

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

January 16, 2024

[REDACTED]
MILLCREEK MANOR
[REDACTED]
[REDACTED]

RE: LECOM PARKSIDE AT GLENWOOD
41 WEST GORE ROAD
ERIE, PA, 16509
LICENSE/COC#: 45384

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/07/2023 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: *LECOM PARKSIDE AT GLENWOOD* License #: *45384* License Expiration: *11/24/2023*
 Address: *41 WEST GORE ROAD, ERIE, PA 16509*
 County: *ERIE* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *MILLCREEK MANOR*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *09/19/2002* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *76* Waking Staff: *57*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Provisional* Exit Conference Date: *09/07/2023*

Inspection Dates and Department Representative

09/07/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *144* Residents Served: *56*

Secured Dementia Care Unit

In Home: *Yes* Area: *2nd floor/Memory* Capacity: *16* Residents Served: *15*

Hospice

Current Residents: [REDACTED]

Number of Residents Who:

Receive Supplemental Security Income: [REDACTED] Are 60 Years of Age or Older: *56*

Diagnosed with Mental Illness: *11* Diagnosed with Intellectual Disability: [REDACTED]

Have Mobility Need: *20* Have Physical Disability: *0*

Inspections / Reviews

09/07/2023 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/30/2023*

10/02/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: *11/10/2023*

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/04/2023*

Inspections / Reviews *(continued)*

10/17/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/10/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 10/30/2023

01/16/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/10/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

5a1 - DHS Access

1. Requirements

2600.

5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

1. Agents of the Department.

Description of Violation

On [REDACTED], at approximately [REDACTED], an agent of the Department requested access to several staff records, including the records for staff persons A and B. On [REDACTED] at [REDACTED], the records for staff persons A and B were still not provided.

Plan of Correction

Accept [REDACTED] - 10/10/2023)

After all new staff complete onboarding human resources staff will email over the new employees high school diploma/GED, background check, and direct care worker certificate to administrator. Orientation to the building will be completed and placed in employee file in the business office.

Administrator or designee will keep a log of new employees and will notify HR of any missing documents prior to their starting to provide care.

Please see the attached documentation for staff person A and B

All corrected steps were started on 9/30/23

Licensee's Proposed Overall Completion Date: 10/05/2023

Implemented [REDACTED] - 01/09/2024)

18 - Compliance With Laws

2. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

Act 56 of 2007 requires that "no person, organization, or program shall use the term 'assisted living' in any name or written material" unless the person, organization, or program is an assisted living residence licensed in accordance with 55 Pa. Code Chapter 2800 (relating to assisted living residences). Resident [REDACTED] August 2023 monthly statement indicated as a part of the statement heading "Parkside Assisted Living". Lecom Parkside at Glenwood is not licensed as an assisted living facility.

The Influenza Awareness Act, effective July 2016, states that "Each facility shall ensure that the required influenza information is posted in a public place in the facility year-round." However, on [REDACTED], the home did not have a copy of the required influenza awareness poster posted in a public place.

Plan of Correction

Directed [REDACTED] - 10/10/2023)

The wording of "assisted living" was removed from resident statements prior to inspectors leaving facility. Please

18 - Compliance With Laws (continued)

see attached document.

A information flu poster was placed in the front lobby prior to inspectors leaving the building. Please see the attached poster

Administrator or designee will check monthly to ensure the statements no longer state Assisted living. A log shall be kept in the administrator's office.

By [redacted] and at least monthly thereafter: The administrator or designee will check the home to ensure the required influenza awareness poster is posted in a conspicuous and public place in the home.

Directed Completion Date: 10/30/2023

Implemented [redacted] - 01/09/2024)

25a - Written Contract and Review

3. Requirements

2600.

25.a. Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

Description of Violation

Resident [redacted] admitted [redacted] and resident [redacted], admitted [redacted], did not have a resident-home contract completed with the new legal entity upon the change of legal entity on [redacted].

Plan of Correction

Accepted [redacted] - 10/11/2023)

All residents who admitted to Independence Court will sign new contracts under the new legal entity. See attached contracts for resident [redacted] and [redacted]

Effective [redacted] administrator and administrative assistant will check each contract on admission to ensure the contract is signed under the new legal entity. Admission paperwork (contract) can only be signed by administrator or an acting administrator if the building administrator is unavailable.

Licensee's Proposed Overall Completion Date: 10/05/2023

Implemented [redacted] - 01/09/2024)

51 - Criminal Background Check

4. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person A, hired [redacted] did not have a Pennsylvania State Police criminal background check completed.

Plan of Correction

Directed [redacted] - 10/17/2023)

Staff person A did have a background check done, but was not provided to the inspectors on day of inspection. See attached.

