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

July 24, 2024

[redacted]
INTEGRACARE ERIE LLC
[redacted]
Suite 1000
[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 05/01/2024, 05/01/2024 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

Type: *I-2* **Date**: *09/02/2010* **Issued By**: *City of Erie*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *72* **Waking Staff**: *54*

Inspection Information

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

Reason: *Incident* **Exit Conference Date**: *05/13/2024*

Inspection Dates and Department Representative

05/01/2024 - On-Site: [redacted]

05/01/2024 - Off-Site: [redacted]

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**: *16*

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *51*

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

Have Mobility Need: *19* **Have Physical Disability**: *0*

Inspections / Reviews

05/01/2024 - Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/03/2024*

06/12/2024 - POC Submission

Submitted By: [redacted] **Date Submitted**: *07/12/2024*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/20/2024*

Inspections / Reviews *(continued)*

06/25/2024 - POC Submission

Submitted By: [redacted] **Date Submitted**: *07/12/2024*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *07/17/2024*

07/24/2024 - Document Submission

Submitted By: [redacted] **Date Submitted**: *07/12/2024*

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

16c - Written Incident Report

1. Requirements

2600.
16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted], at approximately 10:16 p.m., resident [redacted] was found in [redacted] private bathroom with [redacted] laundry bag string around [redacted] neck prompting the home to contact the Crises hotline; however, the home failed to report the incident to the department.

Plan of Correction ***Accept [redacted] - 06/25/2024)***

The immediate action taken by [redacted], Medication Associate was to remove the laundry back from the room and chart on the incident on 4/15/24.

The corrective action taken by [redacted], Resident Wellness Director starting on 6/16/24 all incidents that prompt a call to crisis will be reported to DHS through the proper process according to 2600.16c.

The preventative action taken is a training conducted on 5/30/24 by Executive Operations Officer, [redacted] to train all Wellness team members if there is an incident that requires Crisis to be called it is also a reportable incident to DHS. State reportable protocol in relation to regulation 2600.16c was also discussed during the training on 5/30/24 at the wellness monthly meeting.

Licensee's Proposed Overall Completion Date: *06/16/2024*

Implemented [redacted] - 07/24/2024)

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 [redacted] date of arrival 3/6/24, most recent assessment and support plan completed on 4/25/24, indicates an assessed ambulation need of "resident is independent and performs this task with or without assistive device" and a plan to meet the assessed ambulation need of "resident is able to complete this task independently, plan of care will be ongoing for this resident". Resident [redacted] most recent assessment and support plan also indicates an assessed need of transfer bed/chair as "resident is independent and is able to perform this task safely with or without assistive device" and a support plan to meet the assessed need of transferring bed/chair of "resident is able to perform this task independently, plan of care will be ongoing for this resident". Resident [redacted] has experienced multiple falls to include, on [redacted], at approximately 1:30 a.m., resident [redacted] had a large bruise on [redacted] left hip area and indicated [redacted] had fallen. On approximately 1:40 a.m., EmergyCare emergency medical services arrived at the home, staff members indicated to EmergyCare personnel that resident [redacted] was a "high fall risk". EmergyCare emergency medical services transported resident [redacted] to AHN Saint Vincent Hospital Emergency Department and was admitted due to clinical indications of "pain and injury or trauma; Fall; Blunt trauma (contusions or hematomas); Hip pain; Left hip; Fall bruising" and was subsequently diagnosed with [redacted]. On [redacted] at approximately 5:34 a.m., resident [redacted] was transported to AHN Saint Vincent Hospital Emergency Department for an evaluation due to a "suspected fall, abrasion on head, left shoulder pain, and a skin tear to the left dorsal hand". Physicians at AHN Saint Vincent Hospital

42b - Abuse (continued)

indicated resident [redacted] suffered from a suspected concussion, and a medical impression of a closed head injury. On [redacted] at approximately 3:20 a.m., resident [redacted] fell from [redacted] bed, hitting [redacted] head and right hip, and complained of being in pain. At approximately 3:28 a.m., EmergyCare emergency medical services arrived at the home and transported resident [redacted] to AHN Saint Vincent Hospital Emergency Department. Resident [redacted] presented at AHN Saint Vincent Hospital Emergency Department with complaints of left rib and lift hip pain with no other acute findings upon examination. On [redacted], at approximately 12:00 a.m., resident [redacted] fell out of [redacted] bed and was found on the floor of [redacted] room complaining of pain. At approximately 12:15 a.m., EmergyCare emergency medical services arrived at the home. Staff members advised EmergyCare emergency medical service personnel that resident [redacted] had multiple falls that week. EmergyCare emergency medical services transported resident [redacted] to AHN Saint Vincent Hospital Emergency Department and was diagnosed with a [redacted]. However, the home failed to assess for and implement adequate services to address resident [redacted] fall history.

