

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

February 18, 2023

[REDACTED]
THE PRESBYTERIAN HOMES IN THE PRESBY OF LAKE ERIE
2628 ELMWOOD AVENUE
ERIE, PA, 16508

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 12/28/2022, 12/29/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: ELMWOOD GARDENS OF PRESBYTERIAN SENIOR CARE License #: 44765 License Expiration: 05/25/2023
Address: 2628 ELMWOOD AVENUE, ERIE, PA 16508
County: ERIE Region: WESTERN

Administrator

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

Legal Entity

Name: THE PRESBYTERIAN HOMES IN THE PRESBY OF LAKE ERIE
Address: 2628 ELMWOOD AVENUE, ERIE, PA, 16508
Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Type: C 1 Date: 04/03/1967 Issued By: Dept. of Labor & Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 18 Waking Staff: 14

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 12/29/2022

Inspection Dates and Department Representative

12/28/2022 On Site [Redacted]
12/29/2022 On Site [Redacted]

Resident Demographic Data as of Inspection Dates

Table with 4 columns: Category, Value, Category, Value. Rows include General Information (License Capacity: 35, Residents Served: 15), Secured Dementia Care Unit (In Home: No, Area, Capacity, Residents Served), Hospice (Current Residents: 0), and Number of Residents Who (Receive Supplemental Security Income: 0, Are 60 Years of Age or Older: 15, Diagnosed with Mental Illness: 0, Diagnosed with Intellectual Disability: 0, Have Mobility Need: 3, Have Physical Disability: 0).

Inspections / Reviews

Table with 3 columns: Date, Lead Inspector, Follow-Up Type, Follow-Up Date. Rows include 12/28/2022 - Full (Lead Inspector: Lori Gillette, Follow-Up Type: POC Submission, Follow-Up Date: 01/20/2023) and 02/02/2023 - POC Submission (Submitted By: [Redacted], Date Submitted: 02/09/2023, Reviewer: [Redacted], Follow-Up Type: Document Submission, Follow-Up Date: 02/09/2023).

Inspections / Reviews *(continued)*

02/18/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/09/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

25c2 - Fee Schedule

1. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

2. A fee schedule that lists the specify the following: actual amount of allowable resident charges for each of the home's available services.

Description of Violation

The resident-home contract dated [REDACTED]/22 for resident #1 does not include a rate or schedule of actual amounts charged.

Plan of Correction

Accept [REDACTED] - 02/02/2023)

Regulation 2600.25c was violated by no room rate on admission agreement. Administrator corrected this on 12-29-22 and reviewed rate with resident #1 to ensure understanding. A review of all current resident admission agreements was completed by administrator on 1-03-23 and no other deficiencies were found. Administrator or designee will review admission agreements within 14 days of each admission to ensure compliance with regulation. This review will be ongoing.

Licensee's Proposed Overall Completion Date: 02/20/2023

Implemented [REDACTED]/18/2023)

132a - Monthly Fire Drill

2. Requirements

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 month of 12/21 or 1/22.

Plan of Correction

Accept [REDACTED] - 02/02/2023)

Regulation 2600.132A was violated by facility not conducting fire drills in December 2021 and January 2022. An unannounced fire drill will be conducted by the maintenance supervisor by 1-31-23. Maintenance supervisor, administrator or designee will provide staff education on fire drill importance helping ensure correct procedures and safety. This education was given to staff by administrator on 1-18-23. Monthly audits of fire drills will begin January 2023. This will be ongoing and reviewed by maintenance supervisor and/or administrator or designee to ensure compliance of a monthly fire drill completion as well as address any issues that might be noted by the maintenance supervisor during the drills.

Licensee's Proposed Overall Completion Date: 02/20/2023

Implemented [REDACTED] - 02/18/2023)

141a - Medical Evaluation

3. 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.

141a - Medical Evaluation (continued)**Description of Violation**

There was no initial medical evaluation for resident #2 completed within 60 days prior to admission or within 30 days after admission of the resident.

