

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

June 24, 2024

[REDACTED], PCHA
MILLCREEK MANOR
322 WASHINGTON PLACE
ERIE, PA, 16505

RE: REGENCY SUITES/REGENCY AT
SOUTH SHORE
322 WASHINGTON PLACE
ERIE, PA, 16505
LICENSE/COC#: 44657

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/12/2024, 03/13/2024 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: REGENCY SUITES/REGENCY AT SOUTH SHORE **License #:** 44657 **License Expiration:** 11/03/2024
Address: 322 WASHINGTON PLACE, ERIE, PA 16505
County: ERIE **Region:** WESTERN

Administrator

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

Legal Entity

Name: MILLCREEK MANOR
Address: 322 WASHINGTON PLACE, ERIE, PA, 16505
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 04/08/1993 **Issued By:** Dept. of Labor & Industry

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 65 **Waking Staff:** 49

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Monitoring **Exit Conference Date:** 03/13/2024

Inspection Dates and Department Representative

03/12/2024 - On-Site: [REDACTED]
03/13/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity: 70		Residents Served: 53	
Secured Dementia Care Unit			
In Home: No	Area:	Capacity:	Residents Served:
Hospice			
Current Residents: 4			
Number of Residents Who:			
Receive Supplemental Security Income: 0		Are 60 Years of Age or Older: 53	
Diagnosed with Mental Illness: 24		Diagnosed with Intellectual Disability: 0	
Have Mobility Need: 12		Have Physical Disability: 1	

Inspections / Reviews

03/12/2024 Partial
Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 04/08/2024

04/17/2024 - POC Submission
Submitted By: [REDACTED] **Date Submitted:** 06/11/2024
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 04/20/2024

Inspections / Reviews *(continued)*

04/24/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/11/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/22/2024

06/06/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/11/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/13/2024

06/24/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/11/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

60a - Staff/Support Plan

1. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

On 11/15/23 there were 54 residents in the home, including 14 residents with mobility needs. The residents reside on 3 floors in the home. The home's most recent maximum safe evacuation time, as determined by a fire safety expert on 6/27/23, is 10 minutes. On 11/15/23 from 11:00p.m., until 6:00a.m. on 11/16/23, there were only 2 direct care staff working in the home to assist residents to evacuate in the event of an emergency.

Plan of Correction

Accept ([redacted] - 04/17/2024)

In response to the violation on March 12th and 13th, 2024, by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on March 29th by Administrator. Administrator and DON re-evaluated staffing requirements and discussed recruiting additional per diem staff to assist with filling in open shifts. Effective March 29, 2024, daily audits have been implemented to maintain ongoing compliance. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement.

To enhance the currently compliant operations:

1. OnShift daily staffing schedule audits are completed by administrator and DON to account that adequate staff are scheduled for each shift.
2. DON and administrator review each day at Stand Up the number of im-mobiles and residents in and out of building each day and make necessary adjustments if needed.
3. Administrator and DON will continue to interview more per diem third shift staff to assist with call offs, vacations, etc.
4. On call nurse will fill shift if adequate coverage cannot be found.
5. DON, administrator, or any other manager who has completed direct care staff training course can assist if coverage is needed.

All

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

Implemented ([redacted] - 06/06/2024)

85a - Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On [redacted] resident #1's glucometer was used to measure resident #2's blood glucose levels at [redacted] and at [redacted]

On [redacted] resident #1's glucometer was used to measure resident #3's blood glucose levels at [redacted], [redacted], and [redacted]

On [redacted] resident #1's glucometer was used to measure resident #4's blood glucose levels at [redacted] Staff person A indicated [redacted] used resident #1's glucometer to measure resident #4's blood glucose levels because resident #4 was out of test strips.

