

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

March 14, 2025

[REDACTED], PCHA
PENNSYLVANIA SOLDIERS AND SAILORS HOME
560 EAST 3RD STREET
[REDACTED]
ERIE, PA, 16507

RE: PENNSYLVANIA SOLDIERS AND
SAILORS HOME
560 E. 3RD STREET
ERIE, PA, 16507
LICENSE/COC#: 44829

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/06/2025 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: PENNSYLVANIA SOLDIERS AND SAILORS HOME License #: 44829 License Expiration: 02/19/2026
 Address: 560 E. 3RD STREET, ERIE, PA 16507
 County: ERIE Region: WESTERN

Administrator

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

Legal Entity

Name: PENNSYLVANIA SOLDIERS AND SAILORS HOME
 Address: 560 EAST 3RD STREET, [REDACTED], ERIE, PA, 16507
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: Other Date: 09/15/1997 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 48 Waking Staff: 36

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 02/06/2025

Inspection Dates and Department Representative

02/06/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 100 Residents Served: 48
 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: 44
 Diagnosed with Mental Illness: 48 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

02/06/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/24/2025

02/24/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 03/14/2025
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/03/2025

Inspections / Reviews (*continued*)

02/27/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/14/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 03/19/2025

03/14/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/14/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Care Facility Carbon Monoxide Alarms Standards Act, enacted on 6-23-16, requires carbon monoxide alarms to be installed in close proximity to, but not less than 15 feet from, any fossil-fuel burning device or appliance. At 11:00 a.m., there were 2 gas operated dryers in the laundry room located in the blue hall. However, there was no carbon monoxide detector in the required area.

Plan of Correction

Accept ([REDACTED] - 02/27/2025)

1. On 02/06/2025 Maintenance and Security immediately installed a carbon monoxide detector right outside the door to the laundry room.
2. By 02/11/2025 Maintenance conducted a sweep of the facility to determine if any other location for a carbon monoxide detector was necessary.
3. Administration initiated education with the Maintenance staff on 02/07/2025 and the Security staff on 02/18/2025 on the regulation pertaining to carbon monoxide detectors.
4. Carbon monoxide detectors will be checked by Maintenance or the Security staff on environmental rounds starting the week of 03/03/2025.
5. Findings were addressed and submitted to the Quality Assurance Risk Management Coordinator for review and interventions as needed on 02/27/2025.

Licensee's Proposed Overall Completion Date: 03/19/2025

Implemented ([REDACTED] - 03/14/2025)

65d - Initial Direct Care Training

2. Requirements

2600.

- 65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

3. Initial direct care staff person training to include the following:

Description of Violation

Multiple direct care staff members to include staff members A, B, and C, began providing unsupervised ADL services on approximately [REDACTED]. However, staff members A, B, and C, did not complete the Department-approved direct care training course.

Plan of Correction

Accept ([REDACTED] - 02/27/2025)

1. The Registered Nurse Instructor will have staff members A, B and C enrolled in the Department-approved direct care training course by 03/19/2025.
2. The training plan for all additional staff identified by Administration as needing the Department-approved direct care training course will be initiated by 03/19/2025.
3. The Registered Nurse Instructor will incorporate into the new hire orientation and annual training the Department-approved direct care training course material by 03/19/2025.
4. The training program will be reviewed by the Quality Assurance Risk Management Coordinator for further review and interventions as needed by 03/19/2025.

65d - Initial Direct Care Training (continued)

Licensee's Proposed Overall Completion Date: 03/19/2025

Implemented () - 03/14/2025)

65g - Annual Training Content

3. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.

Description of Violation

Multiple staff members to include, staff members A, and B did not receive fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert during training year January 2024, to December 2024.

Plan of Correction

Accept () - 02/27/2025)

1. On 02/07/2025 The Institutional Fire Safety and Security (IFSS) staff member received an attestation from the Erie Fire Department Fire Marshal along with an additional attestation letter from a Fire Inspector confirming the IFSS is recognized as a staff trainer for any staff training on fire safety and emergency incidents.
2. On 02/07/2025 IFSS along with the PCU Administrator were educated by Administration on the regulation pertaining to the staff fire safety trainer needing to be trained by a fire safety expert.
3. Staff members A and B will be re-trained by the IFSS by 03/19/2025.
4. Findings were addressed and submitted to the Quality Assurance Risk Management Coordinator for further review and interventions as needed on 02/27/2025.

Licensee's Proposed Overall Completion Date: 03/19/2025

Implemented () - 03/14/2025)

85a - Sanitary Conditions

4. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

At 12:07 p.m., there was a puddle of urine approximately 12 x 24 inches in size and approximately 1/8 inches deep, in-between the men's urinal and toilet in the common bathroom located in the middle of 900 hall.

Plan of Correction

Accept () - 02/27/2025)

1. On 02/06/2025 Housekeeping was immediately notified and the area cleaned.
2. Housekeeping rounds on 02/06/2025 were conducted by housekeeping staff and no additional areas of concern were identified outside of routine cleaning.
3. Residents were re-educated by the Housekeeping Supervisor and the PCU Administrator at the resident council meeting scheduled 02/24/2025, on how to report off any housekeeping needs they identify throughout the day.
4. The Registered Nurse Instructor initiated staff training on 02/24/2025 on how to attain housekeeping support for any needs identified.

85a - Sanitary Conditions (continued)

5. Findings were addressed and submitted to the Quality Assurance Risk Management Coordinator for further review and interventions as needed on 02/27/2025.

Licensee's Proposed Overall Completion Date: 03/19/2025

Implemented (█) - 03/14/2025

103g - Storing Food

5. Requirements

2600.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

At 11:49 a.m., there was a partially opened / unsealed bag of approximately 4 dozed peanut butter cookie dough patties located in the Desert Reach-in Freezer located directly outside of the home's kitchen.

Plan of Correction

Accept (█) - 02/27/2025

1. On 02/06/2025 the Director of Dietary Services immediately removed the box from storage and sealed the bag, labeled and dating the item before returning it to the freezer.
2. On 02/11/2025 The Director of Dietary Services conducted a sweep of all items stored to determine if any other issues needed corrective action.
3. The Director of Dietary Services initiated staff education on 02/11/2025 regarding the regulation pertaining to storing food.
4. Auditing food storage being conducted by Quality Assurance Specialist once a week for four weeks started 02/21/2025.
5. Findings will be addressed and submitted to the Quality Assurance Risk Management Coordinator for further review and interventions as needed on 02/27/2025.

Licensee's Proposed Overall Completion Date: 03/19/2025

Implemented (█) - 03/14/2025