

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

August 15, 2024

[REDACTED] CEO
SARAH A REED RETIREMENT CENTER
227 WEST 22ND STREET
ERIE, PA, 16502

RE: SARAH REED SENIOR LIVING
227 WEST 22ND STREET
ERIE, PA, 16502
LICENSE/COC#: 44761

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/16/2024, 04/17/2024, 04/18/2024 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: SARAH REED SENIOR LIVING License #: 44761 License Expiration: 06/16/2024
 Address: 227 WEST 22ND STREET, ERIE, PA 16502
 County: ERIE Region: WESTERN

Administrator

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

Legal Entity

Name: SARAH A REED RETIREMENT CENTER
 Address: 227 WEST 22ND STREET, ERIE, PA, 16502
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 10/11/1994 Issued By: Dept L & I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 84 Waking Staff: 63

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Incident Exit Conference Date: 05/08/2024

Inspection Dates and Department Representative

04/16/2024 - On-Site: [REDACTED]
 04/17/2024 - On-Site: [REDACTED]
 04/18/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 100 Residents Served: 67
 Secured Dementia Care Unit
 In Home: Yes Area: Zurn Pavilion Capacity: 25 Residents Served: 17
 Hospice
 Current Residents: 2
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 67
 Diagnosed with Mental Illness: 23 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 17 Have Physical Disability: 0

Inspections / Reviews

04/16/2024 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 06/08/2024

Inspections / Reviews (*continued*)

06/11/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/28/2024

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 06/18/2024

06/21/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/28/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 07/07/2024

08/15/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/28/2024

Reviewer: [REDACTED]

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] while doing 2-hour checks, staff person A knocked on resident #1's bedroom door, which was locked, and when no one answered, [redacted] unlocked the door. Staff person A entered the bedroom and saw resident #1 sitting on the bed, fully clothed, and saw resident #2 standing [redacted] resident #1 [redacted] Immediately following the incident resident #1 became upset, was crying, and requested to leave the facility. However, the home did not report this incident to the local Area Agency on Aging until [redacted]

Plan of Correction

Accept ([redacted] - 06/21/2024)

On 4/22/24, PCHA was issued a written warning memo by HR Director and CEO for the late reporting of suspected abuse. Beginning 6/6/24, PCHA will ask direct care staff will be asked to review and sign the facility's abuse policy. Beginning 6/10/24, PCHA, or designee, will select 2 random residents to interview and ask if they feel uncomfortable around any staff member or resident. If a resident has an unfavorable response, the Local Area Agency on Aging will be notified, immediately, and an investigation will commence. These interviews will continue for 16 weeks. Then, two residents will be selected monthly for 8 months for the same interviews. Documentation of resident interviews will be maintained by PCHA.

Direct care staff will review and sign the facility's abuse policy by 6/30/24
Resident and staff interviews will be completed weekly for 16 weeks,

Licensee's Proposed Overall Completion Date: 06/30/2024

Implemented ([redacted] - 08/15/2024)

42b - Abuse

2. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Resident #1's assessment and support plan (RASP), dated [redacted], indicates diagnoses of Alzheimer's Disease unspecified, dementia in other diseases classified elsewhere, and generalized anxiety disorder. To meet these needs, staff are to monitor for increased confusion and difficulty sleeping. On [redacted] resident #1's RASP was updated to indicate the resident has an increase in confusion and has been noted to be confused between day and night. To meet this change in [redacted] needs, full personal care services were added to [redacted] care plan and staff will conduct checks every 2 hours. Resident #1's progress notes indicate a discussion with family on [redacted] to transfer the resident to the secured dementia care unit (SDCU). From [redacted], resident #1's progress notes indicate 4 instances of confusion where the resident tried to leave to go home. Progress notes on [redacted] indicate due to wandering tendencies, inability to know where [redacted] is or what [redacted] should do and confusion, the resident should be moved to the SDCU if [redacted] remains at Sarah Reed.

