

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

August 12, 2024

[REDACTED]
SARAH A REED RETIREMENT CENTER
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 07/23/2024 of the above facility, areas of non-compliance with applicable regulations were found. The noncompliant areas and specific regulation references are set forth in the enclosed Licensing Inspection Summary (LIS).

You must submit an acceptable plan to correct noncompliant items pursuant to 55 Pa. Code § 20.52 (relating to plan of correction). You should begin to implement your plan immediately upon submission. The Department will notify you whether your plan is acceptable or not acceptable and needs to be changed.

Return the LIS and completed Plan of Correction by 08/22/2024. Supporting documentation to verify compliance of any non compliance area that has been corrected must be provided to the Department as corrective actions are completed. Failure to submit an acceptable Plan of Correction may result in further licensing action including but not limited to license revocation or nonrenewal. Continued compliance with 55 PA Code Ch. 2600 (Personal Care Home) regulations must be maintained.

Submit the Plan of Correction electronically in SansWrite by **08/22/2024**.

If you need assistance writing your plan of correction or submitting your plan in SansWrite, please refer to online training available at <http://services.dpw.state.pa.us/DPC-Provider-Training/index.html> or contact me at 724 972 2879 or email [REDACTED]

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: SARAH REED SENIOR LIVING

License #: 44761

License Expiration: 06/16/2025

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: [REDACTED]

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: 91

Waking Staff: 68

Inspection Information

Type: Partial

Notice: Unannounced

BHA Docket #:

Reason: Incident, Interim

Exit Conference Date: 07/23/2024

Inspection Dates and Department Representative

07/23/2024 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 100

Residents Served: 71

Secured Dementia Care Unit

In Home: Yes

Area: Zurn Pavilion

Capacity: 25

Residents Served: 20

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 71

Diagnosed with Mental Illness: 36

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 20

Have Physical Disability: 0

Inspections / Reviews

07/23/2024 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 08/22/2024

185a - Implement Storage Procedures

1. 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 [REDACTED] is prescribed [REDACTED] checks daily in the morning. On [REDACTED] at 8:00 a.m., resident [REDACTED] July medication administration record indicated a reading of [REDACTED]; however, this reading was not on the resident's glucometer.

Plan of Correction

Licensee's Proposed Overall Completion Date