



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

AUG 28 2014

Ms. Sharon Brooks, Administrator
Saint Mary's Home of Erie
4855 West Ridge Road
Erie, Pennsylvania 16506

RE: Saint Mary's at Asbury Ridge
License #: 413420

Dear Ms. Brooks:

As a result of the Department of Public Welfare's licensing inspection on July 24, 2014 and July 25, 2014, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period October 27, 2014 to October 27, 2015 was issued on July 18, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew Jones".

Matthew J. Jones
Director

SH

Enclosure
License Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: SAINT MARY S AT ASBURY RIDGE		License Number: 41342
Address: 4855 WEST RIDGE ROAD, ERIE, PA 16506		County: Erie
Administrator: Sharon Brooks		Region: WEST
Legal Entity Name: SAINT MARY'S HOME OF ERIE		
Legal Entity Address: 4855 WEST RIDGE ROAD, ERIE, PA 16506		
Certificate(s) of Occupancy C-2 LP 09/10/2001 Labor & Industry		
Staffing Hours Resident Support: N/A Total Daily Staff: 101 Waking Staff: 76		
Type of Inspection: Full BHA Docket Number: N/A Notice: Unannounced		
Reason(s) for Inspection(s) Renewal, Incident		
On-Site Inspections Dates and Department Representatives On-Site 07/24/2014: Mazza, Larry; Cutter, Jan 07/25/2014: Mazza, Larry; Cutter, Jan		
Off-Site Inspection Dates and Inspectors, if Applicable		
RECEIVED AUG 15 2014 WESTERN DISTRICT OFFICE (Harrisburg Government Center)		
Other Details Partial or Full Triggers: N/A Random Indicators: N/A		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 164 Number of Residents Served: 76 Secured Dementia Care Unit in Home: Yes Area: 1st Floor-West Side Secured Dementia Unit Capacity, if Applicable: 16 Number of Residents Served in Secured Dementia Care Unit, if applicable: 15 Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 1	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 76 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 25 Have a Physical Disability: 0	

WEST
Human Services

Violation Report: 41342 - 07/24/2014 - Mazza, Larry
PCH Name: SAINT MARY'S AT ASBURY RIDGE

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

On 7/24/14 at 10:58 a.m., a clipboard with resident names and diets, to include residents #1 and #2's diets, was unlocked and unattended on the counter in the home's dining room.

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

Includes 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.

A hook was installed in the kitchen, away from general viewing, on 7/25/14 for the placement of the clipboard holding the residents' diets and their attendance at each meal.

The Dining room servers were in-serviced regarding the confidentiality of resident records and the requirement of keeping the residents' attendance log in the kitchen at all times.

Any non-compliance will be handled immediately by the Food Service Director.

The Food Service Director will audit the placement of the residents' meal attendance logs during various meal times daily; report the outcomes at the monthly Quality Assurance Committee for three months then on a quarterly basis.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Sharon Brooks*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Sharon Brooks, Personal Care Administrator Date 8.15.14

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

The above plan of correction is approved as of 8-18-14 (Date)

The above plan of correction was approved by [Signature] (Initials)

Plan of correction implementation status as of 8-18-14 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *SWP*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 41342 - 07/24/2014 - Mazza, Larry
PCH Name: SAINT MARY S AT ASBURY RIDGE

1. REGULATION 55 Pa.Code §2600
2600.20(b)(3) - The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

2a. DESCRIPTION OF VIOLATION
On 3/6/14, a cash disbursement of \$30.00 was made to resident #3. The home did not obtain the resident's signature for the receipt of the disbursement.

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.

Requesting a review because of court appointed legal guardianship and the ability of the person to handle their finances per order of the court. Was it not possible for the companion to withdraw the cash with proper documentation of the transaction?

Resident #3 lives in the Secure Dementia Unit. Resident #3's court appointed legal guardian, who is an attorney, employed a companion from an agency to take resident #3 on a shopping trip for specific items. The companion signed for the cash disbursement. Upon return the companion submitted a receipt for the purchases and the change was deposited into resident #3's account.

Plan of Correction:
The office staff that disburse resident cash was reminded that a written receipt from the resident is required for cash disbursements at the time of disbursement.

