

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

July 17, 2024

[REDACTED], NHA
ERIE SNF OPERATIONS LLC
[REDACTED]

RE: NIGHTINGALE LIFE CENTER
607 EAST 26TH STREET
ERIE, PA, 16504
LICENSE/COC#: 45274

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/16/2024 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: NIGHTINGALE LIFE CENTER License #: 45274 License Expiration: 09/15/2024
Address: 607 EAST 26TH STREET, ERIE, PA 16504
County: ERIE Region: WESTERN

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: ecomic@nightingalenrc.com

Legal Entity

Name: ERIE SNF OPERATIONS LLC
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: Other Date: 11/09/1987 Issued By: Dept. of Labor & Industry
Type: C-2 LP Date: 09/22/1987 Issued By: Dept. of Labor & Industry
Type: C-2 LP Date: 12/30/1986 Issued By: Dept. of Labor & Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 23 Waking Staff: 17

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 05/16/2024

Inspection Dates and Department Representative

05/16/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: 117 Residents Served: 16
Secured Dementia Care Unit
In Home: No Area: Capacity: Residents Served:
Hospice
Current Residents: 0
Number of Residents Who:
Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 16
Diagnosed with Mental Illness: 5 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 7 Have Physical Disability: 3

Inspections / Reviews

05/16/2024 - Full
Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 06/15/2024

Inspections / Reviews (*continued*)

06/24/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/12/2024

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 07/01/2024

07/05/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/12/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 07/12/2024

07/17/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/12/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

81b - Resident Personal Equipment

1. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

The enabler bar on resident #1's bed was not securely attached and could be moved back and forth approximately 8"-10", posing an entrapment hazard.

Plan of Correction

Accept ([redacted]) - 06/24/2024)

- 1. After findings on 5/16/24 enabler was secured immediately by maintance and verified by representative on site [redacted].
- 2. Direct Care Staff will check enabler once a week starting 5/16/2024 for one month, than twice a week for one month, than monthly until December 2024.
Currently only two enablers in use. See attached check list.
- 3. All assistive devices will be reviewed monthly until December 2024 by Personal Care Home administrator or Designee.

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

Implemented ([redacted]) - 07/17/2024)

85d - Trash Receptacles

2. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

At 11:30 a.m., there was a full, uncovered trash can next to the stove in the main kitchen.

Plan of Correction

Accept ([redacted]) - 07/05/2024)

- 1. After findings on 5/16/24 trash can was immediately removed by dietary staff and new ordered with lid by maintanance. New trash can was placed on 5/22/24.
- 2. Designe will check all trash cans daily starting 5/16/24 for 2 weeks, than weekly for one month, than monthly until December 2024. See attached check list
- 3. PCHA or Designe will review trash can audits monthly until December 2024

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

Implemented ([redacted]) - 07/17/2024)

132b - Safety Inspection/Fire Drill

3. 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.

132b - Safety Inspection/Fire Drill (continued)

Description of Violation

The most recent fire safety inspection and fire drill conducted by a fire safety expert was completed on 9/7/23. However, the previous fire safety inspection and fire drill conducted by a fire safety expert was completed on 7/22/22.

Plan of Correction

Accept () - 07/05/2024)

1. Maintenance placed a call immediately to Fire Inspector of Erie Fire Department to schedule next yearly supervised fire drill.
2. Maintenance will schedule 2 supervised fire drill dates at least one month before due date. If first date gets cancelled maintance will schedule another one for back up. This year supervised fire drill is scheduled 6/26/24 with backup date 6/27/24.
3. Personal Care Home Administrator or Designe will review supervised fire drill dates starting 6/26/24 and follow up with cancelations on the same day. PCHA will review quarterly scheduled fire drill dates.

Licensee's Proposed Overall Completion Date: 06/29/2024

Implemented () - 07/17/2024)

133.1 - Exit Signs

4. Requirements

2600.

133.1. Exit Signs - The following requirements apply for a home serving nine or more residents: Signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

Description of Violation

There is no exit sign over the exit door in building #2 near the 1st floor staff dining room. The home currently serves 16 residents.

Plan of Correction

Accept () - 06/24/2024)

1. Maintenance immediatly placed a call to ETA and scheduled exit sign installment. Exit sign was installed 6/14/24. see attached picture.
2. Maintance will check monthly all exit signs in facility.
3. Personal Care Home Administrator or designe will review exit sign audit quaterly at QAPI /Risk Management meeting.

Licensee's Proposed Overall Completion Date: 06/14/2024

Implemented () - 07/17/2024)

184a - Resident's Meds Labeled

5. 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.

184a - Resident's Meds Labeled (continued)

Description of Violation

Resident #2 is prescribed 2.5mg Olanzapine tablet, take 1 tablet by mouth at bedtime. However, the pharmacy label indicated "see attached" in the place of the instructions. Nothing was attached.

Plan of Correction

Accept () - 07/05/2024)

1. Personal Care Home Administrator immediately (5/16/24) notified physician and order received to follow instructions on EMAR. . Change of Direction sticker placed on label immediately by PCHA. All other medication labels checked for accuracy by med tech on duty on 5/16/24.
2. All new incoming medication will be checked by med tech or nurse on duty on received day and if label does not matching physician will be notified via fax or phone by designee immediately. New order will be written and correction will be made accordingly. In addition Med techs or nurse will audit monthly all medication labels.
3. Personal Care Home Administrator will review medication audits monthly starting 6/5/24.

Licensee's Proposed Overall Completion Date: 06/29/2024

Implemented () - 07/17/2024)

227d - Support Plan Medical/Dental

6. Requirements

2600.

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 #1 has an enabler bar attached to () bed for repositioning and transferring. However, resident #1's support plan, dated (), does not include:

- The specific need for the device
- The intended use
- Any risks associated with the device
- The resident's ability to use the device safely for the intended purpose
- Identification of the specific device to be used
- If a cover is required to meet FDA guidelines

Plan of Correction

Accept () - 07/05/2024)

1. Enabler bar was added to correction RASP on 5/16/16 by Personal Care Home Administrator. All other RASP's checked for all assistive devices by PCHA on 5/16/24.
2. Personal Care Home Administrator or designee will audit all assistive devices on RASP Q 6months or with any new/annual RASP starting 5/25/24
3. Personal Care Home Administrator will review all assistive devices audits Q 6 months at QAPI/ Risk Manegment Meeting starting 6/27/24.

227d - Support Plan Medical/Dental (*continued*)

Licensee's Proposed Overall Completion Date: 06/29/2024

Implemented (█) - 07/17/2024