

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

July 5, 2023

[REDACTED]
SARAH A REED RETIREMENT CENTER
227 WEST 22ND STREET
ERIE, PA, 16502

RE: SARAH REED SENIOR LIVING
227 WEST 22ND STREET
ERIE, PA, 16502
LICENSE/COC#: 44761

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/18/2023, 04/19/2023 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: SARAH REED SENIOR LIVING License #: 44761 License Expiration: 06/16/2023
 Address: 227 WEST 22ND STREET, ERIE, PA 16502
 County: ERIE Region: WESTERN

Administrator

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

Legal Entity

Name: SARAH A REED RETIREMENT CENTER
 Address: 227 WEST 22ND STREET, ERIE, PA, 16502
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C 2 LP Date: 10/11/1994 Issued By: Dept. of Labor & Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 75 Waking Staff: 56

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 04/19/2023

Inspection Dates and Department Representative

04/18/2023 On Site [REDACTED]
 04/19/2023 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 100 Residents Served: 56

Secured Dementia Care Unit
 In Home: Yes Area: Zurn Pavilion Capacity: 25 Residents Served: 19

Hospice
 Current Residents: 0

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 56
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 19 Have Physical Disability: 1

Inspections / Reviews

04/18/2023 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/14/2023

05/24/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 05/18/2023
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 06/05/2023

Inspections / Reviews *(continued)*

06/24/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/04/2023

Reviewer: [REDACTED]

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

07/05/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/03/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

54a - Direct Care Staff

1. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry on file at the home.

Plan of Correction

Accept () - 06/24/2023)

High School Diploma for Direct Care Staff Person A was located in personnel file on 5/4/2023. See Attachment. When the direct care worker arrives for new hire orientation on Day 1, the Human Resources Assistant will obtain a copy of the high school diploma and upload into the employee's electronic personnel file. Personal Care Home Administrator will verify that the high school diploma has been uploaded before Day 2 orientation is scheduled. New direct care worker will not continue with day 2 of orientation until Personal Care Home Administrator has confirmed the diploma has been received. This will be done with each new hire for the next year.

Licensee's Proposed Overall Completion Date: 06/04/2024

Implemented () - 07/05/2023)

65d - Initial Direct Care Training

2. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

- 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person B, hired on /23, began providing unsupervised ADL services /23. However, staff person B does not have a record of completion and passing of the Department approved direct care training course and pass the competency test on file with the home.

Plan of Correction

Accept () - 06/24/2023)

Staff Person B was hired on /2023. completed the direct care competency course on /2023. Personal Care Home Administrator assist with log in procedures and the 6 HR course was completed that same day. However, the certificate was not printed from the Temple University web site. Staff person B was scheduled for shifts and then was removed from the schedule for a medical leave. This employee is still on a medical leave of absence. This employee does not remember the username or password to obtain the certificate. We continue to work with Temple University to find account and reset the log in information. The certificate will be sent as an update to this POC as soon as it can be obtained.

Beginning with the next new hire orientation class, Personal Care Home Administrator will ensure that completed certificate is printed on the same day the course is completed. The certificate will, then, be uploaded to PAYCOR, which is the staff payroll system. PCHA will ensure the direct care competency certificate, high school diploma are

65d - Initial Direct Care Training (continued)

uploaded here before staff person is scheduled for his/her first shift.

When Staff Person B is ready to return from medical leave, Personal Care Home Administrator will meet with Staff Person B to obtain completed certificate and PCHA will upload into electronic personnel file. For future new hires, Personal Care Home Administrator will obtain completed certificate of competency from new employee on Day 3 of orientation. PCHA will allow for another day of orientation, if, for scheduling reasons, the new employee is not able to complete certificate in one day. When course is completed and certificate is obtained, new employee will be placed on the schedule. This will be done with each new staff person for the next year.

Licensee's Proposed Overall Completion Date: 06/04/2024

Implemented () - 07/05/2023)

92 Windows

3. 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

On 4/18/23, there was no screen in the left side window in bedroom ()

Plan of Correction

Accept () 06/24/2023)

Upon notification of the missing screen in Bedroom () the Maintenance staff was immediately notified and the screen was installed. The apartment had recently been renovated before the resident moved in, and the contactors forgot to install the second screen. The housekeeping staff has been tasked with monitoring their apartments, monthly, for screens that are in disrepair, or need to to have windows with secured screens. All housekeepers were nformed of this addition to their monthly monitoring tool, and signed an acknowledgement. Monthly report will be given to Personal Care Home Administrator who will initiate appropriate communication with Maintenance Staff to complete repair (s). See Attachments B though F.