51 - Criminal Background Check (continued)

Effective [REDACTED] HR emails administrator or designee that a new employee is ready to be scheduled. The administrator or designee then emails HR asking for all DHS required documents to be sent to building. All DHS required hiring documents are then kept in a file in the business office.

DIRECTED PLAN:

By 10/30/23: The administrator or designee shall review staff records to ensure all staff persons have a criminal history check completed and available for Department review in accordance with the Older Adult Protective Services Act.

Proposed Overall Completion Date: 10/05/2023

Directed Completion Date: 10/30/2023

Implemented [REDACTED] - 01/09/2024)

54a - Direct Care Staff**5. 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 persons A and B do not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Directed [REDACTED] - 10/16/2023)

After all new staff complete on boarding human resources staff will email over the new employees high school diploma/GED, background check, and direct care worker certificate to administrator. See attached documents for staff person A and B. Administrator or designee will review documents provided to the building and keep them in a file in the business office.

Proposed Overall Completion Date: 10/05/2023

DIRECTED PLAN:

By 10/30/23: The administrator or designee shall review staffing records to ensure each direct care staff person has documentation of a high school diploma, a GED or active registry status on the Pa Nurse Aide Registry.

Documentation of the review shall be kept.

The home provided a GED diploma for staff person A. Staff person B was terminated on [REDACTED].

Directed Completion Date: 10/30/2023

Implemented [REDACTED] 01/09/2024)

65a - FS Orientation 1st Day**6. Requirements**

2600.

65a - FS Orientation 1st Day (continued)

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

Description of Violation

Staff person B, hired [REDACTED], did not receive any of the first day orientation training, including general fire safety and emergency preparedness.

Plan of Correction

Directed [REDACTED] 10/17/2023)

Staff person B did receive general fire safety and emergency preparedness on first day of orientation, however, it was not sent over until after inspector left the building. Staff person B is no longer employed here. Please see the attached documents. Effective [REDACTED] the administrator or designee will review documents provided to the building and keep them in a file in the business office.

Proposed Overall Completion Date: 10/05/2023

DIRECTED PLAN:

By 10/30/23: The administrator or designee shall review staff training records to ensure all staff persons are trained in the topics required by this regulation on or by the first day of work.

Directed Completion Date: 10/30/2023

Implemented [REDACTED] - 01/09/2024)

65d - Initial Direct Care Training

7. 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 A, hired on [REDACTED] and direct care staff person B, hired on [REDACTED] provide unsupervised ADL services. However, these staff persons did not complete the Department-approved direct care training course and pass the competency test.

Plan of Correction

Directed [REDACTED] 10/17/2023)

Staff person A and B both had completed the direct care staff and competency test, however they were not available in a timely manner while the inspectors were at the community. Please see attached documents.

Administrator or designee will request all new DCW employees have completed the training and will have HR email over certificate prior to staff completing ADLs. Administrator or designee will review documents provided to the building and keep them in a file in the business office.

Staff person A completed DCW test on [REDACTED]

Staff person B completed the DCW test on [REDACTED]

Proposed Overall Completion Date: 10/05/2023

DIRECTED PLAN:

By 10/30/23: The administrator or designee will review staff records to ensure all direct care staff persons have

65d - Initial Direct Care Training (continued)

completed the Department-approved direct care competency course and passed the test. Documentation of completing the competency course and passing the test shall be kept.

Directed Completion Date: 10/30/2023

Implemented [REDACTED] (01/09/2024)

84 - Heat Sources**8. Requirements**

2600.

84. Heat Sources - Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120° F that are accessible to the resident must be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.

Description of Violation

On [REDACTED], at [REDACTED] the exposed wire coils in the electric baseboard heater in the bathroom of bedroom [REDACTED] measured [REDACTED] degrees Fahrenheit and rising.

Plan of Correction

Directed [REDACTED] (10/17/2023)

On [REDACTED] the baseboard heater from room [REDACTED] has been placed with a new wall heater. See attached photo. Maintenance director or designee will monitor temperature of base board heaters in all occupied rooms on the first Wednesday of the month during usage months until all base board heaters are replaced with wall units. The new wall heater that was installed does not have a guard.

Proposed Overall Completion Date: 10/05/2023

DIRECTED PLAN:

By 10/30/23: The administrator or designee shall ensure that any existing or newly installed heat sources, including fixed space heaters, are equipped with protective guards or insulation. If the new wall heater that was installed on [REDACTED] exceeds [REDACTED] degrees Fahrenheit, a protective guard or insulation shall be installed to prevent the resident from coming in contact with the heat source.