The Administrator of Saint Mary's at Asbury Ridge will conduct weekly audits on the cash disbursements for one month, then monthly audits for one quarter, and then quarterly audits and report the outcomes to the Quality Assurance Committee for one quarter then report the results on a quarterly basis. Any non-compliance will be handled immediately by the Administrator.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Sharon Brooks*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Sharon Brooks, Personal Care Administrator Date 8.15.14

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

The above plan of correction is approved as of 8-18-14 (Date) Plan of correction implementation status as of 8-18-14 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *SNP*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by SNP (Initials)

Violation Report: 41342 - 07/24/2014 - Mazza, Larry
PCH Name: SAINT MARY'S AT ASBURY RIDGE

1. REGULATION 55 Pa.Code §2600
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.

2a. DESCRIPTION OF VIOLATION
The contract, dated 2/6/14, for resident #5, was not signed by the resident.

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.

Resident #5 signed their Personal Care Contract on 7/24/2014. A copy of the signed contract was given to surveyor on 7/25/2014.
All current Personal Care Contracts were reviewed for resident signature and all found to be in compliance.
The Social Worker will review every Personal Care Contract upon admission of a resident in order to ensure compliance. Non-compliance will be handled immediately by the Social Service Director.
The Social Worker will report monitoring results monthly at Quality Assurance Meeting for three (3) months then quarterly.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Sharon Brooks*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Sharon Brooks, Personal Care Administrator Date 8.15.14

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

The above plan of correction is approved as of 8-18-14 (Date) Plan of correction implementation status as of 8-18-14 (Date)

The above plan of correction was approved by SMB (Initials)
 Fully Implemented
 Partially Implemented - Adequate Progress *SMB*
 Partially Implemented - Inadequate Progress
 No: Implemented

Violation Report: 41342 - 07/24/2014 - Mazza, Larry
PCH Name: SAINT MARY S AT ASBURY RIDGE WEST

1. REGULATION 55 Pa.Code §2600
2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.
Human Services Training

2a. DESCRIPTION OF VIOLATION
Direct care staff person A, hired on 10/23/12, received only 11 hours of annual training during the 2013 training year.
Direct care staff person B, hired on 5/14/12, received only 10.5 hours of annual training during the 2013 training year.

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.

The Personal Care Administrator and In-service Educator met to review and revise the direct care staff's annual training tracking system in order to ensure that each person will have at least 12 hours of annual training.

Personal Care Administrator will monitor each direct care staff's attendance of the in-service sessions on monthly bases in order to ensure compliance. Non-compliance will be handled by the Personal Care Administrator.

Personal Care Administrator will report results monthly at Quality Assurance Meeting for three (3) months then quarterly.

Direct care staff person A will complete 1 additional hour of training for the 2013 training year.

Direct care staff person B will complete 1 1/2 additional hours of training for the 2013 training year.

SMP
8-18-14

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

Signature of Legal Entity Representative (Required on EVERY Page) Sharon Brooks

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Sharon Brooks, Personal Care Administrator Date 8.15.14

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

The above plan of correction is approved as of 8-18-14 (Date)
The above plan of correction was approved by SMP (Initials)

Plan of correction implementation status as of 8-18-14 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress SMP
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 41342 - 07/24/2014 - Mazza, Larry
PCH Name: SAINT MARY'S AT ASBURY RIDGE

WEST VIRGINIA
Human Services

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired on 10/23/12, and direct care staff person B, hired on 5/14/12, did not receive annual training in the following topics during the 2013 training year:

- *Medication self-administration
- *Instruction on meeting the needs of the residents as outlined in the preadmission screening form, assessment, medical evaluation and support plan.

The home currently serves residents who self-administer medications, to include resident #5.

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.

Staff members A and B received the required training on Medication self-administration and instruction on meeting the needs of the residents as outlined in the preadmission screening form, assessment, medical evaluation and support plan.

The Personal Care Administrator and In-service Educator met to review the annual training requirements for personal care and ensure that the required topics are presented on an annual basis.

The Personal Care Administrator will review the planned annual training course content outline at the beginning of the calendar year in order to ensure compliance.

Direct care staff persons A was educated on the topics cited above on 7/29/14.

Direct care staff persons B was educated on the topics cited above on 7/30/14.

SNP
8-18-14

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

Signature of Legal Entity Representative (Required on EVERY Page) *Sharon Brooks*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Sharon Brooks, Personal Care Administrator Date 8.15.14

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

The above plan of correction is approved as of 8-13-14 (Date)

Plan of correction implementation status as of 8-18-14 (Date)

The above plan of correction was approved by SNP (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *SNP*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 41342 - 07/21/2014 - Mazza, Larry
PCH Name: SAINT MARY S AT ASBURY RIDGE

1. REGULATION 55 Pa.Code §2600
2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION
Resident #3 is prescribed, "Q-Tussin DM syrup-100-10/5-Take 10ml by mouth 4 times a day as needed for cough." On 7/25/14, this medication was not present in the home. According to the July 2014 medication administration record (MAR), this medication was last administered to the resident on 7/14/14.
Resident #3 is prescribed, "Enulose Solution-10mg/15-Give 15ml by mouth 1 time a day as needed." On 7/25/14, this medication was not present in the home.

