



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Mailing Date: March 23, 2022

[REDACTED]
IntegraCare Erie, LLC
[REDACTED]

RE: The Residence at Presque Isle Bay
1012 West Bayfront Parkway
Erie, PA 16507
License #: 45350

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspection on March 4, 2022 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

In accordance with 55 Pa.Code § 2600.11(b) or 55 Pa.Code § 2800.11(b) (relating to procedural requirements for licensure or approval of personal care homes or assisted living residences) a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

During the inspection, citations on the enclosed Licensing Inspection Summary were found. All citations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your NEW license is enclosed.

Sincerely,

Jamie Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

Facility Information

Name: *The Residence at Presque Isle Bay* License #: *45350* License Expiration:
Address: *1012 West Bayfront Parkway, Erie, PA 16507*
County: *ERIE* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: *724-553-4826* 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: *50* Waking Staff: *38*

Inspection Information

Type: *Partial* Notice: *Announced* BHA Docket #:
Reason: *Change Legal Entity* Exit Conference Date: *03/04/2022*

Inspection Dates and Department Representative

03/04/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: Residents Served: *35*

Secured Dementia Care Unit

In Home: *Yes* Area: *1st Floor* Capacity: *22* Residents Served: *11*

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *35*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *15* Have Physical Disability: *1*

Inspections / Reviews

03/04/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/18/2022*

03/09/2022 - POC Submission

Inspections / Reviews (*continued*)

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/16/2022*

03/11/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *03/21/2022*

03/15/2022 - Document Submission

Reviewer: [REDACTED] *n* Follow-Up Type: Follow-Up Date:

42c - Treatment of Residents

1. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On 2/27/22 staff person A entered resident #1's bedroom without knocking. At the time, resident #1 was standing in front of [REDACTED] refrigerator which is located directly in front of the door. The door hit into resident #1 when staff person A opened it. Resident #4 asked staff person A "Why don't you knock?" to which staff person A replied, "I don't knock." Resident #4 then jokingly stated "I'm gonna slap you", to which staff person A replied, "I'll slap you back". Resident #1 indicates staff person A is rude and grumpy and [REDACTED] is afraid to ask this staff person for assistance because of [REDACTED] attitude.

Plan of Correction**Accept**

- Team member was suspended pending investigation. Team member will be individually educated regarding resident rights upon return.*
- Changing practice? Resident rights will be reviewed during GO for all new team members. Periodic review during dept/all-staff meetings will also occur.*
- Teaching or Training? All staff will be re-educated on resident rights and given examples of what to do and what not to do when it comes to minding resident rights by 3/18/22.*
- On-going Monitoring? Leadership team will also be educated and will monitor during their daily walk throughs of the community and encounters with team members. Charge persons will also be expected to monitor this on every shift as well. Administrator or designee will privately interview 3 residents weekly for 1 month and monthly thereafter regarding treatment and care from staff.*

Completion Date: 03/31/2022

42c - Treatment of Residents *(continued)*

Document Submission

Implemented

82c - Locking Poisonous Materials

1. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

At 9:45am, a full 16 ounce bottle of Isopropyl Rubbing Alcohol, with a manufacturer's label indicating, "If swallowed, get medical help or contact a Poison Control Center right away," was unlocked, unattended and accessible on the counter near the sink in the SDCU's medication room. Not all the residents of the home, including resident #1, have been assessed capable of recognizing and using poisons safely.

Plan of Correction

Accept

-The keypad was immediately reactivated to secure the door.

- Changing practice? Automatically locking door knob with a different lock will be installed by 3/18/22 as well as ensuring that the door is self closing. Keypad will remain activated and keys for the keypad system have been removed from common key rings. Keys will be maintained and distributed to appropriate team members by EOO/SME.

All med room doors will be evaluated for self closing, self locking mechanism and changed over as warranted by 3/18/22.

82c - Locking Poisonous Materials (continued)

- *Teaching or Training? Staff will be educated by 3/18/22 regarding locking of doors and safety around poisons. Staff will be educated by 3/18/22 that all meds/treatments/ointments/patches must be stored in the locked med carts during this orientation as well. All future staff will be educated during GO also, with periodic education during dept/all staff meetings.*
- *On-going Monitoring? Leadership team will monitor on their daily walk throughs to ensure that poisons are secured and appropriate doors are locked.*

Completion Date: 03/18/2022

Document Submission

Implemented

183b - Meds and Syringes Locked

1. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

At 9:45am, a plastic bag with multiple ointments and creams including Maximum Strength Lidocaine Pain Relief Patch, INZO Barrier Cream and and 8 oz. bottle of wound cleanser, was unlocked, unattended, and accessible in the SDCU medication room.

Plan of Correction

Accept

-Keypad was immediately reactivated to ensure the door was locked and the area unaccessible by residents.

183b - Meds and Syringes Locked (continued)

-Changing practice? Ointments/Treatments/Patches will be required to be stored in the locked med cart. Automatically locking door knob with a different lock will be installed by 3/18/22 as well as ensuring that the door is self-closing. Keypad will remain activated and keys for the keypad system will be removed from common key rings. Keys will be maintained by EOO/SME. All med room doors will be evaluated for self-closing, self-locking mechanism and changed over as warranted by 3/18/22.

- Teaching or Training? Staff will be educated during initial orientation regarding locking of doors and safety around poisons. Staff will be educated that all meds/treatments/ointments/patches must be stored in the locked med carts during this orientation as well by 3/18/22. All future staff will be educated during GO also, with periodic education during dept/all staff meetings.

- On-going Monitoring? Leadership team will monitor on their daily walk throughs to ensure that poisons are secured and appropriate doors are locked. RWD will ensure on daily walk-throughs that med carts are locked and no ointments/treatments/patches/medications are being stored outside of the locked med carts

Completion Date: 03/18/2022

Document Submission

Implemented

254a - Records Discharge/Active**1. Requirements**

2600.

254.a. Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.

Description of Violation

At 10:05am, hospice correspondence and progress notes for resident #2 and resident #3 were unlocked, unattended, and accessible in a wall file folder in the 2nd floor common hallway across from room #212.

Plan of Correction

Accept

-The chart holders were immediately removed from the wall.

-Changing practice? Chart holders were removed and will not be utilized in common areas.

-Teaching or Training? Staff will be re-educated on confidentiality by 3/18/22. Confidentiality education will be provided during GO for all new team members with reminders during dept/all staff meetings periodically.

-On-going Monitoring? Leadership team will monitor confidentiality maintenance during daily walk throughs.

Completion Date: 03/18/2022

254a - Records Discharge/Active (*continued*)

Document Submission

Implemented