42b - Abuse (continued)

Resident #2's RASP, dated [REDACTED], indicates diagnoses of Alzheimer's disease with early onset, dementia in other disease classified elsewhere, and anxiety disorder unspecified. To assist with these needs, staff are to monitor for changes in mood and difficulty sleeping. Resident #1 needs no supervision, has minimal mobility issues, has no problems with orientation to time, place and person, and a moderate problem with judgement.

Staff interviews indicate resident #1 can easily be manipulated and is a people pleaser. Resident #2 spent a lot of time with resident #1, including in [REDACTED] bedroom. Staff indicate at times, resident #1 was uncomfortable with resident #2 being in [REDACTED] bedroom and staff had to ask [REDACTED] to leave [REDACTED] bedroom. Staff indicate several months ago resident #2 had to be escorted out of resident #1's bedroom because [REDACTED] was sitting on [REDACTED] bed, [REDACTED] while [REDACTED] was sleeping.

On [REDACTED] at approximately [REDACTED], while doing 2-hour checks, staff person A knocked on resident #1's bedroom door, which was locked, and when no one answered, [REDACTED] unlocked the door. Staff person A entered the bedroom and saw resident #1 sitting on the bed, fully clothed, and saw resident #2 standing [REDACTED] resident #1 [REDACTED]. Immediately following the incident resident #1 became upset, was crying, and requested to leave the facility.

Plan of Correction

Accept ([REDACTED] - 06/21/2024)

When aide arrived at the apartment of resident #1 for a scheduled safety check, resident #2 left the room and the aide reported the incident to the Med Tech. Resident #2 was, then, placed on Q 1 hr room checks and was told [REDACTED] is not permitted to be in the room of resident #1 nor is [REDACTED] permitted to be in [REDACTED] room. PCHA notified both families of resident # 1 and resident #2 on [REDACTED]. At the time of incident, family of resident #1 was seeking placement of resident to a different facility and did not want resident moved to SDCU, and PCHA abided by their wish. However, due to nature of this incident, LPN contacted PCP of resident #1 for written order to transfer resident #1 to SDCU. Resident # 2 remained on Q 1 hr room checks and was told [REDACTED] is not permitted to have any contact with resident #2. On [REDACTED], order was obtained by PCP to move resident #1 to SDCU and resident #1 was moved. Resident #1 and Resident #2 have had no contact since that date.

Beginning on 6/6/24, PCHA will meet with all direct care staff and review the facility's abuse policy and necessity for reporting to a supervisor any suspected abuse as soon as witnessed. Staff members will be asked to sign off as understanding policy. These will be obtained by 6/19/24. PCHA, or designee, will interview two residents weekly, for 16 weeks, to determine if a staff member or other resident makes [REDACTED] feel uncomfortable. Then, 2 residents will be selected monthly for the next 8 months and all interviews will be documented. Lastly, if staff begins to witness a relationship developing between two adults, they will be asked to report this to the PCHA or designee, who will contact the respective family members of the residents, to make them aware. Also, PCHA will assess both residents, with PCP input if possible, to determine if both residents are cognitively capable of providing consent for a physical relationship and findings will be documented. If one resident is unable to provide informed consent, then PCHA will update RASP accordingly and inform staff, residents and family members that the residents are not permitted to be left alone together. and support plan will reflect staff responsibility to ensure resident's safety.

Licensee's Proposed Overall Completion Date: 06/30/2024

Implemented ([REDACTED] - 08/15/2024)

81a - Accommodation

3. Requirements

2600.

81a - Accomodation (continued)

81.a. The home shall provide or arrange for physical site accommodations and equipment necessary to meet the health and safety needs of a resident with a disability and to allow safe movement within the home and exiting from the home.

Description of Violation

On 4/16/24, the enabler bar attached to resident #3's bed was uncovered, exposing areas greater than 4 1/2" inches, posing an entrapment hazard.