Plan of Correction

Accept [REDACTED] - 02/02/2023)

Regulation 2600.141.a violated by no medical evaluation completed on resident #2 within 60 days prior or 30 days after admission of resident. Starting 1-3-23 admission records will be audited by administrator or nurse by day 14 after admission of a resident. Audits will continue on all new admission records within 14 days for the next 90 days to ensure (141a) information is complete at which time audits will continue monthly for 3 months. With no further deficient practices identified audits will be complete. All audit forms will be maintained in administrators' office.

Licensee's Proposed Overall Completion Date: 02/20/2023

Implemented [REDACTED] 02/18/2023)

141a 1-10 Medical Evaluation Information**4. 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 #1's medical evaluation did not include: height, weight, pulse rate, blood pressure and temperature.

Resident #1's medical evaluation did not include medication regimen.

Plan of Correction

Accept [REDACTED] - 02/02/2023)

Regulation 2600.141.a was violated by incomplete medical evaluation documentation for resident #1. Medication regimen was printed out by administrator on 12-29-22 and placed in chart. Medical evaluation form completed and signed by physician 1-10-23. All admission records will be audited starting 1-03-23 by administrator or designee by day 14 following an admission to include information (141.a) Policy for medical evaluation given to nursing staff for review on 1-19-23. Audits will continue on all new admission records within 14 days for the next 90 days at which time audits will continue monthly for 3 months. With no further deficient practices identified audits will be complete. All audit forms will be maintained in administrators' office.

Licensee's Proposed Overall Completion Date: 02/20/2023

Implemented [REDACTED] - 02/18/2023)

141b1 - Annual Medical Evaluation

5. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation*Resident 3's most recent medical evaluation was completed on 10/18/21.***Plan of Correction****Accepted** [REDACTED] - 02/02/2023)

Regulation 2600.141.b.1 was violated no current medical evaluation for resident #3. Medical evaluation completed on [REDACTED]-23. An audit will be completed by administrator or nurse noting annual evaluation dates. This was completed on [REDACTED]-23 by the administrator. Policy given to nursing staff for review on 1-19-23. The administrator or designee will audit charts of residents requiring annual evaluations within 7 days prior and no more than 7 days following annual evaluation date for completion of annual evaluation. Audits will be conducted monthly for 6 months by the administrator or designee. Upon noting no further deficiency during those 6 months audits will be complete. All audit forms will be maintained in administrators' office.

Licensee's Proposed Overall Completion Date: 02/20/2023**Implemented** [REDACTED] - 02/18/2023)**185a - Implement Storage Procedures****6. 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*On [REDACTED] 22 resident #4's glucometer was not calibrated to the actual date and time.***Plan of Correction****Accepted** [REDACTED] - 02/02/2023)

Regulation 2600.185 was violated by resident #4 glucometer not calibrated to actual date and time. Glucometer was corrected by nurse on [REDACTED]-22 per manufacture directions. Orders placed 12-30-22 by QA for all residents with a glucometer. Nursing staff will verify date and time is correct every shift. Nursing staff will calibrate per manufacture instructions if date and time is incorrect. Staff education of new order provided by administrator on 1-11-23. A weekly audit start date of 1-11-23 of glucometers will be completed by administrator ,nurse and/or QA to ensure compliance. This will be audited weekly for 60 days then continue monthly for three months. All audit forms will be maintained in administrators' office.

Licensee's Proposed Overall Completion Date: 02/20/2023**Implemented** [REDACTED] - 02/18/2023)**187a - Medication Record****7. 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.

187a - Medication Record (continued)

- 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.

Description of Violation

Resident #1 is prescribed blood glucose readings [REDACTED] [REDACTED] [REDACTED] is ordered on a sliding scale based on blood glucose readings. The blood glucose readings and the amount of insulin given is not included on resident #1's medication administration record at bedtime for the dates of: 12/5, 12/6, 12/9, 12/10, 12/11, 12/14, 12/15, 12/20 and 12/27.

