

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

July 17, 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 04/11/2023, 04/12/2023 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

Inspections / Reviews (*continued*)

04/27/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/14/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 05/04/2023

05/08/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/14/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission

Follow-Up Date: 07/15/2023

07/17/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/14/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

3c - Post Current License

1. Requirements

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 4/11/23, at 11:29 a.m., the home's License Inspection Summaries dated 7/22/22, 11/28/22, and 1/11/23, were not posted in a conspicuous and public place in the home.

Plan of Correction

Accept (█) - 05/08/2023)

On 4/11/2023, the PC Admin immediately posted the surveys in a conspicuous and public place in the home. Beginning May 1st, 2023 administrator or designee will begin to perform audits once a week for four weeks consecutively until deficiency free to ensure the LIS is posted. On May 29th, 2023, audits will decrease to monthly for one quarter. . By June 15th, 2023, the PC Admin will review the audits at the next nursing / risk management meeting.

Licensee's Proposed Overall Completion Date: 06/15/2023

Implemented (█) - 07/17/2023)

88a - Surfaces

2. 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 4/12/23, at 2:00 p.m., resident #1's apartment was found to be cluttered and not free from hazards. Boxes were piled up covering the floors in his apartment. Boxes were stacked 4-5 feet high.

Plan of Correction

Accept (█) - 05/08/2023)

On April 20th, 2023, the PC Admin provided education to resident regarding the clutter and hazards in the room and informed resident that resident #1 should begin to make progress on removing the clutter and boxes by April 26th, 2023. On April 26, 2023, resident #1 room is now clean, in good repair and free from hazards. Beginning May 1st, 2023 administrator or designee will begin to perform audits once a week for four weeks consecutively until deficiency free to ensure physical site is free of clutter and hazards. On May 29th, 2023, audits will decrease to monthly for one quarter. . By June 15th, 2023, the PC Admin will review the audits at the next nursing / risk management meeting.

Licensee's Proposed Overall Completion Date: 06/15/2023

Implemented (█) - 07/17/2023)

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 4/11/23, there were unscreened operational windows found throughout the home, to include resident room #s 118, 120, 122, 124 and 159.

92 - Windows (continued)

Plan of Correction

Accepted [redacted] - 05/08/2023)

From 4/11/2023 to 4/13/2023, the maintenance team placed screens to each of the resident's rooms. Beginning May 1st, 2023, the maintenance director will complete an audit once a week on the windows to ensure a screen is in place, this audit will be completed for four weeks consecutively until deficiency free, On May 29th, 2023, if all screens are in place, this audit will be completed monthly for one quarter.. By June 15th, 2023, the PC Admin will review the audits at the next nursing / risk management meeting.

Licensee's Proposed Overall Completion Date: 06/15/2023

Implemented [redacted] - 07/17/2023)

96a - First Aid Kit

4. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

On 4/12/23, at 1:45 p.m., the First Aid Kit located on the crash cart on Wood Side Place did not include gauze.

Plan of Correction

Accepted [redacted] - 05/08/2023)

On 4/12/2023, the gauze that was on the crash cart next to the first aid kit was placed in the first aid kit. Beginning May 1st, 2023, the PC Admin or designee will complete audits to ensure that the gauze remains in the kit, the audit will be completed once a week for four weeks consecutively until deficiency free. Beginning May 29th, 2023, at this point, the audit will be completed monthly for one quarter.. By June 15th, 2023, the PC Admin will review the audits at the next nursing / risk management meeting.

Licensee's Proposed Overall Completion Date: 06/15/2023

Implemented [redacted] - 07/17/2023)

141a 1-10 Medical Evaluation Information

5. Requirements

2600.

141a 1-10 Medical Evaluation Information (continued)

- 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 #2's Documented Medical Evaluation completed on [REDACTED], did not include a Height, Weight, Temperature, Pulse rate, Blood Pressure, Health Status and Cognitive Functioning assessment. On [REDACTED] the fields were observed to be blank.