Plan of Correction ***Accept[redacted] - 06/25/2024)***

The immediate actions taken after resident [redacted] fall was documentation of the unwitnessed fall on [redacted] by [redacted], Medication Associate and the removal of resident [redacted] bed frame on [redacted] by [redacted] Medication Associate with a hospital bed ordered by Resident [redacted] physician, [redacted] on [redacted]. Home Health Orders were signed on [redacted] by [redacted] CRNP to start resident [redacted] for Physical Therapy and Occupational Therapy with UPMC Home Health.

The corrective action taken by [redacted], Resident Wellness Director was to update to the RASP and Care Plan for resident [redacted] to fit the proper care needs on [redacted]

The preventative action taken by [redacted], Resident Wellness Director, is that all residents that have a significant change that needs extra services provided by the community or another provider within the community, an additional assessment, updated care plan, and the proper RASP updates will be conducted on the resident starting 6/16/24.

Licensee's Proposed Overall Completion Date: *06/16/2024*

Implemented [redacted] - 07/24/2024)

142a - Secure Medical Care

3. Requirements

2600.
142.a. The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

Description of Violation

On [redacted], at approximately 3:20 a.m., resident [redacted] fell from [redacted] bed, hitting [redacted] head and right hip, and complained of being in pain. At approximately 3:28 a.m., EmergyCare emergency medical services arrived at the home and transported resident [redacted] to AHN Saint Vincent Hospital Emergency Department. Resident [redacted] presented at AHN Saint Vincent Hospital Emergency Department with complaints of left rib and lift hip pain. On [redacted], resident [redacted] was discharged from AHN Saint Vincent Hospital with discharge instructions indicating a follow-up appointment with an internal medicine specialist was required within three days ([redacted]) of discharge. However, the home failed to schedule the required follow-up appointment.

On [redacted], at approximately 12:00 a.m., resident [redacted] fell from [redacted] bed and was found on [redacted] private room's floor

142a - Secure Medical Care (continued)

complaining of pain. At approximately 12:15 a.m., EmergyCare emergency medical services arrived at the home. EmergyCare emergency medical services transported resident [redacted] to AHN Saint Vincent Hospital Emergency Department and was subsequently diagnosed with a [redacted]. Resident [redacted] was discharged from the hospital with discharge instructions indicating a follow-up appointment with resident [redacted] primary care physician was required within two-to-three-days of discharge. However, the home failed to schedule the required follow-up care appointment.

Plan of Correction ***Accept [redacted] 06/25/2024)***

The immediate action taken by [redacted], Resident Wellness Director was to get Resident [redacted] scheduled with the proper follow up appointments necessary on [redacted] with the assistance of Resident [redacted] POA.

The corrective action taken by [redacted] Resident Wellness Director was to switch resident [redacted] physician to the in-house physician partnership through Curana at the request of resident [redacted] POA. All follow up appointments will be scheduled by the community for resident [redacted] with the assistance of the in-house physician partnership through Curana starting on [redacted] with Curana's first visitation for resident [redacted].

The preventative action taken by [redacted] starting [redacted] will be to follow up with all resident POAs that are either a resident themselves or residents that are their own POAs to ensure that they are following up appropriately to their discharge instructions.