85a Sanitary Conditions (continued)

Plan of Correction

Accept [REDACTED] - 04/24/2024)

In response to the violation on 3/12/2024 and 3/13/2024, by the Pennsylvania Bureau of Human Services Licensing, immediate action was taken on 3/13 by the DON at the time of inspection. Glucometer was immediately disposed by the DON and resident #1, resident #2, resident #3, and resident #4's PCP's and POA's were notified of incident on 3/13/2024 by the DON, and no concerns noted. Pharmacy was notified on 3/13/2024 by the DON for the need of a new glucometer. Resident # 1 received a new glucometer on 3/14/2024 and new test strips were purchased for resident #4. on 3/13/2024 by the facility.

To enhance the currently compliant operations:

1. The DON will re educate all medication technicians by 4/15/2024 regarding regulatory compliance on use of shared glucometers,
2. DON to assign LPN's to audit all meters monthly for name verification, with a completion of 12/31/2024.
3. Med Tech Observations to be completed by 4/30/2024.
4. All med tech staff who have not completed diabetic training within the last six months will retake class. Class was scheduled for 4/16/2024.
5. Staff member A will repeat medication administration training course, complete med tech raining course by 4/15/2024. If course is not complete, med tech duties will not be reinstated until requirements are met.
6. Staff member A will complete Collins Learning classes on Medication Pass in Senior Care and Medication Errors by 4/1/24.
7. Facility purchased a backup glucometer and strips on 3/17/2024 in the event of an emergency or if a resident's glucometer would malfunction. If this is utilized by a resident, it will be properly labeled, and facility will purchase another to have on hand to prevent usage of another resident's glucometer or med error.

Effective 3/13/2024 the DON will perform daily audits of glucometer and glucometer readings will be completed by the DON by the 20th of every month. Observations, and education to maintain on going compliance with sanitary conditions will continue for new and current staff. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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

Implemented [REDACTED] - 06/06/2024)

132c - Fire Drill Records

3. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drill conducted on 12/12/23 does not include the time of the drill.

132c Fire Drill Records (continued)

Plan of Correction

Accepted [REDACTED] - 04/17/2024)

In response to the violation on March 29th, 2024, by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on March 29th at the monthly fire drill where administrator and maintenance director reviewed log following fire drill and verified all components of the log were completed. Effective March 29th, 2024, the administrator, or other department head will sign off log with maintenance director for validation log is complete. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented [REDACTED] - 06/24/2024)

141a 1-10 Medical Evaluation Information

4. Requirements

2600.

- 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 #5's medical evaluation, dated [REDACTED] is incomplete in the areas of Health Status and Cognitive Functioning.

Plan of Correction

Accepted [REDACTED] - 04/24/2024)

In response to the violation on 3/12/2024 by the Pennsylvania Bureau of Human Services Licensing, immediate action was taken by the DON and sent back to physician for completion. Resident # 5's medical evaluation was returned and completed by physician on 3/21/2024 and returned that same day.

To enhance the currently compliant operations:

1. *The DON will do a complete audit by 5/1/2024 to make sure all necessary medical information is on medical evaluation and there are no blank spaces.*
 2. *DON will send back any missing areas immediately, to allow resident support plan to be updated accordingly.*
 3. *DME and RASPS will be monitored monthly during annual reviews and any significant changes.*
 4. *DME's are sent with resident to appointments. Nursing staff will log all DME's sent out and follow up by due date to ensure it is in the medical record. Administrator will review at weekly nursing communication meeting.*
- Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement.*

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

Implemented [REDACTED] - 06/24/2024)

141b1 - Annual Medical Evaluation

5. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #6's most recent medical evaluation was undated. The resident's previous medical evaluation that was available in the home was completed on [REDACTED]

Plan of Correction

Accept [REDACTED] - 04/24/2024)

In response to the violation on 3/13/24 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken by DON and resident #6's DME was sent back to physician to be dated. Regency received back on 3/21/2024.

Effective 3/29/2024, DON began a full audit of medical evaluations starting March 14th, 2024 and is utilizing an organizational tool to better track due dates not only annually but for significant changes.

