

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

June 16, 2023

[REDACTED]  
ERIE SNF OPERATIONS LLC  
[REDACTED]

RE: NIGHTINGALE LIFE CENTER  
607 EAST 26TH STREET  
ERIE, PA, 16504  
LICENSE/COC#: 45274

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/03/2023, 05/04/2023 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: NIGHTINGALE LIFE CENTER License #: 45274 License Expiration: 09/15/2023  
 Address: 607 EAST 26TH STREET, ERIE, PA 16504  
 County: ERIE Region: WESTERN

**Administrator**

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

**Legal Entity**

Name: ERIE SNF OPERATIONS LLC  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: Other	Date: 11/09/1987	Issued By: L&I
Type: C 2 LP	Date: 09/22/1987	Issued By: L&I
Type: C 2 LP	Date: 12/30/1986	Issued By: L&I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 22 Waking Staff: 17

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 05/04/2023

**Inspection Dates and Department Representative**

05/03/2023 On Site [REDACTED]  
 05/04/2023 On Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: 117 Residents Served: 15

**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: 15  
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 7 Have Physical Disability: 0

**Inspections / Reviews**

05/03/2023 - Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/19/2023

Inspections / Reviews (*continued*)

## 05/18/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/14/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 05/25/2023

## 05/23/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/14/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission

Follow-Up Date: 06/17/2023

## 06/16/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/14/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

On 5/3/23 resident #1's resident/home contract, dated [REDACTED]/22, was not signed by the resident.

Plan of Correction

Accept ([REDACTED] - 05/23/2023)

1. After findings on 5/4/23 Personal Care Home Administrator went over contract with resident and contract was signed by resident and PCHA on 5/4/23

2. Check list to complete contract was added to each completed contract and to new contracts. On 5/4/23 all residents contracts are audited by Personal Care Home Administrator. Monthly contract audits will be done by Personal Care Home administrator or Designee.

3. Residents contract audits will be review monthly in QAPI/Risk Management meeting

Licensee's Proposed Overall Completion Date: 05/18/2023

Implemented ([REDACTED] - 06/16/2023)

65f - Training Topics

2. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

Description of Violation

As of 5/3/23 direct care staff A, hired [REDACTED] 21 did not complete the following trainings during the 2022 training year: medication self administration, instruction on meeting the needs of residents (DME and RASP)

As of 5/3/23 direct care staff B, hired [REDACTED] /10 did not complete the following trainings during the 2022 training year: medication self administration, instruction on meeting the needs of residents (DME and RASP)

Plan of Correction

Accept ([REDACTED] - 05/23/2023)

1. Education for medication self administration, instruction on meeting the needs of residents (DME & RASP) given to hire A on [REDACTED] /23 and B on [REDACTED] 23 by Personal Care Home Administrator.

2. Education for medication self administration, instruction on meeting the needs of residents (DME & RASP) was added to Yearly Training Plan on 5/8/23 by Personal Care Home Administrator.

3. Yearly Education will be reviewed monthly on QAPI/Risk Management meetings

Licensee's Proposed Overall Completion Date: 05/18/2023

Implemented ([REDACTED] - 06/16/2023)

66b - Training Plan Content

3. Requirements

2600.

66.b. The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

66b - Training Plan Content (continued)

**Description of Violation**

As of 5/3/23 the home did not have a staff training plan which indicates scheduled dates of annual trainings or when these trainings would be expected to be completed by.

**Plan of Correction**

Accept (█) - 05/23/2023)

1. Training Plan created for May 2023 through December 2023 and for Year 2024 on 5/8/23 by Personal Care Home Administrator.
2. Direct Care Staff educated to follow Training Plan by Personal Care Home Administrator . Education started 5/8 and completed 5/15/23.
3. Training Plan will be reviewed monthly at QAPI/Risk Management meetings.

Licensee's Proposed Overall Completion Date: 05/18/2023

Implemented (█) - 06/16/2023)

81b - Resident Personal Equipment

**4. Requirements**

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

**Description of Violation**

On 5/3/23, the enabler bar attached to resident #1's bed was partially uncovered, the protective covering was torn in a 5" x 7" area in the center of the cover. The cover also did not enclose the entire open are of the enabler bar, exposing an area 2" high between the top of the cover and the top rail support and 8" wide between the two side rail supports, posing a potential entrapment hazard.

**Plan of Correction**

Accept (█) - 05/23/2023)

1. After findings on 5/3/23 enabler was replaced with a new one on 5/3/23 by Maintenance.
2. Direct care staff will check all enablers daily for a month starting 5/4/23, than every week for a month 6/4/23 through 7/2/23, than every 2 weeks for a month(7/3/23 through 7/30/23 , than ones a month( start August 2023). Currently one enabler in use. See attached check list.
3. All assistive devises audits will be reviewed monthly by Personal Care Home Administrator or Designee.

Licensee's Proposed Overall Completion Date: 05/18/2023

Implemented (█) - 06/16/2023)

85a - Sanitary Conditions

**5. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

**Description of Violation**

On 5/3/23, there was a 2.5 inch long smear of feces on the toilet seat in the private bathroom in bedroom █

**Plan of Correction**

Accept (█) - 05/23/2023)

1. Bathroom cleaned immediately on 5/3/23 by Housekeeping staff.
2. Housekeeping and Direct care staff educated by Personal Care Home Administrator. Staff Education started on

85a - Sanitary Conditions (continued)

5/3/23 completed on 5/15/23. Daily duty check list added for housekeeping staff by Housekeeping supervisor on 5/3/23. Resident (2) educated to use call bell pendent for assistance as needed. For easy access (after housekeeping hours) extra cleaning/sweeper supply added for direct care staff to use as needed. See daily complete check list 3. Housekeeping audit will be reviewed weekly by Personal Care Home Administrator or Designee. All Housekeeping grievances will be reviewed monthly at QAPI/Risk Management meeting.