Licensee's Proposed Overall Completion Date: *06/15/2024*

Implemented [redacted] 07/24/2024)

225c - Additional Assessment

4. 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] date of arrival [redacted], most recent assessment and support plan completed on [redacted] indicates an assessed transfer bed/chair need of "resident is independent and is able to perform this task safely with or without assistive device" and a support plan to meet the assessed need of transferring bed/chair of "resident is able to perform this task independently, plan of care will be ongoing for this resident". However, resident [redacted] experienced two falls from [redacted] bed. On [redacted], at approximately 3:20 a.m., resident fell from [redacted] bed, hitting [redacted] head and right hip, and complaining of being in pain. At approximately 3:28 a.m., EmergyCare emergency medical services arrived at the home and transported resident [redacted] to AHN Saint Vincent Hospital Emergency Department. Resident [redacted] presented at AHN Saint Vincent Hospital Emergency Department with complaints of left rib and lift hip pain. On [redacted] at approximately 12:00 a.m., resident fell from [redacted] bed, hitting [redacted] back on the floor, and complained of being in pain. At approximately 12:15 a.m., EmergyCare emergency medical services arrived at the home. Resident [redacted] was subsequently transported to AHN Saint Vincent Hospital Emergency Department and diagnosed with a [redacted]. However, the home failed to reassess resident [redacted]

Resident [redacted] date of arrival [redacted], most recent assessment and support plan completed on [redacted], indicates an assessed ambulation need of "resident is independent and performs this task with or without assistive device" and a plan to meet this assessed need of "resident is able to complete this task independently". However, resident [redacted] has experienced multiple falls to include, on [redacted] at approximately 1:30 a.m., Resident [redacted] indicated to staff that a large bruise on [redacted] left hip was caused by a fall. At approximately1:40 a.m., EmergyCare emergency medical services arrived at the home, staff members Advised EmergyCare personnel that resident [redacted] was a "high fall risk". Resident [redacted] arrived

at AHN Saint Vincent Hospital Emergency Department and was admitted due to clinical indications of "Pain and injury or trauma; Fall; Blunt trauma (contusions or hematomas); Hip pain; Left hip; Fall bruising" and was diagnosed with "[redacted]. On [redacted], at approximately 4:15 a.m., resident [redacted]ell causing a skin tear on [redacted]left hand, brush burn on [redacted]forehead and pain to [redacted]left shoulder. At approximately 5:34 a.m., resident [redacted]arrived at AHN Saint Vincent Hospital Emergency Department for an evaluation due to "suspected fall, abrasion on [redacted] head, left shoulder pain, and a skin tear to the left dorsal hand". AHN Saint Vincent Hospital physicians indicated resident [redacted] had a suspected concussion, and a medical impression of a closed head injury. However, the home failed to reassess resident [redacted]

225c - Additional Assessment *(continued)*

Plan of Correction ***Accept [redacted] - 06/25/2024)***

The immediate action taken was documentation of the incident by [redacted], Medication Associate on 3/27/24.

The corrective action taken by [redacted], Resident Wellness Director was a reassessment of resident [redacted] on [redacted] to show the proper care needs the home should have provided for Resident [redacted].

The preventative action taken by [redacted], Resident Wellness Director is starting [redacted] all residents that have a significant change that warrants a change in plan of care where the community or an external provider needs to provide an additional service, that resident will be reassessed.

Licensee's Proposed Overall Completion Date: *06/16/2024*

Implemented [redacted] - 07/24/2024)

227c - Support Plan Revision

5. Requirements

2600.
227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

On [redacted], at 10:16 p.m., resident [redacted] was found in [redacted] private bathroom with [redacted] laundry bag string around [redacted] neck. Resident [redacted] most recent assessment and support plan completed on [redacted], does indicate an assessed judgement need of "severe problem". However, the support plan to meet the assessed judgement need indicated a plan of service provision of "staff observe document and report signs of changes in resident's judgement that effect resident safety".

Plan of Correction ***Accept [redacted] - 06/25/2024)***

The immediate action taken was the removal of the laundry bag from resident [redacted] apartment and documentation of the incident by [redacted], Medication associate on [redacted]

The corrective action taken by [redacted], Resident Wellness Director was to make sure that all assessments, RASPS, and care plans match for resident [redacted] This was completed on [redacted]

The preventative action taken by [redacted], Executive Operations Officer was the removal of all string bagged laundry bags in the SDCU and switch to laundry hampers on [redacted]. Another preventative action taken by [redacted], Resident Wellness Associate starting [redacted] all residents that have a significant change that warrants a change in plan of care where the community or an external provider needs to provide an additional service, that resident will be reassessed.

Licensee's Proposed Overall Completion Date: *06/16/2024*

Implemented [redacted] 07/24/2024)