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

May 1, 2024

[redacted]
INTEGRACARE ERIE LLC
[redacted]

RE: THE RESIDENCE AT PRESQUE ISLE BAY
1012 WEST BAYFRONT PARKWAY
ERIE, PA, 16507
LICENSE/COC#: 45350

[redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/24/2024, 01/25/2024, 03/04/2024 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**: *THE RESIDENCE AT PRESQUE ISLE BAY* **License #**: *45350* **License Expiration**: *03/24/2025*

**Address**: *1012 WEST BAYFRONT PARKWAY, ERIE, PA 16507*

**County**: *ERIE* **Region**: *WESTERN*

## Administrator

**Name**: [redacted] **Phone**: [redacted] **Email**: [redacted]

## Legal Entity

**Name**: *INTEGRACARE ERIE LLC*

**Address**: [redacted]

**Phone**: [redacted] **Email**: [redacted]

## Certificate(s) of Occupancy

## Staffing Hours

**Resident Support Staff**: *0* **Total Daily Staff**: *81* **Waking Staff**: *61*

## Inspection Information

**Type**: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

**Reason**: *Complaint, Incident* **Exit Conference Date**: *03/04/2024*

## Inspection Dates and Department Representative

*01/24/2024 - On-Site:* [redacted]

*01/25/2024 - On-Site:*

*03/04/2024 - Off-Site:*

## Resident Demographic Data as of Inspection Dates

### General Information

**License Capacity**: *138* **Residents Served**: *53*

### Secured Dementia Care Unit

**In Home**: *Yes* **Area**: *1st floor* **Capacity**: *22* **Residents Served**: *14*

### Hospice

**Current Residents**: *0*

### Number of Residents Who:

**Receive Supplemental Security Income**: *0* **Are 60 Years of Age or Older**: *52*

**Diagnosed with Mental Illness**: *0* **Diagnosed with Intellectual Disability**: *0*

**Have Mobility Need**: *28* **Have Physical Disability**: *0*

# Inspections / Reviews

### 01/24/2024 - Partial

**Lead Inspector**: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *04/07/2024*

### 04/09/2024 - POC Submission

**Submitted By**: [redacted] **Date Submitted**: *04/29/2024*

**Reviewer**: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *04/16/2024*

## Inspections / Reviews *(continued)*

**04/12/2024 - POC Submission**

**Submitted By:** [redacted] **Date Submitted:** *04/29/2024*

**Reviewer:** [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *05/24/2024*

**05/01/2024 - Document Submission**

**Submitted By:** [redacted] **Date Submitted:** *04/29/2024*

**Reviewer:** [redacted] **Follow-Up Type:** *Not Required*

## 42c - Treatment of Residents

**1. Requirements**

2600.
42.c. A resident shall be treated with dignity and respect.

**Description of Violation**

*On [redacted], at approximately [redacted] resident [redacted] requested assistance with toileting activities. Resident [redacted] requires / receives the following assistance during toileting to include standing in an upright position from [redacted] recliner, aligning with [redacted] walker, using [redacted] portable urinary container, and re-aligning with [redacted] recliner before re-seating. While resident [redacted] was attempting to sit down on [redacted] bedroom's recliner after urinating in [redacted] portable urine container staff member C abruptly grabbed resident [redacted] upper right arm, partially rotating [redacted] body in line with the recliner chair and stated we're going to sit you down now. Resident [redacted] indicated when staff member C grabbed [redacted] upper right arm it caused [redacted] significant pain, a feeling of being disrespected, and to become fearful of being further hurt by staff member C throughout the night if [redacted] needed assistance toileting again.*

**Plan of Correction** ***Accept [redacted] - 04/12/2024)***

*The immediate action upon receiving the information from resident [redacted] of staff member C allegedly committing said action mentioned in the above description/ of the violation, was a suspension pending further investigation completed by [redacted], Executive Operations Officer and [redacted], Resident Wellness Director on 1/19/24. The incident was reported to the resident's POA, current physician, and AOA (Area Office of Aging) immediately following the immediate action by [redacted], Executive Operations Officer and [redacted], Resident Wellness Director. For all report allegations of abuse to AOA, with respect to the incident above, the date, time, and phone number of the AOA representative will be and was documented in the reportable sent to DHS after all parties are safe, but within the first 24 hours by [redacted], Executive Operations Officer on 1/19/24. An internal investigation was conducted following the reportable incident on 1/19/24 by [redacted], Executive Operations Officer and [redacted], Resident Wellness Director.*

*The corrective action that was taken following the receival of the AOA report, the DHS report and the internal investigation was that staff member C was terminated on 01/18/2024 by [redacted], Executive Operations Officer and [redacted], Resident Wellness Director.*