Plan of Correction

Accept () - 06/21/2024)

Resident's [redacted] installed transfer bar without occupational therapy evaluation for need. [redacted] was notified of need for transfer assist bar cover and physical therapy evaluation on 4/18/24.

Resident's [redacted] removed transfer assist bar on 4/19/24 as resident can transfer in and out of bed safely. Personal Care Home Administrator to perform walk throughs of Personal Care apartments to check for approved installation of durable medical equipment weekly x 4 weeks starting 6/3/24/24, Then the PCHA will perform monthly apartment checks x 4 months starting 5/20/24, then with all new admissions thereafter starting 9/23/24.

Licensee's Proposed Overall Completion Date: 06/30/2024

Implemented () - 08/15/2024)

85a - Sanitary Conditions

4. Requirements

2600. 85.a. Sanitary conditions shall be maintained.

Description of Violation

On 4/8/24 at 7:52 a.m. resident #4's glucometer was used to measure the blood glucose level of resident #5.

On 4/8/24 at 8:52 a.m. resident #4's glucometer was used to measure the blood glucose level of resident #6.

Plan of Correction

Accept () - 06/21/2024)

On 4/17/2024, resident #4 glucometer was replaced. On 4/19/2024, staff meeting for LPNs and Med Tech's was held and re-education was given as to safely performing blood glucose checks on residents using only their assigned and labeled glucometers. Signature of staff acknowledgements is attached.

OnGoing Compliance: Personal Care Nurse Manager, or designee, will perform glucometer against eMAR entries for all residents with an order to obtain blood sugar values. This will be done weekly for 4 weeks starting 4/22/24. Then, the verification will be completed monthly for 4 months starting on 5/20/24. Then a random selection of two residents and their corresponding blood sugar values and eMAR entries will be completed monthly starting on 9/23/24 and will continue for 12 months. See attached tool.

On 4/16/24, [redacted], LPN, notified [redacted], CRNP, about the glucometer sharing for resident #4 and #5. No lab work or new medication orders were ordered.

Licensee's Proposed Overall Completion Date: 06/30/2024

Implemented () - 08/15/2024)

100a - Exterior - Free of Hazards

5. Requirements

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

On 4/16/24 at 11:40 a.m., an uneven cement paver on the walking path of the exterior 3rd floor smoking patio was unsteady and moved approximately 3/4" up and down, posing a trip/fall hazard.

Plan of Correction

Accept () - 06/21/2024

IMMEDIATE CORRECTIVE ACTION: On 4/16/24, when loose tile was found on 3rd floor smoking balcony, the door to the balcony was locked by Personal Care Home Administrator and a sign was posted that the area was closed.

Maintenance staff made repairs on 4/23/24.

QUALITY IMPROVEMENT & ON-GOING COMPLIANCE MONITORING: A member of the maintenance team will perform weekly checks of the 3rd floor smoking balcony ground/concrete to inspect for unstable tiles/ground x 4 weeks, then checks will be performed every 2 weeks x 4 weeks, and then monthly for two months.

EVIDENCE OF COMPLETION: See attached for locked door notification. See completed 3rd floor smoking balcony auditing tool.

The 3rd floor smoking balcony was reopened on 4/26/24

Weekly checks of the balcony commenced 6/3/2024

Licensee's Proposed Overall Completion Date: 06/30/2024

Implemented () - 08/15/2024

184a - Resident's Meds Labeled

6. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

Resident #6 is prescribed Zyprexa 5mg tablet, give 1 tablet by mouth at bedtime; however, the medication's pharmacy label indicates Zyprexa 5mg tablet, give as needed at bedtime.

Repeat Violation: 4/18/23

Plan of Correction

Accept () - 06/21/2024

On 4/17/24, a change of instruction sticker was placed on the Zyprexa medication card . PCHA and PC Nurse Manager completed first medication cart audit on 6/3/2024. See attached.