Directed Completion Date: 10/30/2023

Implemented [REDACTED] - (01/09/2024)

88a - Surfaces**9. 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

There is an approximate 8"x 8" area of the ceiling in disrepair due to a water leak, causing small pieces of painted plaster to hang from the ceiling in the dining room in the secured dementia Care Unit (SDCU).

88a - Surfaces (continued)

Plan of Correction

Accept [redacted] - 10/11/2023)

The ceiling in dining room area of SDCU was repaired on [redacted] (see attached photo) The maintenance director or designee will check ceilings in the building monthly on the first Thursday of the month. A log shall be kept in the maintenance office.

Licensee's Proposed Overall Completion Date: 10/05/2023

Implemented [redacted] - 01/09/2024)

132b - Safety Inspection/Fire Drill

10. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The last fire drill and fire safety inspection observed by a fire safety expert was conducted on [redacted].

Plan of Correction

Accept [redacted] - 10/17/2023)

Fire safety training, a fire safety inspection and a supervised fire drill was conducted on [redacted] by a certified fire expert (see attached documentation) The gap in fire safety training, supervised fire drill and fire safety inspection occurred due to change of legal entity. Maintenance director or designee will schedule fire safety training yearly in September and will provide documentation of training. In the event that current fire safety expert is unavailable Maintenance director or designee will procure another training source (ex. local fire chief)

DIRECTED PLAN:

By 10/30/23: The administrator or designee shall develop and implement a tracking system to ensure a fire safety inspection and fire drill are conducted by a fire safety expert annually. Documentation of the tracking system shall be kept.

Proposed Overall Completion Date: 10/05/2023

Licensee's Proposed Overall Completion Date: 10/30/2023

Implemented [redacted] - 01/09/2024)

132d - Evacuation

11. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home does not have a maximum safe evacuation time specified in writing within the past year by a fire safety expert. The home exceeded an evacuation time of 2 minutes 30 seconds during all the monthly fire drills from 10/13/22 - 8/28/23, including the following fire drills:

- * [redacted] at [redacted] - 4 minutes, 7 seconds
- * [redacted] at [redacted] - 6 minutes, 24 seconds

132d - Evacuation (continued)

* [redacted] at [redacted] - 3 minutes, 27 seconds

The home's fire drill log indicates not all the resident's evacuated to a designated meeting place away from the building or within the fire-safe area in all the monthly fire drills from 10/13/22 - 8/28/23, including the following fire drills:

- * [redacted] - [redacted] residents, [redacted] evacuated
- * [redacted] - [redacted] residents, [redacted] evacuated
- * [redacted] - [redacted] residents, [redacted] evacuated

Plan of Correction

Directed [redacted] - 10/11/2023)

A fire drill conducted by a certified fire expert was held on [redacted]. [redacted] determined the evacuation time to be 10 min and 0 seconds. All residents were evacuated to a fire safe area during this drill. Please see the attached documents. The gap in fire safety training, supervised fire drill and fire safety inspection occurred due to change of legal entity. Maintenance director or designee will schedule fire safety training yearly in September and will provide documentation of training. In the event that current fire safety expert is unavailable Maintenance director or designee will procure another training source (ex. local fire chief)

DIRECTED PLAN:

By 10/30/23: All staff persons will be educated that residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. Documentation of education shall be kept.

By 10/30/23 and at least monthly thereafter: The administrator or designee shall review the fire drill log to ensure residents evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert during each fire drill.

Directed Completion Date: 10/30/2023

Implemented [redacted] - 01/09/2024)

132e - Fire Drill Sleeping Hours

12. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The last fire drill conducted during sleeping hours was on [redacted], at [redacted]. The previous sleeping hours fire drill was conducted on [redacted], at [redacted].

Plan of Correction

Accept [redacted] - 10/17/2023)

The maintenance director or designee will conduct sleeping fire drills in January and June to ensure that they are completed every 6 months. After these drills are conducted a log will be kept in the Administrator's office. A log of all fire drills and the time the drill is conducted is recorded on a log in the administrator's office.

Proposed Overall Completion Date: 10/05/2023

DIRECTED PLAN

By 10/30/23: The administrator or designee shall develop and implement a tracking system to ensure sleeping

132e - Fire Drill Sleeping Hours (continued)

hour fire drills are conducted at least once every 6 months. Documentation of the tracking system shall be kept.

Licensee's Proposed Overall Completion Date: 10/05/2023

Implemented [REDACTED] - 01/09/2024)

184a - Resident's Meds Labeled**13. 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 [REDACTED] is prescribed [REDACTED] tablet twice a day; however, the pharmacy label indicates [REDACTED].