Licensee's Proposed Overall Completion Date: 05/18/2023

Implemented ( ) - 06/16/2023)

88a Surfaces

6. 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

On 5/3/23, there were multiple crumbs and food particles on the floor and ground into the carpet in front of the recliner in bedroom ( )

Plan of Correction

Accept ( ) - 05/23/2023)

- 1. Resident room vacuumed immediately on 5/3/23 by Housekeeping staff.
- 2. Housekeeping and Direct care staff educated. Staff Education started on 5/3/23 completed on 5/15/23. Daily duty check list added for housekeeping staff by Housekeeping supervisor on 5/3/23. . Resident educated to use call bell pendent for assistance as needed on 5/4/23. For easy access (after housekeeping hours) extra cleaning/sweeper supply added for direct care staff to use as needed on 5/4/23. See daily complete check list
- 3. Housekeeping audits will be reviewed weekly by Personal Care Home administrator or Designee. All Housekeeping grievances will be reviewed monthly at QAPI/Risk Management meeting.

Licensee's Proposed Overall Completion Date: 05/18/2023

Implemented ( ) - 06/16/2023)

103g Storing Food

7. Requirements

2600.

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

Description of Violation

On 5/3/23, there were multiple unsealed items in the walk in freezer to include:

- \*one unsealed plastic bag containing frozen chicken breasts
- \*one unsealed plastic bag containing frozen hamburger patties
- \*one unsealed plastic bag containing frozen black bean burger patties
- \*one unsealed plastic bag containing frozen breaded chicken tenders
- \*one unsealed plastic bag containing frozen waffles

On 5/3/23, there was an unsealed plastic bag containing one hot dog, in the walk in cooler.

Plan of Correction

Accept ( ) - 05/23/2023)

- 1. All unsealed items found on 5/3/23 was discarded immediately(5/3/23) by Dietary Manager.

103g - Storing Food (continued)

2.Education to dietary staff who worked from 5/3/23 through 5/17/23 given by Dietary Manager. All other dietary staff (Per diem)will be educated on next first day of work. Daily dietary check list added for dietary staff/ cook on 5/4/23 by Dietary Manager. .

3.All dietary audits will be reviewed monthly at QAPI/ Risk Management meeting

Licensee's Proposed Overall Completion Date: 05/18/2023

Implemented ( ) - 06/16/2023)

132h - Designated Meeting Place

8. Requirements

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

The home's fire alarm sounds through the entire building when activated in either the personal care home or the adjoining skilled nursing facility. Multiple resident and staff interviews indicated that residents do not exit their bedrooms or evacuate to a fire safe area, when the fire alarm sounds during fire drills which originate in the skilled nursing facility.

Plan of Correction

Accept ( ) - 05/23/2023)

1. New Evacuation Plan/Procedure/Education created on 5/5/23 by Personal Care Home Administrator.

2.Education for Fire Drill/Emergency evacuation given to Direct Care Staff starting 5/5/23 completed on 5/17/23 by Personal Care Home Administrator. . Yearly education added to Training Plan on 5/8/23 by Personal Care Home Administrator. See attached education.

3. Fire Drill Log will be audited monthly by Personal Care Home Administrator and reviewed monthly at QAPI/Risk Management meeting.

Licensee's Proposed Overall Completion Date: 05/18/2023

Implemented ( ) - 06/16/2023)

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:

4. The prescribed dosage and instructions for administration.

Description of Violation

Resident #2 is prescribed ( ) - give 8 units for blood glucose between 400 - 500. However, the medication label indicates ( ) Inject 5 units subcutaneously twice at 7:30 a.m. ad 4:30 p.m. a directed for blood glucose 300 or higher.

Plan of Correction

Accept ( ) - 05/23/2023)

1. Physician was notified immediately upon findings and order was corrected immediately on (5/4/23) by Personal Care Home Administrator.

184a - Resident's Meds Labeled (continued)

2. Direct Care Staff education started 5/4/23 and completed on 5/17/23 given by Personal Care Home Administrator. Daily Check list added upon receiving medication from pharmacy to check for matching label needs completed by Nurse/Med Tech on duty. See attached list. First week of Month signed physician orders will be faxed to pharmacy for review by Nurse/Med Tech on duty.

3. Personal Care Home Administrator or Designee will review monthly label match audits. On second week of month Personal Care Home Administrator or Designee will audit physician orders send to pharmacy for review.

Licensee's Proposed Overall Completion Date: 05/18/2023

Implemented ( ) - 06/16/2023)

187a - Medication Record

10. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

- 5. Dosage form.
- 8. Frequency of administration.
- 9. Administration times.

Description of Violation

Resident #2 is prescribed ( ) - give 8 units for blood glucose between 400 - 500. However, the resident's medication administration record indicates ( ) - inject per sliding scale: If 300-400 = 5 units, 401-500 = 8 units, subcutaneously two times a day for 5 units for BG >300

Plan of Correction

Accept ( ) - 05/23/2023)

1. Physician was notified immediately upon findings and order was corrected immediately on (5/4/23) by Personal Care Home Administrator.

2. Direct Care Staff education started 5/4/23 and completed on 5/17/23 given by Personal Care Home Administrator. All orders for each resident will be audited monthly by Nurse/Med Tech on duty. See attached list. First week of Month signed physician orders will be faxed to pharmacy for review by Nurse/Med Tech on duty.

3. Personal Care Home Administrator or Designee will review monthly completed audits. On second week of month Personal Care Home Administrator or Designee will audit physician orders send to pharmacy for review.

Licensee's Proposed Overall Completion Date: 05/18/2023

Implemented ( ) - 06/16/2023)