

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

April 18, 2025

[REDACTED]
INTEGRACARE ERIE LLC
[REDACTED]

C/O INTEGRACARE CORP
[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 02/28/2025 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: THE RESIDENCE AT PRESQUE ISLE BAY License #: 45350 License Expiration: 08/27/2025
 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: 86 Waking Staff: 65

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Incident Exit Conference Date: 02/28/2025

Inspection Dates and Department Representative

02/28/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 138 Residents Served: 63
 Secured Dementia Care Unit
 In Home: Yes Area: Life Stories Capacity: 22 Residents Served: 15
 Hospice
 Current Residents: 3
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 63
 Diagnosed with Mental Illness: 10 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 23 Have Physical Disability: 0

Inspections / Reviews

02/28/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/28/2025

04/04/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 04/11/2025
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/11/2025

Inspections / Reviews *(continued)*

04/09/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/11/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/11/2025

04/18/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/11/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

141b1 - Annual Medical Evaluation

1. Requirements

2600.

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

Description of Violation

Resident [REDACTED] current medical evaluation was completed [REDACTED] however the previous medical evaluation was completed [REDACTED]

Plan of Correction

Accept [REDACTED] - 04/04/2025)

Violation of 2600.141.b.1

Violation Description

Code Definition: A resident shall have a medical evaluation: At least annually.

Details: Resident [REDACTED] current medical evaluation was completed [REDACTED], however the previous medical evaluation was completed 6/28/23.

Short Term Actions**1. Perform Immediate Medical Evaluation**

1.1 Goals: Ensure Resident [REDACTED] receives the overdue medical evaluation.

1.2 Steps:

- Schedule and conduct the medical evaluation for Resident [REDACTED] by a licensed medical professional.
- Document the medical evaluation in Resident [REDACTED] medical records.

1.3 Responsible Party: Resident Wellness Director/Designee

1.4 Time line: Completed on 8/16/24

2. Review Resident Medical Evaluation Schedule

2.1 Goals: Identify and address any scheduling gaps in annual evaluations.

2.2 Steps:

- Review the medical evaluation records for all residents to identify any similar issues.
- Immediately address any discovered gaps by scheduling overdue evaluations.
- Update records to ensure all residents are receiving annual medical evaluations.

2.3 Responsible Party: Resident Wellness Director/ Designee

2.4 Time line: To be completed by 3/28/25

Long Term Actions**1. Implement Medical Evaluation Tracking System**

1.1 Goals: Ensure consistent compliance with annual medical evaluation requirements for all residents.

1.2 Steps:

- Develop or acquire a digital tracking system for scheduling upcoming resident medical evaluations.
- Provide a training to the Resident Wellness Director on using the tracking system effectively to ensure upcoming evaluations are not missed.
- Future new Resident Wellness Directors will be trained as part of the onboarding process.

1.3 Responsible Party: Executive Operations Officer/ Designee

1.4 Time line: To be completed by 3/28/25

Licensee's Proposed Overall Completion Date: 03/28/2025

Implemented [REDACTED] - 04/18/2025)

141b1 - Annual Medical Evaluation (*continued*)

225c - Additional Assessment

2. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Multiple staff interviews indicate resident [REDACTED] has had changes in behavior such as yelling, using foul language, punching staff, and throwing dining ware (dishes/cups/silverware) over the past 2-3 months. However, the resident's assessment, date [REDACTED], does not indicate these changes in behavior.

Plan of Correction

Accept [REDACTED] - 04/09/2025)

Violation of 2600.225.c

Violation Description

Code Definition: The resident shall have additional assessments as follows: 1. Annually. 2. If the condition of the resident significantly changes prior to the annual assessment.

Details: Multiple staff interviews indicate resident [REDACTED] has had changes in behavior such as yelling, using foul language, punching staff, and throwing dining ware (dishes/cups/silverware) over the past 2-3 months. However, the resident's assessment, date [REDACTED], does not indicate these changes in behavior.

Short Term Actions**1. Conduct Immediate Reassessment**

1.1 Goals: To ensure the resident's current condition is accurately assessed and documented.

1.2 Steps:

- Identify a qualified staff nurse to conduct an immediate reassessment of Resident [REDACTED] focusing on behavioral changes.
- Document all behavioral changes in the resident's official record post-assessment.

1.3 Responsible Party: Resident Wellness Director/ Designee

1.4 Time line: Completed on 2/28/25

2. Staff Training on Assessment Triggers

2.1 Goals: To educate staff on recognizing and reacting to significant changes in resident behavior which necessitate reassessment.

2.2 Steps:

- Provide a training covering assessment triggers and protocol for reporting changes.
- Schedule and conduct training sessions for all current employees.

2.3 Responsible Party: Executive Operations Officer/ Designee

2.4 Time line: To be completed by 3/28/25

3. Quality Assurance and Monitoring

3.1 Goals: To establish a monitoring system ensuring all staff report and assess significant behavioral changes timely.

225c Additional Assessment (continued)**3.2 Steps:**

- Resident Wellness Director will monitor resident caregiver notes for behavioral changes as indicators for reassessment weekly for one month and then monthly for two months.
- Resident Wellness Director will make necessary changes to assessment as needed upon discovery.

3.3 Responsible Party: Resident Wellness Director/ Designee

3.4 Time line: To be implemented by 3/28/25

Long Term Actions**1. Regular Audit of Resident Assessments**

1.1 Goals: To regularly verify the accuracy and timeliness of resident assessments by conducting audits.

1.2 Steps:

- Schedule Semi annual audits of resident files focusing on recent assessments and changes noted.
- Integrate audit findings into quality improvement meetings.

1.3 Responsible Party: Resident Wellness Director/ Designee

1.4 Time line: To be completed by 3/28/25

Licensee's Proposed Overall Completion Date: 04/09/2025

Implemented [REDACTED] - 04/18/2025)