Plan of Correction

Accept [REDACTED] - 02/02/2023)

Regulation 2600.187.a was violated by no documentation of blood glucose readings and insulin amount on medication record. Meter history reviewed by nurse on 12-30-22 for resident #1 showed blood glucose readings were obtained according to order but not documented. Orders placed by QA on 1-03-23 to have a blood glucose reading entered as a separate order to ensure documentation. DON provided nursing education on medication/insulin documentation on 1-18-23 to all facility RN/LPN nursing staff. Administrator educated PC nursing/med techs on 1-05-23 on how to run missed medication report at end of each shift and medication administration policy was given for review. This education will be also given to any new nursing staff. Weekly audit of missed medication reports was started on 1-09-23 by administrator. Administrator or QA will continue to audit reports weekly to ensure compliance of (187.a) for 30 days then every 14 days for 6 months. If at that time no deficiencies in documentation noted audits will be complete. All audit forms will be maintained in administrators' office.

Licensee's Proposed Overall Completion Date: 02/20/2023

Implemented [REDACTED] - 02/18/2023)

225a Assessment 15 Days

8. Requirements

- 2600.
- 225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

An assessment was not completed for resident #1, who was admitted to the home on [REDACTED]/22.

Plan of Correction

Accept [REDACTED] 02/02/2023)

Regulation 2600.225.a was violated by no initial assessment within 15 days of admission. Administrator completed assessment on 1-03-23 on resident #1. An audit will be completed starting 1-3-23 by administrator or nurse within 15 days of admissions to include information (225.a) Audits will continue on all new admission records within 15 days for the next 90 days at which time audits will continue monthly for 3 months. With no further deficient practices identified audits will be complete. All audit forms will be maintained in administrators' office.

Licensee's Proposed Overall Completion Date: 02/20/2023

225a - Assessment 15 Days (continued)

Implemented [REDACTED] - 02/18/2023)

227a - Support Plan 30 Days

9. Requirements

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident #1 was admitted on [REDACTED] 2; however, the resident's initial support plan is incomplete and undated.

Plan of Correction

Accept [REDACTED] - 02/02/2023)

Regulation 2600.227.a was violated by an undated incomplete initial support plan for resident #1. Administrator completed support plan on 1-03-23. Policy and regulation given to all nursing staff for review on 1-19-23. Start date of 1-03-23 administrator or nurse will audit each admission within 30 days to ensure initial support plan is developed and implemented. This audit will be monthly for 3 months then complete. All audit forms will be maintained in administrators' office.

Licensee's Proposed Overall Completion Date: 02/20/2023

Implemented [REDACTED] 02/18/2023)

227c - Support Plan Revision

10. Requirements

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident #3's assessment was completed on [REDACTED] /22; however, the resident does not have a current support plan.

Plan of Correction

Accept [REDACTED] - 02/02/2023)

Regulation 2600.227.c was violated by no current support plan in place for resident #3. Administrator completed support plan on [REDACTED] -23. Audit of support plans will be conducted by Administrator or nurse this was completed 1-18-23 by administrator. Nursing staff education given by administrator on 1-18-23 of importance to have support plan current and updated also upon changes of resident needs. Audit of support plans by administrator or nurse will be completed monthly starting 1-18-23 and this audit will remain ongoing to ensure compliance (227.c) All audit forms will be maintained in administrators' office.

Licensee's Proposed Overall Completion Date: 02/20/2023

Implemented [REDACTED] 02/18/2023)

227d - Support Plan Medical/Dental

11. Requirements

2600.

227d - Support Plan Medical/Dental (continued)

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 #2 dated [redacted] 22, indicates the resident has a need for a [redacted] with daily checks. The resident's support plan dated [redacted]/22 does not indicate how this need will be met.

Plan of Correction

Accept [redacted] - 02/02/2023)

Regulation 2600.227.d was violated by no documentation in support plan for resident #2 [redacted]. QA placed order in EMAR on 12-29-22 [redacted] to be checked every shift by nursing staff and documented. Support plan was updated by Administrator on 12-29-22. Starting 1-03-23 administrator, nurse and/or QA will audit the [redacted] [redacted] check order to ensure compliance weekly for 3 months then monthly for 3 months then audit will be complete if no deficiencies noted. Audit forms will be maintained in Administrator office.

Licensee's Proposed Overall Completion Date: 02/20/2023

Implemented [redacted] - 02/18/2023)