The screen was installed on 4/18/23-as soon as it was brought to our attention that it was missing.

The housekeeping staff began to monitor their apartments on 5/12/2023, and they were informed that this was added to their monthly checklists when each signed their acknowledgement of such that was attached- 5/7/23 or 5/9/2023. They were informed by the Housekeeping Supervisor () on the date they signed their specific acknowledgement. These sheets are turned into the Personal Care Home Administrator at the end of each month for review and if any problem areas are indicated, the PCHA will create a work order for Maintenance to complete the repair. This monitoring tool will continue for the next year.

Licensee's Proposed Overall Completion Date: 06/04/2024

Implemented () - 07/05/2023)

95 - Furniture and Equipment

4. Requirements

2600.

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

Description of Violation

On 4/18/23, the 4 bulb floor lamp in bedroom () was in disrepair. A bulb was unattached from the base and was hanging down, exposing the interior wires.

95 - Furniture and Equipment (continued)

Plan of Correction

Accept (SQ - 06/24/2023)

Upon notification that the lamp in Bedroom [REDACTED] was in disrepair, the Personal Care Home Administrator removed the lamp from the apartment and disposed of it. Personal Care Home Administrator found another lamp in the facility and placed it in resident's apartment.

Maintenance Supervisor has created a monitoring tool for each maintenance person to follow for their designated apartments. Please see attachments G- K and the corresponding pages.

The lamp was removed from the apartment on 4/18/23 and a new lamp was provided to the resident on that same day. The Maintenance Supervisor created this monitoring tool on 5/5/23 and informed his staff on 5/6/2023. There are 4 maintenance staff members who have apartment responsibilities and the completed tool will be given to the Personal Care Home Administrator by the 5th of each new month to so that she can review the status of apartments for the month prior. This tool will be completed monthly for the next year.

Licensee's Proposed Overall Completion Date: 06/04/2024

Implemented ([REDACTED] - 07/05/2023)

102d - Grab/Hand/Assist Bar/Slip-Resistant Surface

5. Requirements

2600.

102.d. Toilet and bath areas must have grab bars, hand rails or assist bars. Bathtubs and showers must have slip-resistant surfaces.

Description of Violation

On 4/18/23, the over the commode style grab bars in bedroom [REDACTED] were not secured tightly to the commode and moved approximately 2 inches on each side when grabbed.

Plan of Correction

Accept ([REDACTED] - 06/24/2023)

Upon notification of the loose grab bar in bedroom/bathroom [REDACTED] the Maintenance Supervisor was immediately contacted and the grab bar over the commode was more securely tightened. Maintenance Supervisor has created a monitoring tool for each maintenance person to follow for their designated apartments. The timelines are included. Please see attachments G-K and their corresponding pages.

The grab bar was immediately fixed on 4/18/23. The Maintenance Supervisor created his monitoring tool on 5/5/2023 and informed his staff on 5/6/2023. There are 4 maintenance staff members who each have a section of apartments to check. The completed checklist will be given to the Personal Care Home Administrator by the 5th of every month and the the checklist will indicate what, if any, repairs were made in an apartment. This process will be completed monthly and will continue through the end of May 2024

Licensee's Proposed Overall Completion Date: 06/05/2024

Implemented ([REDACTED] - 07/05/2023)

103f - Refrigerator/Freezer Temps

6. 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.

103f - Refrigerator/Freezer Temps (continued)

Description of Violation

On 4/18/23 at 11:35am the temperature in the Secure Dementia Care Unit's kitchenette freezer was 26 degrees Fahrenheit and on 4/19/23 at 2:45pm it was 15 degrees Fahrenheit.

Plan of Correction

Accept () - 06/24/2023)

The thermometer was immediately replaced when we were notified the freezer temperature was out of normal range. The freezer read -1 degree the following morning at 8:30 AM. The attached monitoring tool will be used by 3rd shift and part of their nightly tasks. See Attachment P. Personal Care Home Administrator, or designee, will review results daily to ensure appropriate action was taken if temperature is out or normal range.

The thermometer was replaced on April 18, 2023. Nightly checks of freezer temperatures began 5/5/23 and the completed sheets recording the freezer temperature are turned into the Personal Care Home Administrator at the end of each month. This will be ongoing.