Personal Care Home Administrator, or designee, will complete full med cart audits weekly beginning the week of 6/3/24 and will continue for the next 12 months. In addition, pharmacy deliveries of medication will be checked against current eMAR for resident (s), daily by 2nd shift Med Tech. If an inconsistency is found, Med Tech will affix

184a - Resident's Meds Labeled (continued)

change of instruction sticker to medication card. LPN will contact pharmacy to request another label See attached verification/monitoring tools. This auditing process will not end.

██████████ LPN, placed the change of instruction label on medication. Daily pharmacy delivery reviews against eMAR began 6/3/24.

Licensee's Proposed Overall Completion Date: 06/30/2024

Implemented (██████████) - 08/15/2024)

185a - Implement Storage Procedures

7. 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

Resident #6 is prescribed blood sugar checks on Mondays alternating in the morning and evening. However, the one touch test strips used on 4/15/23 at 4:00 p.m. expired 2/29/24.

Plan of Correction

Accept (██████████) - 06/21/2024)

On 4/15/24, the expired test strips were destroyed and were replaced with a new supply of strips. Medication cart audits to check blood glucose test strip expiration dates will be performed by PC Nurse Manager or Designee weekly x 4 weeks starting 4/22/24 and then monthly thereafter starting 5/20/24 through June 20, 2025.

Beth Starocci, LPN immediately destroyed the expired test strips

Licensee's Proposed Overall Completion Date: 06/30/2024

Implemented (██████████) - 08/15/2024)

187b - Date/Time of Medication Admin.

8. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #8 is prescribed Levothyroxine Sodium Tablet 75mcg, take 1 tablet by mouth in the morning. Resident #8's April 2024 medication administration record does not include the initials of the staff person who administered this medication on 4/6/24 at 8:00 a.m.

Plan of Correction

Accept (██████████) - 06/21/2024)

LPN signed off on medication in eMAR. See attached. All LPNs and Med Techs were re-educated on necessity to sign off in eMAR at the time of medication administration. See attached. Beginning 6/3/24, PCHA or designee will complete eMAR reviews daily for 4 weeks to ensure sign off documentation is complete. See attached. If an inconsistency is found, LPN or Med Tech responsible for that shift will be contacted to return to work and complete sign off procedures. Progressive disciplinary action will be initiated by PCHA and staff member responsible for the improper documentation. This audit is now a permanent responsibility of the

187b - Date/Time of Medication Admin. (continued)

PCHA. IF PCHA is unable to perform task, the task will be delegated to the Personal Care Nurse Manager.

██████████, LPN, signed off on medication in eMAR on 6/6/24.

All but 1 LPNs and Med Techs were re-education by PCHA on proper documentation procedures from 4/19/24 through 6/5/24. 1 Med tech was omitted and ██████████ will be re-educated by PCHA on 6/15/2024

Licensee's Proposed Overall Completion Date: 06/30/2024

Implemented (██████████) - 08/15/2024)

187d - Follow Prescriber's Orders**9. Requirements**

2600.

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

Description of Violation

Resident #9 is prescribed Losartan 25mg tablet, take 1 tablet by mouth daily, hold for systolic BP < 110 and hold for Diastolic BP < 60. However, on 4/9/24 at 8:00 a.m. resident #9's blood pressure was 110/60 and the medication was not administered.

Resident # 10 is prescribed the following medications:

Amlodipine 5mg tablet, take 1 tablet by mouth daily

Atenolol 26mg tablet, take 1 tablet by mouth daily

Hydrochlorothiazide 25mg tablet, take 1 tablet by mouth daily

Levothyroxine 112mcg tablet, take 1 tablet by mouth daily

Senokot 8.6mg-50mg tablet, take 2 tablets by mouth daily

Vitamin B Complex tablet, take 1 tablet by mouth daily

Glucosamine Chondroitin MSM tablet, take 1 tablet by mouth twice daily

Metformin 1000 mg tablet, take 1 tablet by mouth twice daily

On 4/8/24 at 8:00 a.m. resident #10 was not administered any of these medications.