Resident #3's Documented Medical Evaluation completed on [REDACTED] did not include a Temperature assessment. On [REDACTED] the field was found to be blank.

Resident #4's Documented Medical Evaluation completed on [REDACTED], did not include a Height, Weight, Pulse rate, Blood Pressure, Health status, Cognitive Functioning assessments, and the Medical Professional License Number. On [REDACTED] the fields were found to be blank.

Plan of Correction

Accept [REDACTED] - 05/08/2023)

Between the dates of 4/12/2023 to 4/20/2023, the residents documented medical evaluations were corrected by the physicians for each the residents. Beginning May 1st,2023, any new resident admitting to Personal Care will have a through audit completed once their DME is finalized by the provider, this audit will be performed by the PC Admin or RSC.. Beginning May 1st, 2023, the PC Admin or designee , will audit 5 DME’s weekly for four consecutive weeks to ensure medical information is present on DME. Beginning May 29th, 2023, audits will then be conducted monthly for one quarter. . By June 15th, 2023, the PC Admin will review the audits at the next nursing / risk management meeting.

Licensee's Proposed Overall Completion Date: 06/15/2023

Implemented [REDACTED] - 07/17/2023)

227b - Support Plan Content

6. Requirements

2600.

227.b. A home may use its own support plan form if it includes the same information as the Department’s support plan form.

Description of Violation

Resident #6's support plan dated [REDACTED] did not indicate the use of a bed side enabler. However, on [REDACTED], a bed side enabler was observed at resident #2's bedside.

227b - Support Plan Content (continued)

Resident #3's support plan dated [REDACTED], did not indicate the use of a bed side enabler. However, on [REDACTED], a bed side enabler was observed at the resident #3's bedside.

Resident #5's support plan dated [REDACTED] did not indicate the use of a bed side enabler. However, on [REDACTED], a bed side enabler was observed at resident #5's bedside.

Plan of Correction

Accept ([REDACTED] 05/08/2023)

Between the dates of 4/11/2023 to 4/20/2023, the residents support plan was corrected to reflect that a bedside enabler is on each of the resident's bedside. Beginning April 20th,2023, any resident who uses a bedside enabler will have it reflected on the resident's support plan. Beginning May 1st, 2023, the PC Admin or designee, will audit 5 support plans weekly for four consecutive weeks until deficiency free. Beginning May 29th, 2023, the audits will then be completely monthly for one quarter. By June 15th, 2023, the PC Admin will review the audits at the next nursing risk management meeting

Licensee's Proposed Overall Completion Date: 06/15/2023

Implemented [REDACTED] - 07/17/2023)

227g -Support Plan Signatures

7. 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 #2 participated in the development of their support plan on [REDACTED]. However, as of [REDACTED] the resident had not signed the plan.

Resident #4 participated in the development of their support plan [REDACTED]. However, as of [REDACTED] the resident had not signed the plan.

Resident #5 participated in the development of their support plan on [REDACTED]. However, as of [REDACTED] the resident had not signed the plan.

Resident #6 participated in the development of their support plan on [REDACTED]. However, as of [REDACTED] the resident had not signed the plan.

Plan of Correction

Accept ([REDACTED] 05/08/2023)

Between the dates of 4/11/2023 to 4/20/2023, the residents support plan was presented to each resident and signed to meet the requirement. Beginning May 1st, 2023, all residents support plan will be signed and dated by the resident at the time of development of the support plan. Beginning May 1st, 2023, the PC Admin or designee, will audit 5

227g -Support Plan Signatures (continued)

support plans weekly for four consecutive weeks until deficiency free. Beginning May 29th, 2023, the audits will then be completely monthly for one quarter. By June 15th, 2023, the PC Admin will review the audits at the next nursing / risk management meeting.

Licensee's Proposed Overall Completion Date: 06/15/2023

Implemented [REDACTED] - 07/17/2023)