Resident [REDACTED] is prescribed [REDACTED] tabs every 8 hours as needed, however, the pharmacy label indicates 1 tab every 6 hours as needed.

Plan of Correction

Directed [REDACTED] - 10/17/2023)

[REDACTED] is a generic name for Latuda, so resident received the correct (generic) medication. On 9/27/23 staff receiving medications from pharmacy will match them with order prior to placing the medications in the med cart. Staff designated by the DON will conduct monthly audits of med carts on the last Wednesday of the month to double check all medications in the cart match the order from physician. A log of these med cart inspections will kept at the nurse's stations.

Proposed Overall Completion Date: 10/05/2023

DIRECTED PLAN:

By 10/30/23: The administrator or designee shall get corrected pharmacy labels for the medications cited or shall apply a "Directions changed - see MAR" sticker to the incorrect labels.

The monthly audit conducted by the home shall ensure that the pharmacy label on the medication includes all of the requirements of 2600.184a and matches the prescriber's order.

Directed Completion Date: 10/30/2023

Implemented [REDACTED] 01/09/2024)

185a - Implement Storage Procedures**14. Requirements**

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

On [REDACTED] at approximately [REDACTED] resident [REDACTED] was not calibrated to the correct date or time. The [REDACTED] read: Date: [REDACTED] Time [REDACTED].

185a - Implement Storage Procedures (continued)

Plan of Correction

Accepted [redacted] - 10/11/2023)

Resident [redacted] had a new [redacted] on [redacted] and was calibrated with correct date and time on delivery.

The DON, ADON, or designee will check the resident's glucometers monthly on the 10th of the month to ensure that they are all calibrated with the correct date and time.

The log of these checks will be kept in the med cart.

Licensee's Proposed Overall Completion Date: 10/05/2023

Implemented [redacted] - 01/09/2024)

187a - Medication Record

15. Requirements

2600.

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

Description of Violation

Resident [redacted] is prescribed [redacted], 1 capsule twice a day. However, resident's September 2023 medication administration record (MAR), indicates 1 capsule once a day.

Resident [redacted] is prescribed [redacted], 1 capsule daily. However, the resident's September 2023 MAR, indicates 1 capsule twice a day.

Plan of Correction

Directed [redacted] - 10/11/2023)

Moving forward staff receiving medications from pharmacy will match them with order prior to placing the medications in the med cart. Staff designated by the DON will conduct monthly audits of med carts to double check all medications in the cart match the order from physician. A log of these med cart inspections will kept at the nurse's stations. Resident [redacted] is still a resident here. Staff confirmed orders with the physician and label now matches the MAR.

DIRECTED PLAN:

By 10/30/23: The administrator or designee shall update resident [redacted] MAR to include all currently prescribed medications.

By 10/30/23 and at least monthly thereafter: The administrator or designee shall review resident MARs to ensure they include all currently prescribed medications

Directed Completion Date: 10/30/2023

Implemented [redacted] - 01/09/2024)

227d - Support Plan Medical/Dental

16. Requirements

2600.

227d - Support Plan Medical/Dental (continued)

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

Resident [REDACTED] support plan, dated [REDACTED], does not include the resident's use of a wanderguard device and how this need will be met.

Plan of Correction

Accept [REDACTED] - 10/17/2023)

All residents requiring a wander guard will have it documented on their RASP. Please see the attached addendum to Resident [REDACTED] RASP. The addendum was completed on [REDACTED]. DON ADON or designee will ensure that anyone that requires a wander guard will have it included on their RASP.

DIRECTED PLAN:

By 10/30/23 and at least monthly thereafter: The administrator or designee will review resident assessments to ensure all care needs, including the need for wanderguard devices is included in the assessment.

Licensee's Proposed Overall Completion Date: 10/06/2023

Implemented [REDACTED] - 01/09/2024)

233a - Lock Approval

17. Requirements

2600.

233.a. Doors equipped with key-locking devices, electronic card operated systems or other devices that prevent immediate egress are permitted only if there is written approval from the Department of Labor and Industry, Department of Health or appropriate local building authority permitting the use of the specific locking system.

Description of Violation

The home does not have written approval from the Department of Labor and Industry, Department of Health or local building authority for the specific locking system used on the exit doors from the SDCU.

Plan of Correction

Accept [REDACTED] - 10/12/2023)

The certificate of approval was granted by the Millcreek Township on [REDACTED] prior to the opening of the SDCU. The certificate is now located in the DHS binder in the administrator's office and a copy is also in the maintenance office.

Licensee's Proposed Overall Completion Date: 10/06/2023

Implemented [REDACTED] - 01/09/2024)