

Department of Human Services
Bureau of Human Service Licensing

November 29, 2021

[REDACTED], PCHA
MILLCREEK MANOR
322 WASHINGTON PLACE
ERIE, PA 16505

RE: REGENCY SUITES/REGENCY AT
SOUTH SHORE
322 WASHINGTON PLACE
ERIE, PA, 16505
LICENSE/COC#: 44657

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/19/2021, 07/20/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *REGENCY SUITES/REGENCY AT SOUTH SHORE* License #: *44657* License Expiration Date: *11/03/2021*
Address: *322 WASHINGTON PLACE, ERIE, PA 16505*
County: *ERIE* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: *814-969-4800*

Email: [REDACTED]

Legal Entity

Name: *MILLCREEK MANOR*
Address: *322 WASHINGTON PLACE, ERIE, PA, 16505*
Phone: *8144542222* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *04/08/1993* Issued By: *Labor & Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *67* Waking Staff: *50*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *07/20/2021*

Inspection Dates and Department Representative

07/19/2021 - On-Site: [REDACTED]

07/20/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *70* Residents Served: *59*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *58*
Diagnosed with Mental Illness: *27* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *8* Have Physical Disability: *0*

Inspections / Reviews

07/19/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *09/24/2021*

10/26/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *11/02/2021*

10/26/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *11/05/2021*

11/28/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

25b - Contract Signatures

1. Requirements

2600.

- 25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [REDACTED], for resident #2 was not signed by the resident.

Plan of Correction

Accept

Personal Care Home Administrator and Administrator Assistant did a complete audit of all 59 Personal Care Leases. 5 leases needed signatures of residents only POA had signed. This was completed. [REDACTED]. A quarterly Audit will be done going forward to maintain compliance. The Resident signed [REDACTED].

Completion Date: 10/26/2021

Document Submission

Implemented

attached documents

91 - Telephone Numbers

1. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in room #125 and #216.

Plan of Correction

Accept

Emergency Phone Numbers were placed in the weekly Top of the Week- Announcement Bulletin as a back up to the stickers that are on the residents phones. The Top of the Week is passed out every Friday-.

Phone numbers were immediately placed on the residents phones that didn't have them immediately on inspection.

Quarterly Audits will be completed by Nursing and Administration in order to stay in compliance.

Completion Date: 09/21/2021

Document Submission

Implemented

attached documents

103g - Storing Food

1. Requirements

2600.

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

103g - Storing Food (continued)

Description of Violation

The walk-in freezer in the kitchen contained a bag of approximately 20 chicken patties that was opened and unsealed.

Plan of Correction**Accept**

Item was tossed in trash. Then an audit sheet was made and given to Dietary Manager to be audited weekly. In order to stay in compliance.

Completion Date: 09/21/2021

Document Submission**Implemented**

attached documents

187a - Medication Record

1. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident #3 is prescribed [REDACTED] subcutaneously with meals and sliding scale: 200-250= 1 unit, 251-300=2 units, 301-350=3 units, 351-400=4 units, 401 or greater = 5 units with a max total dose of 30 units. However, the resident's medication administration record does not indicate the dosage for additional units administered according to the sliding scale.

Plan of Correction**Accept**

Building switched to an electronic medical record system. The System has a pop up now when giving insulin that requires you to put in the dosing.

Nurse Manager also reeducated all staff immediately on the documentation in case a power outage would occur and we couldn't use the EMR, that has the built in audit tool.

Nurses (3) Will audit Marlys monthly to ensure compliance with regulation and documentation of audits will be kept

Completion Date: 10/26/2021

Document Submission**Implemented**

attached documents

225c - Additional Assessment

1. Requirements

2600.

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

1. Annually.

225c - Additional Assessment (*continued*)

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

Resident #1's assessment, dated [REDACTED] does not include the diagnosis of neuropathy of feet, hypertension & urinary retention, as indicated on the resident's medical evaluation dated [REDACTED]

Resident #2's assessment, dated [REDACTED], does not include the diagnosis of low back pain, toxic encephalopathy and repeated falls, as indicated on the resident's medical evaluation dated [REDACTED]

Plan of Correction

Accept

Both Assessments were fixed immediately on site. The nursing team of (3) will be doing quarterly audits between the DME and RASP in order to make sure nothing is missed. All RASP are now in an EMR system as well that has a built in audit tool.

Completion Date: 09/21/2021

Document Submission

Implemented

attached documents

227g -Support Plan Signatures

1. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #4's support plan, dated [REDACTED], was not signed by the resident nor does it indicate the resident was unable to participate, declined to participate, refused to sign or was unable to sign.

Plan of Correction

Accept

This residents signature was obtained after reviewing with resident at inspection. An audit was the completed of all Support Plans make sure they all had signatures or notes if unable to sign.

Nursing staff (3) will audit quarterly the Support plan to make sure all signatures are there. Nursing staff (3) will review support plans upon completion to ensure all individuals who participate in the development of the support plan sign and date the plan.

Completion Date: 10/26/2021

Document Submission

Implemented

attached documents