

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

August 15, 2024

[REDACTED], COO
INTEGRACARE ERIE LLC

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/28/2024 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: *12/11/2024*
 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]

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: *81* Waking Staff: *61*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint, Incident, Fine* Exit Conference Date: *06/28/2024*

Inspection Dates and Department Representative

06/28/2024 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *138* Residents Served: *56*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Life Stories* Capacity: *22* Residents Served: *15*

Hospice
 Current Residents: *1*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *56*
 Diagnosed with Mental Illness: *15* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *25* Have Physical Disability: *0*

Inspections / Reviews

06/28/2024 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/25/2024*

07/30/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *08/13/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/06/2024*

Inspections / Reviews *(continued)*

08/06/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/13/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 08/13/2024

08/15/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/13/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

85b - Infestation

1. Requirements

2600.

85.b. There may be no evidence of infestation of insects or rodents in the home.

Description of Violation

On [REDACTED], staff person A found approximately 200 bed bugs between the mattresses of resident #1's bed. Resident #1 had multiple bites marks and reddened areas on [REDACTED] left and right arms.

Plan of Correction

Accept [REDACTED] - 08/06/2024)

The immediate action taken by [REDACTED], Medication Associate on 6/22/24 was to assist with showering Resident #1 head to toe to remove any bed bugs and to properly clean any wounds found due to the bed bugs. While the shower took place [REDACTED], Safety and Maintenance Engineer removed and disposed of the bedding as well as the mattress. Resident #1 was then moved to a separate room, room [REDACTED], following [REDACTED] shower. Resident #1 was re-placed in room [REDACTED] on [REDACTED] following the approval from Ecolab that the room was successfully treated.

The corrective action taken by [REDACTED], Safety and Maintenance Engineer was the call to Ecolab, a professional pest control company contracted through The Residence at Presque Isel Bay. Ecolab arrive on 6/22/24 to professionally treat the room for bed bugs. Ecolab did a follow up on 6/24/24 of the room and then again on 6/26/24 to ensure that the room was treated properly.

The preventative action taken by [REDACTED], Safety and Maintenance Engineer will be a training for all employees at the all-staff quarterly meeting on 7/23/24 that there may be no evidence of infestation of insects or rodents in the community. In addition, there will be a weekly monitoring step starting 8/5/24 put in place by [REDACTED], Safety and Maintenance Engineer, to include inspecting the community for any evidence of bedbugs.

Licensee's Proposed Overall Completion Date: 08/05/2024

Implemented [REDACTED] - 08/15/2024)

141b1 - Annual Medical Evaluation

2. Requirements

2600.

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

Description of Violation

Resident #2's most recent medical evaluation was completed on [REDACTED]. The resident's previous medical evaluation was completed on [REDACTED].

Plan of Correction

Accept [REDACTED] - 07/30/2024)

The immediate action taken by [REDACTED], Resident Wellness Director on 6/28/24 was an audit of medical evaluation for all residents to ensure all are current or are scheduled on the annual evaluation date.

The corrective action taken by [REDACTED], Resident Wellness Director on 6/28/24 is a medical evaluation tracker for all residents to ensure that any medical evaluations are completed at least annually.

The preventative action taken by [REDACTED], Executive Operations Officer was a training with [REDACTED], Resident Wellness Director on 7/18/24 on the process and importance of 2600.141.b.1. Also, a monthly audit of the medical evaluation records conducted by [REDACTED], Resident Wellness Director started on 6/28/24.

141b1 - Annual Medical Evaluation (continued)

Licensee's Proposed Overall Completion Date: 07/18/2024

Implemented [redacted] - 08/15/2024)

231c - Preadmission Screening

3. Requirements

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident #2 was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]. However, a written cognitive preadmission screening was not completed for the resident prior to admission.

Resident #3 was admitted to the SDCU on [redacted]. However, a written cognitive preadmission screening was not completed for the resident prior to admission.

Plan of Correction

Accept [redacted] - 07/30/2024)

The immediate action taken by [redacted], Resident Wellness Director was the completion of a cognitive preadmission screening on [redacted] for both Resident #2 and #3.

The corrective action was that [redacted], Resident Wellness Director will ensure all SDCU residents will have a preadmission cognitive screening within 72 hours of admission starting on [redacted].

The preventative action is a move in audit within 72 hours of every SDCU move in to be completed by Nathan Maietta, Executive Operations Officer starting on 7/18/24.

Licensee's Proposed Overall Completion Date: 07/18/2024

Implemented [redacted] - 08/15/2024)