



Sent via e-mail to: [REDACTED]

E-mailed on: 9/7/23

[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 02/14/23 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**

Facility Information

Name: *THE RESIDENCE AT PRESQUE ISLE BAY* License #: *45350* License Expiration: *03/24/2024*
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: *I-2* Date: *09/02/2010* Issued By: *City of Erie*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *72* Waking Staff: *54*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Monitoring* Exit Conference Date: *02/14/2023*

Inspection Dates and Department Representative

02/14/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *138* Residents Served: *47*

Secured Dementia Care Unit

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

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *47*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *25* Have Physical Disability: *0*

Inspections / Reviews

02/14/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/09/2023*

Inspections / Reviews (*continued*)

03/30/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/08/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 04/06/2023

03/31/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/30/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 04/07/2023

09/07/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/21/2023

Reviewer: [REDACTED]

Follow-Up Type: Exception

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

At 10:10 a.m., the homes electronic medical records laptop was unlocked, unsecured, and unattended on the secure dementia unit medication cart in the dining room. The laptop contained multiple resident's complete medical records to include resident #1.

Plan of Correction

Do Not Accept (████ - 03/30/2023)

Address immediately with medication technician and will be addressed again in Quarterly meeting on 3/14/2023 by █████ Resident Wellness Nurse. HIPPA education will be provided at Quarterly meeting. █████ with upload HIPPA material provided with a sign in sheet of staff by 3/17/2023

Licensee's Proposed Overall Completion Date: 03/17/2023

Update: 03/30/2023

Please indicate the following:

What date was did the immediate address take place?

Who will provide HIPPA education at quarterly meeting?

Plan of Correction

Accept (████ - 03/31/2023)

Address immediately with medication technician and will be addressed on 2-14-2023 again in Quarterly meeting on 3/14/2023 by █████ Resident Wellness Nurse. HIPPA education will be provided at Quarterly meeting. █████ with upload HIPPA material provided with a sign in sheet of staff by 3/17/2023
HIPPA education was provided by █████ at quarterly meeting on 3-14-2023

Licensee's Proposed Overall Completion Date: 03/30/2023

Evidence of Completion

Implemented (SQ - 09/07/2023)

See attached.

85a - Sanitary Conditions

2. Requirements

2600.

- 85.a. Sanitary conditions shall be maintained.

Description of Violation

At 10:00 a.m., the wall and floor of the ice cream freezer in the main kitchen of the home was covered with sticky substances that appeared to be chocolate and vanilla ice cream.

Plan of Correction

Do Not Accept (████ - 03/30/2023)

Freezer was immediately cleaned by █████ the Dining Services Director is putting in place cleaning check list for this freezer to be signed off at the end of each shift. Staff will be educated on 3/14/2023 by █████ at the Quarterly meeting. █████ EOO will upload copy of a check sheet used for education and a copy of the Quarterly meeting sign in sheet by 3/17/2023

Licensee's Proposed Overall Completion Date: 03/17/2023

85a - Sanitary Conditions (continued)

Update: 03/30/2023

What date was the freezer cleaned?

What date was the cleaning checklist implemented?

Plan of Correction

Accept ([redacted] - 03/31/2023)

Freezer was immediately cleaned on 2-14-2023 by [redacted] the Dining Services Director is putting in place cleaning check list for this freezer to be signed off at the end of each shift on 2-14-2023. Staff will be educated on 3/14/2023 by [redacted] at the Quarterly meeting. [redacted] EOO will upload copy of a check sheet used for education and a copy of the Quarterly meeting sign in sheet by 3/17/2023

Licensee's Proposed Overall Completion Date: 03/30/2023

Evidence of Completion

Implemented ([redacted] - 09/07/2023)

See attached.

88a - Surfaces

3. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

At 9:50 a.m., the handrail on the wall across from the 1st floor common bathroom was not secured to the wall and moved approximately 1/2 inch up and down exposing sharp edges of the railing, posing a skin tear hazard.

Plan of Correction

Do Not Accept ([redacted] - 03/30/2023)

Manager on Duty sheets modified by [redacted] EOO to add short description of public areas. Modified sheet is being used starting 3/11/2023.

Licensee's Proposed Overall Completion Date: 03/11/2023

Update: 03/30/2023

Please provide immediate and quality corrective measures to ensure on-going compliance. Each corrective action requires the specific action to be taken, the title of the person responsible, begin date (if applicable) and the anticipated completion date. Who, what and when for both immediate and quality corrective actions.

Attachments are not part of the plan of correction. Rather, they are used to verify the steps in your plan of correction are implemented. Please include in your plan of correction, any verbiage from attachments that you consider relevant to your plan of correction.

Please add an step indicating the immediate action taken. For example, was the hand rail repaired? If so, when and by whom?

Please explain manager on duty sheets, what it contains, what is the frequency, who is responsible?

Please add a step to re-educate all staff regarding the requirement that floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards, including responsible person and completion date.