To continue improvement purposes:

1. DON and administrator will complete full audit by 5/1/2024 to verify if there are further deficiencies and correct immediately.
2. Due to continual issues of medical evaluations being returned timely by physicians, nursing will send DME's out 30 days in advance of due date and track on log when sent and received starting 4/15/2024.
3. DON will communicate with administrator starting 4/15/2024 of any physicians who may not be returning evaluations and administrator will provide further education to office staff and physicians regarding regulated requirements.

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

Implemented [REDACTED] - 06/24/2024)

183d - Prescription Current

6. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

Resident #7 was prescribed [REDACTED], take 2 capsules by mouth daily for pain and [REDACTED] capsules, take 2 capsules by mouth every evening. These medications were discontinued; however, the medication was still present in the home.

Plan of Correction

Accept [REDACTED] - 04/24/2024)

In response to the violation on 3/13/24 by the Pennsylvania Bureau of Licensing, resident #7's [REDACTED] and [REDACTED] was removed from the cart at the time of inspection by DON and disposed.

To enhance the currently compliant operations:

1. The DON/Nursing staff will complete another full round of med cart audits by 4/30/24. Monthly cart audits

183d - Prescription Current (continued)

began 4/17/2024.

2. DON will schedule monthly cart audits and identify if any discontinued meds are being inappropriately stored and dispose.

3. Nursing staff will review with med techs daily of any discontinued meds at shift change and have them immediately remove from cart.

Any deficiencies must be corrected immediately and documented and reviewed for continuous improvement.

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

Implemented [REDACTED] - 06/06/2024)

184a - Resident's Meds Labeled

7. 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 #7 is prescribed [REDACTED] tablet, take 1 tablet by mouth daily for [REDACTED]. However, the medication label indicates [REDACTED]

Plan of Correction

Accept ([REDACTED] - 04/24/2024)

In response to the violation on 3/13/2024, by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 3/13/2024 by DON and a direction change sticker was put on resident #7 [REDACTED] immediately. Pharmacy was updated and the VA stated they would produce new label at next refill per DON. In discussion with our pharmacy and current challenges with VA medications, it was identified that they could repack with order.

Effective 3/29/2024, DON will be completing daily, weekly, monthly audits of carts and MARS to ensure for accuracy. Medication Tech's will complete training on the five R's in medication administration and observation by 4/30/2024 by certified med tech train the trainer. The administrator began audits on 4/17/2024 to ensure they audits are being completed timely and have auditor sign off on each med cart audit.

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

Implemented [REDACTED] - 06/06/2024)

187a - Medication Record

8. Requirements

2600.

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

13. Date and time of medication administration.

Description of Violation

Resident #7 is prescribed [REDACTED], give 2 tablets by mouth 1 time daily for [REDACTED]. Resident #7 has not had this medication since [REDACTED], however staff of the home signed the medication

187a - Medication Record (continued)

administration record (MAR) indicating they administered this medication on [REDACTED] when it has not been available in the home.

Plan of Correction

Accept ([REDACTED] - 04/24/2024)

In response to the violation on 3/13/2024 by the Pennsylvania Bureau of Human Services Licensing, immediate action was taken by DON and resident #7's pharmacy was called to verify they received refill order. Medication was sent to facility on 3/14/24.

To enhance the current compliant operations:

1. All med techs will be re-trained on proper coding on MAR if medication is not in the facility by DON and med tech train the trainer.
2. DON and administrator will run a report daily from electronic medical record to verify if codes indicate any medication is not present in building or if any medications were not given effective 4/14/2024. DON will complete reportable incident for medication errors immediately if any medications are missed and notify PCP and family in the event an error is identified.
3. Med Techs will be required to complete medication errors and documentation training in Collins Learning by 5/1/2024.
4. Staff Member A was removed from medication technician duties effective 3/15/2024 until additional training is complete. This training includes Collins Learning, Med Tech Training Course, and observations. Staff to complete by 4/15/2024 to continue on med tech schedule moving forward.