Resident #11 is prescribed the following medications:

Flonase Suspension 50mcg, ACT, spray 2 sprays in each nostril once daily

Furosemide 20mg tablet, take 1 tablet by mouth once daily

Lexapro 5mg tablet, take 1 tablet by mouth once daily

Lisinopril 40mg tablet, take 1 tablet by mouth once daily

Multivitamin table, take 1 tablet by mouth once daily

Metoprolol Tartrate 50 mg tablet, take 1 tablet by mouth twice daily

Namenda Tablet 10mg, take 1 tablet by mouth twice daily

Rivastigmine Tartrate capsule 1.5 mg, take 1 capsule by mouth twice per day

On 4/22/24 at 8:00 a.m., resident #11 was not administered any of these medications.

Resident #12 is prescribed Hydrocodone/Acetaminophen 10mg-325mg tablet, take 1 tablet by mouth twice daily.

However, on 10/2/23 at approximately 9:00 a.m., staff person B administered Hydrocodone/Acetaminophen 5mg-325mg to resident #12.

On 11/29/23 at approximately 9:00 a.m. staff person C administered the following medications prescribed for

187d - Follow Prescriber's Orders (continued)

resident #12 to resident #13:
 Aspirin EC 81mg delayed release tablet
 Centrum Silver Multivitamin Tablet
 Ferrous Sulfate 325mg Tablet
 Lisinopril 10mg tablet
 Pantoprazole Sodium 40mg delayed release tablet
 Prednisone 5mg tablet
 Vitamin B-6 100mg tablet
 Isosorbide Mononitrate 30 mg Extended-Release tablet
 Tylenol 500mg Extra strength tablet.

On 12/23/23 at approximately 9:00 a.m. staff person D administered the following medications prescribed for resident #14 to resident #4:

Amlodipine Besylate 10mg tablet
 Citalopram Hydrobromide 20mg tablet X 1.5 tablets
 Hydrochlorothiazide 50mg tablet
 Magnesium Oxide 400mg tablet
 Omeprazole 40mg capsule
 Potassium Chloride 20meq extended-release tablet

Plan of Correction

Accept (█) - 06/21/2024)

Resident #4: LPN made immediate notification of medication error to PCP, family member and resident.. Vitals were monitored for two shifts. The resident did not experience any adverse reactions. Staff person D was issued a performance counseling write up by PCHA and an incident report was sent to DHS by PCHA

Resident #13: PCP, LPN made immediate notification of medication error to PCP, family member and resident. Vitals were monitored for two shifts. The resident did not experience any adverse reaction. Staff person C was issued a performance counseling write up by PCHA and an incident report was sent to DHS by PCHA.

Resident #12: LPN notified family member and resident that an incorrect dose was given to resident. Resident did not experience any adverse reaction. Staff member was given a performance counseling memo by PCHA and PCHA submitted an incident report to DHS that same day.

Resident #10: LPN on shift that day was notified that █ charting was not complete and she completed the charting on 4/19/2024.

Resident #11: resident was out of the building that day and medications were given to █ DTR to take while away. Med Tech that morning did not sign off in the e-MAR that resident was away with medications. Proper documentation was completed on 4/19/24.

Monthly medication administration observations will be completed by PCHA and Personal Care Nurse Manager or PC LPN Coordinator with all PC LPNs and Med Techs. June observations began on 6/11/24. The observation tool is attached. These observations will begin on 6/7/24 and will be completed monthly for 6 months.

187d - Follow Prescriber's Orders (continued)

Staff Person D was issued a performance write up by PCHA on [REDACTED]
Staff Person C was issued a performance write up by HR Director on [REDACTED]
Staff Person B was issued a performance write up by PCHA on [REDACTED]

Licensee's Proposed Overall Completion Date: 06/30/2024

Implemented ([REDACTED] - 08/15/2024)