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.

Resident #3's "Q-Tussin DM" cough syrup and "Enulose Solution" were ordered and obtained.
An inventory of prn (as needed) medication of other resident currently prescribed prns was completed in ordered to ensure that all prn (as needed) medication is available.
All registered nurses and licensed practical nurses will be re-educated on medication reorder policy and procedure.
The night shift registered nurse will audit the prn (as needed) medication presence of all residents monthly to ensure medications are readily available. Any concerns will be brought to the Personal Care Administrator's attention and addressed immediately.
Personal Care Administrator will report results monthly at Quality Assurance Meeting for three (3) months then quarterly.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Sharon Brooks*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Sharon Brooks, Personal Care Administrator Date 8.15.14

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

The above plan of correction is approved as of 8-18-14 (Date)

Plan of correction implementation status as of 8-18-14 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *SNP*
- Partially Implemented - inadequate Progress
- Not implemented

The above plan of correction was approved by *SNP* (Initials)

Violation Report: 41342 - 07/24/2014 - Mazza, Larry
 PCH Name: SAINT MARY'S AT ASBURY RIDGE
 WEST VIRGINIA STATE POLICE
 Mountain View, WV 26040

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
 The July 2014 MAR for resident #3 does not indicate that the resident refused his/her medications on 7/22/14 and 7/24/14, to include the following medications:
 *Amlodipine-2.5mg-Take 1 tablet by mouth daily
 *Citalopram-10mg-Take 1 tablet by mouth daily
 *Levothyroxine-25mcg-Take 1 tablet by mouth daily
 The July 2014 MAR for resident #4 does not indicate the initials of the staff member who administered Simvastatin-40mg on 7/13/14, 7/14/14, 7/15/14 and 7/21/14 at 8:00 pm.
 On 7/25/14 at 10:35 am, the July 2014 MAR for resident #4 did not indicate the initials of the staff member who administered the 8:00 am medications to the resident on 7/25/14, to include:
 *Quetiapine-100mg
 *Lorazepam-1mg
 *Metformin-500mg

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.

All registered nurses and licensed practical nurses will be re-educated regarding the medication administration policy and procedure.

All registered nurses and licensed practical nurses will review prior shift's Medication Administration Record documentation at the beginning of every shift. Nurses will document Medication Administration Record review on the Quality Assurance log daily for one month, then weekly for two months and quarterly thereafter.

Nurses will report to Personal Care Administrator any non-compliance for immediate action to correct, including discipline of nurse responsible.

Personal Care Administrator will report results monthly at the Quality Assurance Meeting for three (3) months then quarterly.

On 8/18/14, 8/19/14 and 8/20/14 all registered nurses and licensed practical nurses will be educated on the proper procedures for medication administration including documentation of medication administration at the time of administration.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/18/2013
-----------------------	-----------------------------------	------------

Signature of Legal Entity Representative (Required on EVERY Page) *Sharon Brooks*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Sharon Brooks, Personal Care Administrator
 Date 8.15.14

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

The above plan of correction is approved as of <u>8-18-14</u> (Date)	Plan of correction implementation status as of <u>8-18-14</u> (Date)
The above plan of correction was approved by <u>SWP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SWP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 41342 - 07/24/2014 - Mazza, Larry
 PCH Name: SAINT MARY'S AT ASBURY RIDGE

1. REGULATION 55 Pa.Code §2600
 2600.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

2a. DESCRIPTION OF VIOLATION
 On 7/24/14 and 7/25/14, the directions for operating the home's locking mechanism were not conspicuously posted at the home's secured dementia care unit's courtyard gate.

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.

The code for locking mechanism for the secured dementia care unit's courtyard gate leading to the outside area was posted.
 The maintenance department staff will ensure the posting of the code during their daily safety rounds of exterior doors. Non-compliance if found will be corrected as soon as possible.
 Environmental Safety Rounds are reported monthly at the Safety Committee Meeting by the Maintenance Team Leader. The posting of the courtyard code will be included in this report.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Sharon Brooks*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Sharon Brooks, Personal Care Administrator Date 8.15.14

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

The above plan of correction is approved as of <u>8-18-14</u> (Date)	Plan of correction implementation status as of <u>8-18-14</u> (Date)
The above plan of correction was approved by <u>SM</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SM</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented