



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

**AUG 23 2013**

Sister Phyllis McCracken, President/CEO  
Saint Mary's Home of Erie  
Saint Mary's at Asbury Ridge  
4855 West Ridge Road  
Erie, Pennsylvania 16506

Dear Sister McCracken:

As a result of the Department of Public Welfare's licensing inspection on July 18, 2013 and July 19, 2013, of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Licensing Inspection Summary were found.

All violations specified on the enclosed 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 regular license for the period October 27, 2013 to October 27, 2014 was issued on July 18, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "f" followed by a long horizontal line.

Ronald Melusky  
Director

Enclosure  
Licensing Inspection Summary



Violation Report: 41342 - 07/18/2013 - Whitney, Diane  
 PCH Name: SAINT MARY S AT ASBURY RIDGE

**1. REGULATION 55 Pa.Code §2600**

2600.91 - 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.

**2a. DESCRIPTION OF VIOLATION**

The telephones in bedrooms B1117 and B3112 do not have the nearest hospital, ambulance, police/fire, poison control, and personal care home hotline numbers posted.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- Phone card was placed on the telephone of resident in B1117 & B3112 on the day of survey.
- The remaining resident phones were checked by the Housekeeping/Laundry Team Leader for the placement of phone cards.
- Housekeeping & nursing staff will be in-serviced regarding the requirement of phone cards being present on the residents' phones.
- Housekeeping/Laundry Team Leader will conduct weekly audit on five (5) rooms for two (2) months and then on 10 rooms monthly.
- Housekeeping/Laundry Team Leader will submit quarterly the audit results to the Quality Assurance Committee.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Sr. Phyllis McCracken*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Sr. Phyllis McCracken CEO/President

Date 08/05/13

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>8/7/13</u> (Date)	Plan of correction implementation status as of <u>8/7/13</u> (Date)
The above plan of correction was approved by <u><i>JM</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>2</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 41342 - 07/18/2013 - Whitney, Diane  
PCH Name: SAINT MARY S AT ASBURY RIDGE

1. REGULATION 55 Pa.Code §2600

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

The bed in room B2116 does not have a source of light that can be turned on/off from bedside.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- Flash light was given to resident in B2116 on the day of survey.
- Flash light is labeled with instruction to be kept at resident B2116's bedside.
- The remaining resident bedroom areas were checked by the Housekeeping/Laundry Team Leader for the placement of light source.
- Housekeeping & nursing staff will be in-serviced regarding the requirement of a light source being present by the residents' bed.
- Housekeeping/Laundry Team Leader will conduct weekly audit on 5 rooms for 2 months and then on 10 rooms monthly.
- Housekeeping/Laundry Team Leader will submit quarterly the audit results to the Quality Assurance Committee.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Sister Phyllis McCracken*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Sr. Phyllis McCracken CEO/President

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Violation Report: 41342 - 07/18/2013 - Whitney, Diane  
PCH Name: SAINT MARY S AT ASBURY RIDGE

1. REGULATION 55 Pa.Code §2600  
2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION  
On 7-19-2013, a bottle of Travatan Z eye drops for resident #1 was in the medication cart. The medication was discontinued on 6-4-2013: --

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- Discontinued eye drops were removed from the medication cart and destroyed on day of survey.
- All remaining medications in medication carts were checked for discontinued medications.
- Nurses will be educated regarding removal of medication after receiving discontinue order.
- Medication carts will be audited for presence of discontinued medications monthly for 3 months and then quarterly.
- Director of Personal Care Services will submit quarterly the audit results to the Quality Assurance Committee.

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page) *Sister Phyllis McCracken*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Sr. Phyllis McCracken      CEO/President      Date 08/05/13

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Violation Report: 41342 - 07/18/2013 - Whitney, Diane  
 PCH Name: SAINT MARY S AT ASBURY RIDGE

1. REGULATION 55 Pa.Code §2600  
 2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

On 7-19-2013, resident #2 was administered the following 8:00 AM medications at approximately 10:40 AM: Bacid, Amlodipine 5mg, Atacand 16mg, Calcium + D tablets 600mg/400U, Cetirizine 10mg, Clopidogrel 75mg, Donepezil 10mg, Terazosin 2mg, Vitamin B-12 1000mcg, Vitamin D 5000U, Atenolol 50mg, Lutein, Metformin 500mg, Triamcinolone spray 55mcg, and Chlorhexidine solution 0.12%. Staff person A initialed the medication administration record for administration at 8:00 A.M.; however the medications were not administered until approximately 10:40 A.M.

On 7-18-2013, at 8:00A.M., resident #2 was administered Lutein ICAPS, Metformin 500mg, Triamcinolone spray 55mcg, and Chlorhexidine solution 0.12%. Staff person A did not initial the medication administration record at the time of administration.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Medication administrations:

- Medication times will be changed as follows to better accommodate the residents and their preferences and with clinical :
  - o 6:00 a.m. – 10:30 a.m. – All Morning administration
  - o 10:30 a.m. – 2:00 p.m. – All Late morning/Lunch/Early afternoon administration
  - o 2:00 p.m. – 7:00 p.m. – All Late afternoon/Dinner/Early evening administration
  - o 7:00 p.m. – 11:00 p.m. – All Early evening/Bedtime/Late evening administration
  - o 11:00 p.m. – 6:00 a.m. – All Midnight through early morning administration
  - o Medication requiring a specific time range will be administered as ordered e.g. q.12 hrs.
- Nurse #A was counseled regarding proper documentation of medications.
- Nurses will be educated on the revised medication administration time policy and procedure; and proper documentation.
- One nurse will be monitored per week for one (1) month and then monthly for five (5) months and then quarterly to insure nurses are following proper procedure for the updated medication pass times and documentation.
- The Medication Administration Record (MAR) will be reviewed weekly for completeness.
- Director of Personal Care Services will submit quarterly the audit results to the Quality Assurance Committee.

*Immediately - all medications will be administered 1 hour before or 1 hour after ordered administration times.*

Repeat Violation: No	Date(s) of Previous Violation(s):				
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