Licensee's Proposed Overall Completion Date: 06/30/2024

Implemented () - 07/05/2023)

103g - Storing Food

7. Requirements

2600.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

On 4/18/23 at 10:40am there was an opened and unsealed bag of frozen pancakes and an opened and unsealed bag of frozen churros in the home's main kitchen walk-in freezer.

Plan of Correction

Accept () - 06/24/2023)

Upon notification of the opened and unsealed bag of pancakes and frozen churros, the bags were immediately thrown away. Food Service Director created a monitoring tool for coolers, freezers and dry goods storage areas. Please see attachment L through O.

The food was thrown away on 4/18/23 at 10:45 AM. The monitoring tool was created on 5/15/23. The daily cook is responsible for checking the coolers/freezers and completing the checklist. The Food Service Director, or designee, will review the checklist daily and will continue for the next year.

Licensee's Proposed Overall Completion Date: 06/30/2024

Implemented () - 07/05/2023)

103i - Outdated Food

8. Requirements

2600.
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

On 4/18/23 at 10:40am there was an undated, opened and unsealed bag of frozen pancakes and an undated, opened and unsealed bag of frozen churros in the home's main kitchen walk-in freezer.

103i - Outdated Food (continued)

Plan of Correction

Accept () - 06/24/2023)

Upon notification of the undated opened bag of pancakes and churros, the food was immediately thrown away. The Food Service Director created a monitoring tool for coolers, freezers and dry goods storage area. Please see attachment L through O.

The food was thrown away on 4/18/23 at 10:20 AM. The daily cook will complete the checklist for the coolers and freezers and the Food Service Director, or designee, will review the completed checklists daily and initiate corrective action with staff if food is being thrown away on a consistent basis. This process will continue for the next year.

Licensee's Proposed Overall Completion Date: 06/05/2024

Implemented () - 07/05/2023)

184a - Resident's Meds Labeled

9. 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 #1 is prescribed () inject subcutaneously 3 times per day with meals on a sliding scale as follows: 0-125 = 0, 126-175 = give 2 units, 176-999 = give 4 units. However, the pharmacy label for resident #1's Novolog did not indicate the sliding scale.

Plan of Correction

Accept () - 06/24/2023)

Upon notification of missing label, Personal Care Home Administrator immediately printed the corresponding order for the Novolog for Resident #1, placed the order in a ZipLock bag, placed the pen inside the bag, the bag was, then labeled with the resident's name, and the bag was placed inside the refrigerator. The Surveyor witnessed and approved the action. Each night on 3rd shift, the Med Tech will select 3 residents and their medication supplies will be audited. The Med Tech or LPN on 3rd shift will 1. verify that all medications are present 2. verify that medications with a week's supply remaining are/have been ordered, 3. verify that all labels on medications match the corresponding physician order. On Fridays, this report will be given to Personal Care Home Administrator to review and assist with any potential issues with prescription refills or labels.

Third shift began the audits on 5/19/2023 and will continue through June 2024

Licensee's Proposed Overall Completion Date: 06/30/2024

Implemented () - 07/05/2023)

227d - Support Plan Medical/Dental

10. 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.

227d - Support Plan Medical/Dental (*continued*)**Description of Violation**

Resident #2 [REDACTED] uses a vibrating pad signaling device placed under [REDACTED] mattress. The resident's support plan dated, [REDACTED]/[REDACTED]/22, does not indicate the use of a signaling device, frequency of review of device or who is responsible for maintaining the device.

Plan of Correction**Accept ([REDACTED] - 06/24/2023)**

RASP update was immediately done on [REDACTED] 23 when it was determined the signaling device was omitted from Resident #2's support plan. See attachment Q. RASP Update Form will be used when there has been a change in condition for resident that affects the assessment and support plan. This Update form will be completed daily by the Resident Services Coordinator after reviewing the 24 HR report. This update form will be utilized for every resident when appropriate until the resident is no longer in Personal Care.

The RASP was updated on 4/18/23 by Personal Care Home Administrator and that date was used as the update - date. The Resident Services Coordinator will make updates to a resident's support plan and/or assessment when the need is indicated on the 24 HR Report from the previous day. This will be done daily and ongoing for the time period that the resident remains on personal care services. The Personal Care Home Administrator also reviews the 24 HR report and will confirm at the end of each day that the RASP updates have been made.

Licensee's Proposed Overall Completion Date: 06/05/2024

Implemented ([REDACTED] - 07/05/2023)