



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]

E-mailed on: 5/2/23

[REDACTED]
INTEGRACARE ERIE LLC
[REDACTED]

RE: THE RESIDENCE AT PRESQUE ISLE BAY
1012 WEST BAYFRONT PARKWAY
ERIE, PA 16507
LICENSE/COC #: 45350

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on 09/27/22, 09/30/22 and 10/07/22 of the above facility, we have determined that your submitted plan of correction is not fully implemented. Correction of these violations in accordance with the specified plan of correction is required. Continued compliance must be maintained.

Sincerely,

[REDACTED]
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

Facility Information

Name: *THE RESIDENCE AT PRESQUE ISLE BAY* License #: *45350* License Expiration: *03/24/2023*
Address: *1012 WEST BAYFRONT PARKWAY, ERIE, PA 16507*
County: *ERIE* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *INTEGRACARE ERIE LLC*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *1-2* Date: *09/02/2010* Issued By: *City of Erie*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *61* Waking Staff: *46*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Incident* Exit Conference Date: *10/12/2022*

Inspection Dates and Department Representative

09/27/2022 - On-Site: [REDACTED]
09/30/2022 - On-Site: [REDACTED]
10/07/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *138* Residents Served: *38*

Secured Dementia Care Unit

In Home: *Yes* Area: *1st Floor* Capacity: *22* Residents Served: *14*

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *38*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *23* Have Physical Disability: *0*

Inspections / Reviews

09/27/2022 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *11/04/2022*

11/19/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: *01/12/2023*

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *11/28/2022*

12/09/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: *01/12/2023*

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *12/16/2022*

12/15/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: *01/12/2023*

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *01/08/2023*

04/24/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: *01/12/2023*

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [REDACTED]/22 at approximately [REDACTED] pm, resident #1 approached resident #2 in the hallway outside of [REDACTED] bedroom, reached [REDACTED] arm out toward [REDACTED], put [REDACTED] hand down the front of [REDACTED] shirt, and grabbed [REDACTED]. Resident #2 was very upset and crying hysterically immediately following the incident. Resident #1 did not deny the incident, rather indicated [REDACTED] was helping resident #2 look for [REDACTED] cell phone.

The home was aware of resident #1's inappropriate sexual behavior and failed to provide adequate supervision. Interdisciplinary progress notes, dated [REDACTED]/22, indicate resident #1 grabbed a [REDACTED] resident's [REDACTED] several times while exercising, and also indicate this behavior occurred the previous week.

Plan of Correction

Accept [REDACTED] - 12/15/2022)

I was not employed here at the time of this incident. It was reported to me that the [REDACTED] resident that [REDACTED] touch on [REDACTED] 2022 and sometime during the week prior had been in an intimate committed relationship since [REDACTED]/2021. Both parties families were aware of the relationship and supported it. This is a couple that often sleep in each others apartments up until [REDACTED] moved out.

All staff educated to report any form of abuse immediately. This will be covered in length at our Town Hall meeting on 11/15/2022 as well. by [REDACTED] and [REDACTED]

AOA and Crisis Center contacted on 11/6/2022 by [REDACTED] EOO to get in person training for staff on identifying and preventing sexual abuse this will be complete on 1/3/2023 by [REDACTED] from Crisis Center.

All resident RASP's will be review by 12/31/2022, by [REDACTED] the RWD and any significant changes will be noted starting 12/7/2022. [REDACTED] EOO and [REDACTED] will make up committee to review RASP's with significant changes and address those individuals changes monthly starting 1/1/2023

Licensee's Proposed Overall Completion Date: 12/13/2022

Implemented [REDACTED] - 04/24/2023)

141a 1-10 Medical Evaluation Information

2. Requirements

2600.

141a 1-10 Medical Evaluation Information (*continued*)

- 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 initial medical evaluation, dated [REDACTED]/22, does not include height, weight and pulse rate.

Resident #4's initial medical evaluation, dated [REDACTED] 22, does not indicate if the resident has any special health or dietary needs, nor does it address her cognitive functioning. The medical diagnoses, physical/mental section of the diagnoses addendum indicates, "See attached"; however, nothing is attached.

Plan of Correction

Accept [REDACTED] - 12/15/2022)

All DME must be reviewed and initialed by my myself [REDACTED] EOO starting 10/4/2022. Our marketing director [REDACTED] and our wellness nurse [REDACTED] have been educated by myself on the policies and procedures of the State of Pennsylvania regarding completed DME's. on 10/4/2022. Resident # 4 updated on 9/27/2022. Resident #3 amended on 10/1/2022.

Licensee's Proposed Overall Completion Date: 12/13/2022

Not Implemented [REDACTED] - 04/24/2023)

231b - Medical Evaluation

3. 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.

Description of Violation

Resident #4 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]/22; however, the resident's medical evaluation, dated [REDACTED]/22, does not indicate a diagnosis of Alzheimer's disease or other dementia, or the need for the resident to be served in a SDCU.

231b - Medical Evaluation (continued)

Plan of Correction**Accept** [REDACTED] - 12/15/2022)

All DME must be reviewed and initialed by my myself [REDACTED] EOO starting 10/4/2022. Our marketing director [REDACTED] and our wellness nurse [REDACTED] have been educated by myself on the policies and procedures of the State of Pennsylvania regarding completed DME's on 10/4/2022. Resident #4 was no longer a resident as of [REDACTED] 2022.

Licensee's Proposed Overall Completion Date: 12/13/2022**Implemented** [REDACTED] - 04/24/2023)