

Department of Human Services  
Bureau of Human Service Licensing

April 29, 2022

[REDACTED], ADMIN  
[REDACTED]  
[REDACTED]

RE: ELMWOOD GARDENS OF  
PRESBYTERIAN SENIOR CARE  
2628 ELMWOOD AVENUE  
ERIE, PA, 16508  
LICENSE/COC#: 44765

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/23/2022, 02/24/2022 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: *ELMWOOD GARDENS OF PRESBYTERIAN SENIOR CARE* License #: *44765* License Expiration: *05/25/2022*  
Address: *2628 ELMWOOD AVENUE, ERIE, PA 16508*  
County: *ERIE* Region: *WESTERN*

**Administrator**

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

**Legal Entity**

[REDACTED]

**Certificate(s) of Occupancy**

Type: *C-1* Date: *04/03/1967* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *16* Waking Staff: *12*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *02/24/2022*

**Inspection Dates and Department Representative**

02/23/2022 - On-Site: [REDACTED]  
02/24/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *35* Residents Served: *12*

**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: *12*  
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *4* Have Physical Disability: *0*

**Inspections / Reviews**

**02/23/2022 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/18/2022*

Inspections / Reviews (*continued*)

## 03/24/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/28/2022*

## 03/30/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *04/06/2022*

## 04/29/2022 - Document Submission

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

## 95 - Furniture and Equipment

### 1. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

#### Description of Violation

*The shower in the shared bathroom of resident room #2 was missing the handle for the faucet, exposing a metal rod and had a hole around the rod in the tile wall exposing sharp edges that are a potential skin tear hazard.*

#### Plan of Correction

**Accept**

*Regulation 2600.95 was violated with a missing handle for a faucet, an exposed metal rod and a hole around the rod in the tile wall in the shower in a resident's bathroom. On 02/23/22, the maintenance director was contacted and he had one of his employees cover the hole with tape. The administrator or designee will check the resident rooms to make sure there are no hazards in the residents' rooms and equipment in the room is in good repair. The administrator or designee will create an audit tool to record that each room has been evaluated monthly. The staff will be educated to notify the administrator or designee and the maintenance director should they find any issues with the equipment in a resident's room. The education will highlight the importance of reporting hazards and repairs to the designated individuals. It will also note that this violation does not include cosmetic repairs. This will be completed by 04/01/22.*

**Completion Date:** 04/01/2022

#### Document Submission

**Implemented**

*Please see attached.*

## 101j7 - Lighting/Operable Lamp

### 1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

#### Description of Violation

*Resident #1 does not have access to a source of light that can be turned on/off at bedside.*

#### Plan of Correction

**Accept**

*Regulation 2600.101j7 was violated with Resident #1 not having access to a light within reach. On 02/23/22, the maintenance director was contacted to see if there were any lamps or flashlights available in the facility to put within reach for this resident. The resident was given a flashlight on 02/23/22 which was placed at her bedside. The administrator or designee will check each resident room to ensure the residents have adequate lighting and a light source within reach, and that each light source is in working condition. The administrator or designee will create an audit tool of all the residents in order to document that there is a light source within reach, and that each light source is in working condition. The audits will be completed weekly. The PC staff will be educated on reporting any issues within a resident's room and the safety concerns regarding limited lighting. This will be completed by 04/01/22.*

**Completion Date:** 04/01/2022

#### Document Submission

**Implemented**

*Please see attached.*

## 132a - Monthly Fire Drill

### 1. Requirements

132a - Monthly Fire Drill (continued)

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

An unannounced fire drill was not held during the months of December 2021 and January 2022.

Plan of Correction

Accept

Regulation 2600.132a was violated with the facility not conducting fire drills during December and January. An unannounced fire drill will be conducted by 03/31/22. The administrator or designee, the maintenance director, and other designees will educate PC staff about the proper procedures of fire drills and fire drill safety. These individuals will audit monthly fire drills and discuss any issues that may have occurred during the fire drills in order to provide the team ways to improve in the future. This will be completed by 04/01/22.

Completion Date: 04/01/2022

Document Submission

Implemented

Please see attached.