Any further deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement.

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

Implemented ([REDACTED] - 06/06/2024)

187d - Follow Prescriber's Orders

9. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 is prescribed [REDACTED], give 1 tablet by mouth 1 time a day for [REDACTED]. However, resident #1 has not had this medication since [REDACTED] because the medication was not available in the home.

Resident #4 is prescribed [REDACTED] for glucometer for [REDACTED]. These strips were not available in the home since [REDACTED].

Resident #4 is prescribed blood glucose checks 4 times daily, before meals and at bedtime for [REDACTED]. However, no blood glucose checks were completed on [REDACTED] and [REDACTED], and also on [REDACTED] at [REDACTED].

Resident #4 is prescribed [REDACTED], inject subcutaneously per sliding scale, before meals and at [REDACTED].

187d - Follow Prescriber's Orders (continued)

bedtime for [REDACTED]. However, no blood glucose checks were completed on [REDACTED] and also on [REDACTED] and no insulin was administered on these dates and times.

Resident #7 is prescribed [REDACTED], give 2 tablets by mouth 1 time a day for [REDACTED]. This medication was last administered on [REDACTED] as it was not available in the home.

Resident #7 is prescribed [REDACTED] in nostril as needed for [REDACTED]. This medication was not available in the home.

Plan of Correction

Directed ([REDACTED] - 04/24/2024)

In response to the violation on 3/13/2024 by the Pennsylvania Bureau of Human Services, immediate action was taken by DON and resident # 1 received medication on 3/14/24, Resident #4 received medication on 3/13/24, and Resident #7 received medication 3/14/24. DON contacted PCP's and families on 3/13/24 and no further action required at that time.

Effective 3/14/2024, DON educated Med Techs regarding communication when medications or supplies are getting low.

To enhance currently compliant operations:

1. DON will continue with monthly cart audits effective 4/1/2024
2. DON to audit inventory of those with blood glucose checks to make sure supplies are on hand and not being shared by the 20th of each month.
3. DON notified the VA pharmacy on 3/13/24 in regard to resident #7's medications not arriving timely and seek recommendations to maintain adequate supply in home and regulatory compliance. In addition, we are currently working with our pharmacy on VA medications and packaging.
4. All Med Techs to be retrained on ordering and communication policy with nursing no later than 4/30/2024. Any further deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvements. i

Proposed Overall Completion Date: 11/04/2024

Directed:

By 5/15/24, weekly for 1 month, then monthly for 3 months, the administrator or designee qualified to administer medication will observe all staff responsible for diabetic care perform blood glucose checks to ensure each resident glucometer is used only for the resident to whom it belongs and the orders of the prescriber are followed. Documentation of the observations will be kept. Results will be discussed at Quality Management Plan review meetings.

SQ 4/24/24

Directed Completion Date: 05/15/2024

Implemented ([REDACTED] - 06/24/2024)

251d - Resident Records on Premises

10. Requirements

251d - Resident Records on Premises (continued)

2600.

251.d. Separate resident records shall be kept on the premises where the resident lives.

Description of Violation

Resident #6's 2023 Medical Evaluation was not available in the home. Staff person B indicates this information was kept electronically in a former system called 'Bluestep'. The home does not currently use this system.

Plan of Correction

Accept [REDACTED] - 04/17/2024)

In response to the violation on 3/12/2024 & 3/13/2024 by the Pennsylvania Bureau of Human Service Licensing, administrator attempted to pull former medical evaluation from software but was not able to retrieve. Nursing and administrator have been scanning in all documents into electronic medical record upon receipt and making an additional copy to be stored in a binder holding all Ch. 2600 regulatory documents for each resident.

Effective 3/29/2024, monthly audits will be conducted by both PCHA and DON for compliance and verification that documents are stored in both places and are accessible for review. Any further deficiencies will be corrected immediately, and all findings will be reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented [REDACTED] - 06/06/2024)