

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

September 7, 2023

[REDACTED], ADMINISTRATOR
THE PRESBYTERIAN HOMES IN THE PRESBY OF LAKE ERIE
6351 WEST LAKE ROAD
ERIE, PA, 16505

RE: MANCHESTER COMMONS OF
PRESBYTERIAN SENIOR CARE
6351 WEST LAKE ROAD
ERIE, PA, 16505
LICENSE/COC#: 45056

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/14/2023 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: MANCHESTER COMMONS OF PRESBYTERIAN SENIOR CARE License #: 45056 License Expiration: 07/11/2023
Address: 6351 WEST LAKE ROAD, ERIE, PA 16505
County: ERIE Region: WESTERN

Administrator

Name: [Redacted] Email: [Redacted]

Legal Entity

Name: THE PRESBYTERIAN HOMES IN THE PRESBY OF LAKE ERIE
Address: [Redacted]
Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 91 Waking Staff: 68

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Incident Exit Conference Date: 06/14/2023

Inspection Dates and Department Representative

06/14/2023 - On-Site [Redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 80 Residents Served: 65

Secured Dementia Care Unit

In Home: Yes Area: West Capacity: 20 Residents Served: 17

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 65
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 26 Have Physical Disability: 2

Inspections / Reviews

06/14/2023 Partial

Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 07/07/2023

07/05/2023 - POC Submission

Submitted By: [Redacted] Date Submitted: 09/01/2023
Reviewer: [Redacted] Follow-Up Type: Document Submission Follow-Up Date: 09/04/2023

Inspections / Reviews *(continued)*

09/07/2023 Document Submission

Submitted By: [REDACTED]
[REDACTED] [REDACTED]

Date Submitted: 09/01/2023

Follow Up Type: *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted], at approximately [redacted] resident #1 reported to staff member A that an attempted rape/sexual assault had been perpetrated against [redacted]. However, this allegation of abuse was not reported to Adult Protective Services until [redacted], at [redacted]

On [redacted], resident [redacted] reported to staff member [redacted] that [redacted] was the victim of an attempted rape/sexual assault. However, this incident was not reported to Adult Protective services.

Plan of Correction

Accept [redacted] - 07/05/2023)

Beginning June 14th, 2023, the PCHA or designee will contact APS immediately if an allegation of abuse is reported to a team member. On June 30th, 2023, PCHA sent an email to nursing team about the steps of reporting abuse and actions that are required. By July 30th, 2023 nursing team members will be educated on reporting abuse immediately if witnessed or suspected. Team members will be also be educated on what steps to take once APS is notified. All information will be reviewed at the nursing. risk management meeting by August 4th, 2023

Licensee's Proposed Overall Completion Date: 08/04/2023

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

15d - Resident Abuse-Notification

2. Requirements

2600.

15.d. The home shall immediately notify the resident and the resident's designated person of a report of suspected abuse or neglect involving the resident.

Description of Violation

On [redacted], the home became aware of an incident of suspected abuse involving resident #2. However, the home did not notify the resident's designated person.

On [redacted], the home became aware of an incident of suspected abuse involving resident #2. However, the home did not notify the resident's designated person.

Plan of Correction

Accept [redacted] - 07/05/2023)

On [redacted], PCHA and Assistant PCHA notified the emergency contact of resident #2 regarding the incident that was reported for [redacted]. Beginning June 26th, 2023, PCHA or designee will conduct audits on any allegations of abuse or neglect to ensure residents designated person is notified of the incident. Beginning August 4th, 2023, if deficiency free, the audits will then be completed monthly for one quarter. By August 4th, 2023 nursing team members will be educated on reporting abuse to emergency contacts of any resident who was involved in the abuse. Education and audits will be reviewed at the nursing. risk management meeting by August 4th, 2023

Licensee's Proposed Overall Completion Date: 08/04/2023

15d Resident Abuse Notification (*continued*)

Implemented () - 09/07/2023)

16c Written Incident Report

3. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On (), resident #1 reported to staff member B that () was the victim of an attempted rape/sexual assault. However, this incident was not reported to The Department.

Plan of Correction

Accept () - 07/05/2023)

Beginning June 14th, 2023 PCHA or designee will complete an incident report and send to the Department when abuse is reported within 24 hours of the incident. Beginning June 26th, 2023, PCHA will conduct audits once a week for four consecutive weeks until deficiency free to ensure any report of abuse is reported to the department within 24hrs. Beginning August 4th, 2023, if deficiency free, the audits will then be completed monthly for one quarter. By August 4th,, 2023 nursing team members will be educated on reporting abuse immediately to the PCHA or Assistant PCHA. Education and audits will be reviewed at the nursing/ risk management meeting by August 4th, 2023

Licensee's Proposed Overall Completion Date: 08/04/2023

Implemented () - 09/07/2023)

227d Support Plan Medical/Dental

4. 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.

Description of Violation

The assessment for resident () dated (), indicates the resident has a need regarding agitation. The resident's support plan, dated (), does not document how this need will be met.

The assessment for resident () dated (), indicates the resident has no need regarding confusion. However, multiple staff members indicate that on multiple occasions resident () has displayed confusion and lack of judgement by entering the rooms of fellow residents multiple times.

Plan of Correction

Accept () - 07/05/2023)

On () the assessment for resident #1 was updated to reflect how the need for agitation and confusion will be met by the staff. Beginning July 5th,202, PCHA or designee will conduct audits on 2 resident charts once a week for four consecutive weeks until deficiency free to ensure the resident's assessment accurately reflects how needs will be met. Beginning August 4th, 2023, if deficiency free, the audits will then be completed monthly for one quarter.

By August 4th,, 2023 nursing team members will be educated on alerting PCHA or Assistant PCHA if an assessment does not reflect what the plan is on how to met the needs of the resident or if the information on the assessment is

227d Support Plan Medical/Dental (continued)

not accurate. . Education and audits will be reviewed at the nursing/ risk management meeting by August 4th, 2023

Licensee's Proposed Overall Completion Date: 08/04/2023

Implemented [REDACTED] - 09/07/2023)

227g -Support Plan Signatures

5. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #1 participated in the development of her support plan on [REDACTED]. However, the resident did not sign the support plan.

Resident #2 participated in the development of his support plan on [REDACTED]. However, the resident did not sign the support plan.

Plan of Correction

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

Between the dates of July 5th and July7th, resident #1 and #2 support plan will be presented to each resident and signed to meet the requirement.

Beginning July 5th 2023, the PC Admin or designee, will audit 2 support plans weekly for four consecutive weeks until deficiency free to ensure there is a signature. Beginning August 4th, 2023, the audits will then be completed monthly for one quarter. By August 4th, 2023, the PC Admin will review the audits at the next nursing /risk management meeting

Licensee's Proposed Overall Completion Date: 08/04/2023

Implemented [REDACTED] 09/07/2023)