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:

Description of Violation

Resident #2 is prescribed [redacted]; however, the pharmacy label indicates take one tablet twice daily as needed.

Plan of Correction

Accept

Regulation 2600.184a was violated when Resident #2's medication label did not match what was prescribed. A PC licensed nursing staff member contacted Resident #2's primary care physician on 02/23/22 concerning the order. The primary care physician corrected the order same day and a licensed nursing staff member ensured it was correctly labeled. The licensed nursing staff will be educated by the administrator or designee on the importance of making sure the medication prescribed matches the pharmacy label, and the medical harm it could cause if it is not carefully examined. The administrator or designee will audit the medication cart with a licensed nursing staff member to ensure all medications from the pharmacy coincide with the prescribed medications listed in MARs. The administrator or designee will create an audit tool to document that the audit was conducted each week, and the administrator or designee and the licensed nursing staff member will initial it. This will be completed by 04/01/22.

Completion Date: 04/01/2022

Document Submission

Implemented

Please see attached.

185a - Implement Storage Procedures

1. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #3 is prescribed [redacted], take two tabs by mouth as needed; however, this medication is not available in

185a - Implement Storage Procedures (continued)

the home.

Plan of Correction

Accept

Regulation 2600.185a was violated when Resident #3's medication was not available in the facility. On 02/23/2022 a PC licensed nursing staff member contacted Resident #3's primary care physician concerning the unavailable medication. The primary care physician's certified registered nurse practitioner corrected the order on 02/28/22. The administrator or designee will audit the medication cart with a licensed nursing staff member. The licensed nursing staff will be educated on the importance of having all prescribed medication in the facility. The medication list for each resident will be printed out and signed by the administrator or designee and licensed nursing staff member once the medications have been audited. It will be documented using an audit tool and the medications will be audited weekly. This will be completed by 04/01/22.

Completion Date: 04/01/2022

Document Submission

Implemented

Please see attached.

227d - Support Plan Medical/Dental

1. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for resident #1, dated [REDACTED], does not indicate whether the resident is able to safety use and avoid poisonous material. This area is blank.

Plan of Correction

Accept

Regulation 227d was violated when Resident #1's assessment did not indicate if the resident was able to safely use and avoid poisonous materials. On 02/23/22, the administrator corrected the error on Resident #1's assessment, initialed and dated when the correction was made next to the error on the assessment. The administrator or designee will audit the residents' assessments to ensure everything has been marked. Personal care staff will assist the administrator or designee in order to ensure nothing is missed. The staff will be educated on the importance of the assessments being completed accurately. The administrator or designee will create an audit tool to document that the residents' assessments have been audited. The administrator or designee will update the assessment if necessary. The administrator or designee will continue to monitor the assessments each month using the audit tool. A copy of the audit tool can be found with the administrator or designee and at the nurse's station. This will be completed 04/01/22.

Completion Date: 04/01/2022

Document Submission

Implemented

Please see attached.

227h - Support Plan Refuse Sign

1. Requirements

2600.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

227h - Support Plan Refuse Sign (continued)

**Description of Violation**

Resident #1's support plan, dated [REDACTED], is not signed by the resident nor indicates the resident was unable / unwilling to sign.

**Plan of Correction**

**Accept**

Regulation 227h was violated when Resident #1's support plan was not signed and did not indicate if they were unable/unwilling to sign. On 02/23/22, the administrator had Resident #1 sign the support plan after explaining what the document was and why the resident needed to sign it. The administrator then initialed and dated the support plan after the resident signed it. The administrator or designee will create an audit tool to document that the resident's support plans have been audited. Personal care staff will assist the administrator or designee in order to ensure the documents have been signed, or marked otherwise. The staff will be educated on the importance of the assessments being signed by the resident. The administrator or designee will update the support plan if necessary. The administrator or designee will continue to monitor the support plans each month using the audit tool. The support plans will be audited monthly using the audit tool. This will be completed by 04/01/22.

**Completion Date:** 04/01/2022

**Document Submission**

**Implemented**

Please see attached.