



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: September 4, 2015

Ms. Sharon E. Bryant, Administrator
Saint Mary's Home of Erie
Saint Mary's at Asbury Ridge
4855 West Ridge Road
Erie, Pennsylvania 16506

RE: Saint Mary's at Asbury Ridge
413420

Dear Ms. Bryant:

As a result of the Department of Human Services' licensing inspection on April 9, 2015 and April 10, 2015, 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.

Sincerely,

A handwritten signature in black ink that reads "Susie Pollock" followed by a stylized flourish.

Susie Pollock
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

PCH Name: SAINT MARY S AT ASBURY RIDGE		License Number: 41342
Address: 4855 WEST RIDGE ROAD, ERIE, PA 16506		County: Erie
Administrator: SHARON E. BRYANT		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 L&I		RECEIVED AUG 13 2015 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 95	Waking Staff: 71
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint, Incident		
On-Site Inspections Dates and Department Representatives On-Site 04/09/2015: Mandock, Nancy 04/10/2015: Mandock, Nancy		
Off-Site Inspection Dates and Inspectors, if Applicable 04/13/2015: Mandock, Nancy		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 164 Number of Residents Served: 72 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: 3	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 72 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 23 Have a Physical Disability: 0	

Violation Report: 41342 - 04/09/2015 - Mandock, Nancy

PCH Name: SAINT MARY S AT ASBURY RIDGE

AUG 23 2015

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the Home Services Licensing with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 3/25/15, an allegation of abuse against resident # 1 was reported to staff person A. The home did not report the allegation to the local area agency on aging until 3/26/15 at 9:45 a.m.

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 Regional Adult Residential Licensing Office was notified on March 25, 2015 regarding the allegation.

The Personal Care Home Administrator reviewed the Saint Mary's Home Policy #42 Mandatory Reporting of Alleged Abuse.

The Personal Care Home Administrator and Nursing Supervisors were in-serviced regarding the requirement of notifying both The Regional Adult Residential Licensing Office and Erie Area Agency on Aging immediately following an abuse allegation.

Allegations of Abuse will be reported immediately to The Regional Adult Residential Licensing Office and Erie Area Agency on Aging by the Personal Care Home Administrator or Supervisor.

The Personal Care Home Administrator and Nursing Supervisors were in-serviced on Monday, April 13, 2015 by [redacted], NHA Saint Mary's at Asbury Ridge Administrator regarding the requirement of notifying both The Regional Adult Residential Licensing Office and Erie Area Agency on Aging immediately following an abuse allegation.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Sharon E Bryant

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Sharon Bryant, Personal Care Administrator

Date 8/28/15

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

The above plan of correction is approved as of 9-2-15 (Date)

Plan of correction implementation status as of 9-2-15 (Date)

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

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

Violation Report: 41342 - 04/09/2015 - Mandock, Nancy
 PCH Name: SAINT MARY'S AT ASBURY RIDGE

AUG 28 2015

1. REGULATION 55 Pa.Code §2600 WEST REGION FIELD OFFICE
 2600.15(b) - If there is an allegation of abuse of a resident involving a home safety person the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

2a. DESCRIPTION OF VIOLATION
 On 3/25/15 at 10:30 a.m., an allegation of abuse was made against staff person B regarding resident #1. The home did not implement a plan of supervision or suspend staff person B until 3/25/15 at 2:30 p.m. Staff person B returned to work and provided unsupervised care to residents from 7:00 a.m. - 3:00 p.m., on the following dates prior to the Department's completion of its investigation:
 - 3/27/15
 - 4/03/15
 - 4/04/15
 - 4/05/15
 - 4/06/15
 - 4/09/15

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 Home Administrator and Nursing Supervisors were in-serviced regarding immediately suspending or provide direct supervision for an abuse allegation regardless of the accusation.

The Personal Care Home Administrator was informed that staff person B was rushing a resident to walk faster during a fire alarm. The Administrator completed an investigation by speaking with the resident and other staff members present at that time and determined that resident abuse did not occur and reinstated the staff member.

In the future if an employee is suspended for an abuse allegation, the Personal Care Home Administrator will confer with the Regional Adult Residential Licensing Office regarding the employee returning to work.

The Personal Care Home Administrator and Nursing Supervisors were in-serviced on Monday, April 13, 2015 by [redacted] NHA Saint Mary's at Asbury Ridge Administrator regarding immediately suspending or provide direct supervision for an abuse allegation regardless of the accusation.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Sharon G Bryant*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Sharon Bryant, Personal Care Administrator Date 8/28/15

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The above plan of correction is approved as of <u>9-2-15</u> (Date)	Plan of correction implementation status as of <u>9-2-15</u> (Date)
The above plan of correction was approved by <u>SMB</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SMB</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented