring resident medication administration records are immediately updated upon receipt of new medication orders issued from the prescriber. Documentation of the education shall be kept in accordance with 2600.65i. LM 11/15/21

Completion Date: 11/09/2021

[REDACTED]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

Violation Withdrawn
LM 11/15/21

[Redacted]

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 #7 is prescribed Tramadol 50 mg-Take 1 tablet by mouth twice a day at 1:00 pm and 9:00 pm; however, on 10/5/21, the resident was administered Tramadol at 10:03 pm, and on 10/11/21, the resident was administered Tramadol at 10:25 pm.

Resident #8 is prescribed Atenolol 25 mg-Take 1 tablet by mouth twice daily; however, this medication was only administered 1 time on 10/6/21 and 10/9/21.

Resident #8 is prescribed Amlodipine 5 mg-Take 1 tablet by mouth twice daily; however, the medication was only administered 1 time on 10/6/21 and 10/9/21.

Resident #8 is prescribed Metformin ER 500 mg-Take 1 tablet by mouth twice daily; however, the medication was only administered 1 time on 10/9/21.

Resident #9 is prescribed Losartan 50 mg-Take 1 tablet by mouth once daily-hold if B/P is less than 140/90. On 10/5/21 and 10/13/21, the resident's October 2021 MAR indicates the medication was on hold; however, the resident's October 2021 MAR does not include the resident's blood pressure, so it is unable to be determined if the medication should have been administered.

Plan of Correction**Directed**

Regulation 2600.187.d was violated due to not following subscribers orders. Ordering physician was notified of resident #8 medications not being properly administered on 10/15/21. Staff will be educated on medication administration times and schedules by 11/12/21 , and will run a missed medication report at the end of there shift to verify all meds were given as ordered and documented this report was put in to place on 11/8/21. (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. LM 11/15/21). Administrator or designee will review sheets on a weekly basis to ensure staff is running report and verify all documentation has been completed beginning 11/15/21

DIRECTED: Within 72 hours of receipt of the plan of correction: A designated staff person shall review the medication administration records of at least 10 residents daily for one month, then monthly thereafter, to ensure all medications are administered in accordance with prescribers' orders and that all resident blood pressures are taken and documented in accordance with prescribers' orders. Documentation of the audits shall be kept. LM 11/15/21

Completion Date: 11/09/2021

231b - Medical Evaluation**1. Requirements**

2600.

231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

231b - Medical Evaluation (continued)**Description of Violation**

Resident #4's most recent medical evaluation, dated [REDACTED] was updated in the area of special health/dietary needs to indicate the resident's need to reside in the secured dementia care unit after the form was completed by the resident's physician; however, the update does not include the date, time, who the person spoke to regarding the update or the initials of the staff person who completed the update.

Plan of Correction**Directed**

Regulation 2600.231.b was violated and corrected immediately on 10/15/21 by service coordinator with required documentation of date, time, initials, and physician update all DME's received will be checked by Administrator or designee for completion and accuracy. Any changes to the Dme must be checked by Administrator to ensure proper documentation related to changes. Education will be provided to resident services staff.

DIRECTED: Within 7 calendar days of receipt of the plan of correction: All registered nurses (RN) and licensed practical nurses (LPN) shall be educated on proper procedures for making corrections to medical evaluations, which includes ensuring the LPN/RN contacts the person who completed the medical evaluation and documents the date, time and person spoken to on the medical evaluation next to the corrections. Documentation of the education shall be kept in accordance with 2600.65i. LM 11/15/21

Completion Date: 11/10/2021