*The preventative action to ensure that all future incidents do not occur was a training that was performed in the community at a monthly meeting by a GECAC representative from older adult protective services, [redacted], covering all aspects of resident abuse on February 27th, 2024.*

**Licensee's Proposed Overall Completion Date:** *04/11/2024*

***Implemented [redacted] 05/01/2024)***

## 141a 1-10 Medical Evaluation Information

**2. 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 [redacted] most recent documented medical evaluation was completed on 1/19/24, However, the medical evaluation was not signed by a medical professional.*

**Plan of Correction** ***Accept [redacted] - 04/12/2024)***

*Resident [redacted] had moved out of The Residence at Presque Isle Bay on 01/24/24, prior to the completion of the survey. No immediate action could be taken regarding Resident [redacted] medical evaluation due to the resident [redacted] not being a current resident of The Residence at Presque Isle Bay.*

*The corrective action taken by [redacted], Executive Operations Officer was a contract signed with a new Medical Director for a start date of 4/8/24 to ensure that all medical evaluations are up to date and signed.*

*The preventative action taken by [redacted], Executive Operations Officer was a training on 1/26/24 with [redacted], Resident Wellness Director on medical evaluations and their signatures. Also, on 1/26/24 the preventative action of a spreadsheet tracking system was created by and will be maintained by [redacted], Resident Wellness Director for all current residents' medical evaluation dates.*

**Licensee's Proposed Overall Completion Date:** *04/11/2024*

***Implemented [redacted] - 05/01/2024)***

## 225c - Additional Assessment

**3. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

2. If the condition of the resident significantly changes prior to the annual assessment.

**Description of Violation**

*Resident [redacted] was observed to choke on a cheeseburger by staff member A approximately a month prior to [redacted] fatal choking incident. Despite this, the resident was not evaluated to determine [redacted] appropriate diet consistency.*

*Resident [redacted] date of admission 8/11/23, most recent assessment and support plan completed on 8/12/23, indicates a personal care need for toileting as independent. However, resident needs assistance with; standing in an upright position from [redacted] recliner, aligning with [redacted] walker, using [redacted] portable urinary container, aligning with [redacted] recliner before re-seating position in order to urinate.*

## *225c - Additional Assessment (continued)*

*Resident [redacted] most recent assessment dated 1/19/24 indicates a personal care need of eating as independent with a service plan to meet this need of, resident being independent with eating and requires no physical assistance from staff. Food will be properly prepared and presented according to physician's orders. Resident will be monitored for tolerance and compliance with diet. However, resident [redacted] did not eat 4 of 5 offered meals from [redacted], at 11:33 a.m. through [redacted] to 7:54 p.m.*

*Resident [redacted] most recent assessment and support plan completed on 1/19/24, indicated a significant change of VNA Hospice care. However, there is no indication of the services to be provided by the VNA Hospice care service.*

**Plan of Correction** ***Accept [redacted] 04/12/2024)***

*Resident [redacted] had moved out of The Residence at Presque Isle Bay on 01/24/24, prior to the completion of the survey. No immediate action could be taken regarding Resident [redacted] additional assessment and support plan due to the resident [redacted] not being a current resident of The Residence at Presque Isle Bay.*

*The corrective action taken by [redacted], Resident Wellness Director was that all residents shall have additional assessments if the condition of the resident significantly changes starting 4/10/24. Along with this, an additional corrective action taken by the community's Resident Wellness Director, [redacted], is to change the support plan to indicate the services being provided when a significant change occurs if the condition requires an additional service to be provide by the facility or another organization starting 4/10/24.*

*The preventative action taken by Executive Operations Officer, [redacted] was educational training for Resident Wellness Director, [redacted] on the importance of the indication of services on assessments and support plans was conducted on 1/26/24.*

**Licensee's Proposed Overall Completion Date:** *04/11/2024*

***Implemented [redacted] 05/01/2024)***

## 233c - Key-Locking Devices

**4. Requirements**

2600.
233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

**Description of Violation**

*On [redacted] at approximately 1:45 p.m. there was no access code posted at the main exit / entrance point of the home's secured dimension unit.*

**Plan of Correction** ***Accept [redacted] - 04/12/2024)***

*The immediate and corrective action taken by Safety and Maintenance Engineer, [redacted], was the posting of the SDCU operation code in a conspicuous location near the device on 1/24/24.*

*The preventative action was a training of Key-locking devices and codes completed by Executive Operations Officer, [redacted] on 1/26/24 with all supervisor staff. A quarterly all staff meeting on 4/24/24 will be conduct by [redacted], Executive Operations Officer where a training of Key-locking devices and codes will be completed.*

**Licensee's Proposed Overall Completion Date:** *04/11/2024*

***Implemented [redacted] - 05/01/2024)***