



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 29 2018

Sr. Phyllis McCracken
President/Chief Executive Officer
Saint Mary's Home of Erie
4855 West Ridge Road
Erie, Pennsylvania 16506

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

Dear Sr. McCracken:

As a result of the Department's Bureau of Human Services Licensing annual inspection on June 8, 2018 and June 15, 2018, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PGH Name: SAINT MARY'S AT ASBURY RIDGE		License Number: 41342
Address: 4855 WEST RIDGE ROAD, ERIE, PA 16506		County: Erie
Administrator: Shana DeBoe		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		
Staffing Hours Resident Support: 0 Total Daily Staff: 98 Waking Staff: 74		
Type of Inspection: Full BHA Docket Number: Notice: Announced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 08/08/2018: Hoover, Josh; Barry, Courtney 06/15/2018: Hoover, Josh		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p>RECEIVED</p> <p>AUG 17 2018</p> <p>WEST REGION FIELD OFFICE Human Services Licensing</p>		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 164 Number of Residents Served: 60 Secured Dementia Care Unit In Home: Yes Area: Memory Care Secured Dementia Unit Capacity, If Applicable: 16 Number of Residents Served In Secured Dementia Care Unit, If applicable: 16 Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 3	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 60 Have Mental Illness: 2 Have an Intellectual Disability: 0 Have a Mobility Need: 38 Have a Physical Disability: 0	

Sister Daphne McCracken
 President/CEO

08/17/2018

Violation Report: 41342 - 06/08/2018 - Hoover, Josh
PCH Name: SAINT MARY S AT ASBURY RIDGE

1. REGULATION 68 Pa.Code §2800
2800.17 - 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 6/8/2018, the resident privacy coding document was attached to the licensing inspection summary, dated 2/17/2018, and posted near the 1st floor nurses station, including the name of resident #1.

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 posted licensing inspection summary was removed on the day of the survey; then reposted without the resident's coding document attached.

The Director of Residential / Personal Care was counseled regarding the proper posting of licensing inspection summaries.

To prevent this from happening again, only the Director of Residential / Personal Care will post the licensing inspection summaries. A monthly audit of Personal Care environment will be conducted to ensure that residents' confidential material is not visible to residents or the public. The Director of Residential / Personal Care will report the outcome quarterly to the Quality Assurance & Assessment Committee.

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WEST REGION FIELD OFFICE
Human Services Licensing

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) Sister Phyllis McCracken, President/CEO Date 08/17/2018

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

The above plan of correction is approved as of <u>8/21/18</u> (Date)	Plan of correction implementation status as of <u>8/20/18</u> (Date)
The above plan of correction was approved by  (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 41342 - 08/08/2018 - Hoover, Josh
 PCH Name: SAINT MARY'S AT ASBURY RIDGE

1. REGULATION 65 Pa.Code §2500
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION
 On 8/8/2018, there was a corroded water pipe in the mechanical room that and was actively dripping, causing a wet area measuring approximately 12 feet by 3 feet on the floor.

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 dripping pipe has been temporarily repaired to stop the leak. The pipe is part of the cooling tower water system.

The "corroded" pipe will be replaced after the cooling tower has been shut down and drained for the season this fall.

The condition of the pipe will be monitored daily to ensure the leak does not redevelop until it can be replaced. Any leaks will be reported to the maintenance Team Lead and repaired as soon as possible.

To prevent this from happening again, the inspection of water pipes has been added to the Preventative Maintenance Program.

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WEST REGION FIELD OFFICE
 Human Services Licensing

Report 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) Sister Phyllis McCracken, President/CEO

Date *08/17/2018*

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Violation Report: 41342 - 06/08/2018 - Hoover, Josh
 FCH Name: SAINT MARY S AT ASBURY RIDGE

1. REGULATION 55 Pa.Code §2600

2600.123(c) - For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

2a. DESCRIPTION OF VIOLATION

The evacuation diagram posted near bedroom #B-1125 does not include the line of travel to the emergency exit near the elevators that leads to the side parking lot.

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.

██████████ Fire Code Official - Millcreek Bureau of Fire Prevention, was contacted following the survey regarding adding additional exit doors to the emergency egress routes. ██████████ stated he would allow the door in question to be added if DHS requested it be added.

The currently posted evacuation diagram was manually revised to indicate the residence entrance as an evacuation exit and posted on August 16, 2018. A professional sign of the revised emergency egress routes will be ordered.

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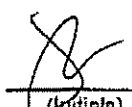
**WEST REGION FIELD OFFICE
 Human Services Licensing**

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 (Required on EVERY Page) *Sister Phyllis McCracken*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Sister Phyllis McCracken, President/CEO	Date 08/17/2018
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