88a - Surfaces (continued)

Plan of Correction**Accept** () - 03/31/2023)

Manager on Duty Sheets are filled out by which ever manager is on call for that weekend. Managers are assigned to a rotating schedule for weekend and holidays. () Executive Operations Officer is responsible for assigning the MOD schedule and collecting the MOD sheets every Monday morning and the next work day following a holiday. The MOD sheets are kept in a binder in the Executive Operations Officers office in a binder.

To ensure compliance, () EOO added some descriptive terms to the MOD sheet that includes but is not limited to public areas hand rails, window screens, furniture, rugs walls. () EOO modified MOD sheet to include this on 2-16-2023 and it was put into use on 2-18-2023.

() Safety and Maintenance Engineer spoke to clean surfaces, in good repair and free of hazards at Quarterly meeting on 3-14-2023.

Hand rail was repaired on 2-15-2023 by ()

Licensee's Proposed Overall Completion Date: 03/30/2023

Evidence of Completion**Implemented** () - 09/07/2023)

See attached.

92 - Windows

4. Requirements

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

At 9:10 a.m., the third window from the left in the home's Bistro area had no screen, and the first window from the left had a screen that was not securely attached to the window, with the lower left side separated from the window approximately 1".

Plan of Correction**Do Not Accept** () - 03/30/2023)

Manager on Duty sheets modified by () EOO to add short description of public areas. Modified sheet is being used starting 3/11/2023.

Licensee's Proposed Overall Completion Date: 03/11/2023

Update: 03/30/2023

Please provide immediate and quality corrective measures to ensure on-going compliance. Each corrective action requires the specific action to be taken, the title of the person responsible, begin date (if applicable) and the anticipated completion date. Who, what and when for both immediate and quality corrective actions.

Please add an step indicating the immediate action taken. For example, were the screens fixed? If so, when and by whom?

Please explain manager on duty sheets, what it contains, what is the frequency, who is responsible?

Please add a step to re-educate all staff regarding the requirement that floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards, including responsible person and completion date.

Plan of Correction**Accept** () - 03/31/2023)

Manager on Duty sheets modified by () EOO to add short description of public areas. Modified sheet is

92 - Windows (continued)

being used starting 3/11/2023.

started the project of inspecting all window screens and having any in disrepair re-screened started this process on 3-15-2023 and has continued as weather has permitted, to be finished with all window screens by 4-20-2023.

SME spoke to disrepair, cleanliness and hazards in Quarterly meeting on 3-14-2023

Licensee's Proposed Overall Completion Date: 03/30/2023

Evidence of Completion

Implemented - 09/07/2023)

See attached.

101j7 - Lighting/Operable Lamp

5. 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

At 10:10 a.m., resident #2 did not have access to a source of light that could be turned on/off at bedside.

Plan of Correction

Do Not Accept - 03/30/2023)

All rooms have bedside table lamps. This is part of our moving check list. Team will be educated by Safety and Maintenance Engineer at Quarterly meeting on 3/14/2023. will upload copy of check sheet and sign in sheet from the Quarterly meeting by 3/17/2023

Licensee's Proposed Overall Completion Date: 03/17/2023

Update: 03/30/2023

Please add an step indicating the immediate action taken. For example, was a bedside lamp provided to resident #2? If so, when and by whom?

Who is responsible for the moving check list, when was it implemented and at what frequency?

If moving check list is not used daily, please add a daily monitoring step to ensure each resident has an operable lamp or other source of lighting that can be turned on at bedside, including responsible party and implementation date.

Please explain manager on duty sheets, what it contains, what is the frequency, who is responsible?

Please add a step to re-educate all staff regarding the requirement that floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards, including responsible person and completion date.

101j7 - Lighting/Operable Lamp (continued)

Plan of Correction

Accept (█ - 03/31/2023)

All rooms have bedside table lamps. This is part of our moving check list. Team will be educated by █ Safety and Maintenance Engineer at Quarterly meeting on 3/14/2023. █ will upload copy of check sheet and sign in sheet from the Quarterly meeting by 3/17/2023. █ Administrative Service Director brought a bedside lamp to resident #2 room on 2-14-2023 and assured it was in working order. Need for bedside lighting discussed by █ at Quarterly meeting on 3-14-2023. █ Executive Operations Officer is responsible for assigning the MOD schedule and collecting the MOD sheets every Monday morning and the next work day following a holiday. The MOD sheets are kept in a binder in the Executive Operations Officers office in a binder.

To ensure compliance, █ EOO added some descriptive terms to the MOD sheet that includes but is not limited to public areas hand rails, window screens, furniture, rugs walls. █ EOO modified MOD sheet to include this on 2-16-2023 and it was put into use on 2-18-2023. Lamp checks are also on the check list for house keepers and these are reviewed weekly by █, check lists in place on 3-15-2023.

Licensee's Proposed Overall Completion Date: 03/30/2023

Evidence of Completion

Not Implemented (█ - 09/07/2023)

See attached.

132a - Monthly Fire Drill

6. 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 months of November 2022 and December 2022.

Plan of Correction

Do Not Accept (█ - 03/30/2023)

Fire drills have been added to the Tels system to ensure they are being done by █ on a monthly basis. Attached is a copy of the Tels page with the monthly fire drill task and the most recent report card from Tels showing it has nothing over due from last month.

Licensee's Proposed Overall Completion Date: 03/08/2023

Update: 03/30/2023

Attachments are not part of the plan of correction. Rather, they are used to verify the steps in your plan of correction are implemented. Please include in your plan of correction, any verbiage from attachments that you consider relevant to your plan of correction.

Please add an education step, including educating all staff regarding the requirement that an unannounced fire drill shall be held at least once a month, including responsible party and completion date.

Please add a monitoring step, including a designated person who will review fire drill records every two weeks to ensure an unannounced fire drill is held monthly, including implementation date.

132a - Monthly Fire Drill (continued)

Plan of Correction**Accept** [REDACTED] - 03/31/2023)

Fire drills have been added to the Tels system to ensure they are being done by [REDACTED] Safety and Maintenance Engineer on a monthly basis. Attached is a copy of the Tels page with the monthly fire drill task and the most recent report card from Tels showing it has nothing over due from last month. [REDACTED] spoke to unannounced fire drills in depth at Quarterly meeting on 3-14-2023. [REDACTED] is utilizing the check list on the Tels system to ensure fire drills are being held monthly.

Licensee's Proposed Overall Completion Date: 03/30/2023

Evidence of Completion**Implemented** [REDACTED] - 04/24/2023)

See attached.

132c - Fire Drill Records

7. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drill conducted on 8/1/22 did not include the exit route used.

Plan of Correction**Do Not Accept** [REDACTED] 03/30/2023)

[REDACTED] EOO reminded [REDACTED] that each section of the form Adult Residential Licensing - Personal Care Home Fire Drill Record - 55Pa.Code 2600.132c

Licensee's Proposed Overall Completion Date: 03/08/2023

Update: 03/30/2023

Please add a step to indicate the immediate action taken. For example, was the fire drill record updated to indicate the exit used? If yes, by whom and what date?

Please add an auditing step, to include auditing fire drill records after each fire drill to ensure date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative. Please indicate the responsible party and implementation date.

Plan of Correction**Accept** [REDACTED] - 03/31/2023)

[REDACTED] EOO reminded [REDACTED] that each section of the form Adult Residential Licensing - Personal Care Home Fire Drill Record - 55Pa.Code 2600.132c

Fire Drill Log was updated by [REDACTED] Safety and Maintenance Engineer on 2-14-2023.

[REDACTED] Safety and Maintenance Engineer is responsible to ensuring that fire drill record is filled out in its entirety immediately after each fire drill. Executive Operations Officer will check fire drill log monthly to ensure all information required is reported on fire drill log, all of the above implemented on 2-16-2023

Licensee's Proposed Overall Completion Date: 03/30/2023

Evidence of Completion**Not Implemented** [REDACTED] - 09/07/2023)

See attached.

141a - Medical Evaluation

8. 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.

Description of Violation

Resident #3 did not have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department.

Plan of Correction**Do Not Accept** [REDACTED] - 03/30/2023)

Residents DME was found miss filed by [REDACTED] Resident Wellness Direction. The found DME did have [REDACTED] EOO initials on it per our POC from annual visit.

Licensee's Proposed Overall Completion Date: 03/08/2023

Update: 03/30/2023

Please indicate the date the miss filed DME was found.

Was the miss filed DME filed in resident #3's record? If so, when and by whom?

Please add an education step to include educating all staff involved in the DME process regarding the requirement that 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. Please include the responsible party and completion date.

Please add an auditing step, to include by 4/30/23 and monthly thereafter, the administrator or designated staff person shall audit all resident records to ensue an initial medical evaluation is completed within 60 days prior or within 30 days after admission. The audit shall also include ensuring all required information is accurate and complete. Missing or incomplete medical evaluations shall immediately be returned to the physician for completion or new medical evaluations shall be scheduled.

Plan of Correction**Accept** [REDACTED] - 03/31/2023)

Residents DME was found miss filed by [REDACTED] Resident Wellness Direction on 2-22-2023. [REDACTED] vis RWD filed DME into resident #3 chart on 2-22-2023. The found DME did have [REDACTED] EOO initials on it per our POC from annual visit. [REDACTED] RWD audits weekly all Residents to ensure that they have accurate and timely DME's on file. The process of auditing DME's for timeliness and accuracy is already in place and is monitored weekly through our Move N system as well as all new resident DME's are initialed by [REDACTED] Executive Operations Officer prior to admission this has been in place since 2022. This was a simple mistake due to being filed incorrectly.

Licensee's Proposed Overall Completion Date: 03/30/2023

Evidence of Completion**Implemented** [REDACTED] - 09/07/2023)

See attached.