

Department of Human Services  
Bureau of Human Service Licensing

April 27, 2021

██████████, CEO  
SAINT MARY'S HOME OF ERIE  
4855 WEST RIDGE ROAD  
ERIE, PA 16506

RE: SAINT MARY'S AT ASBURY RIDGE  
4855 WEST RIDGE ROAD  
ERIE, PA, 16506  
LICENSE/COC#: 41342

Dear ██████████,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/12/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Suzy Quinn

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY - PUBLIC**

**Facility Information**

**Name:** SAINT MARY'S AT ASBURY RIDGE      **License #:** 41342      **License Expiration Date:** 10/27/2021  
**Address:** 4855 WEST RIDGE ROAD, ERIE, PA 16506  
**County:** ERIE      **Region:** WESTERN

**Administrator**

**Name:** [REDACTED]      **Phone:** 8148365300      **Email:** [REDACTED]

**Legal Entity**

**Name:** SAINT MARY'S HOME OF ERIE  
**Address:** 4855 WEST RIDGE ROAD, ERIE, PA, 16506  
**Phone:** 8148365300      **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** C-2 LP      **Date:** 09/10/2001      **Issued By:** Labor & Industry

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 74      **Waking Staff:** 56

**Inspection**

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Complaint      **Exit Conference Date:** 03/12/2021

**Inspection Dates and Department Representative**

03/12/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 164      **Residents Served:** 40

**Secured Dementia Care Unit**

**In Home:** Yes      **Area:** Memory Care      **Capacity:** 16      **Residents Served:** 11

**Hospice**

**Current Residents:** 2

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 40  
**Diagnosed with Mental Illness:** 0      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 34      **Have Physical Disability:** 0

**Inspections / Reviews**

03/12/2021 - Partial

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 03/29/2021

Inspections / Reviews (*continued*)

3/26/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow Up Type: *Document Submission*Follow-Up Date: *04/15/2021*

4/27/2021 Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident #1's most recent assessment, dated 1/19/21, and most recent support plan, dated 1/22/21, indicate ■■■ requires physical assistance and supervision with bathing/showering. Direct care staff assist ■■■ with bathing on Wednesdays. However, from 1/27/21 to 3/12/21, resident #1 only was only provided assistance with bathing 1 time.

Resident #2's most recent assessment, dated 6/8/20, and most recent support plan, dated 6/10/20, indicate ■■■ is unable to complete proper personal hygiene and requires some physical assistance and supervision with bathing/showering. Direct care staff assist ■■■ with bathing on Fridays. However, from 1/01/21 to 3/5/21, resident #1 was only provided assistance with bathing 6 times.

Plan of Correction

Accept

1. Bathing records audited on 3/15/2021 for compliance with regulation
2. Care Tracker schedule has been revised to reflect the actual bath day for each resident.
3. All personal care resident ADL/bathing records (40 residents) audited for recent hygiene care by PCHA to determine compliance with weekly bathing completed 3/15/2021
4. PCHA will audit all resident bathing activity twice a week for two months, then once weekly for 6 months, then twice a month.
5. The staff will be educated that documented bath refusals by the resident will be reported to the charge nurse by the nurse aide and investigated. The bath will be rescheduled.
6. PCHA will report initial and monthly audit findings to the Quality Assessment and Assurance Committee

Completion Date: 03/31/2021

Document Submission

Implemented

See Bathing poc.pdf, Bathing poc1. pdf and POC bathing educ.docx attached on 4/22/2021

225c - Additional Assessment

1. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident #1's most recent assessment, dated 1/13/21, does not include the diagnosis of moderate to severe cognitive impairment, as updated on medical evaluation by ■■■ doctor on 1/20/21.

225c - Additional Assessment (*continued*)**Plan of Correction****Accept**

1. Documentation review and updated diagnosis added on 3/15/2021 to resident chart
2. All resident diagnoses audited for updated information on 3/17/2021 by PCHA
3. PCHA and unit secretary will individually audit all diagnosis changes for addition to medical evaluation for significant changes in resident condition
4. PCHA will report initial and monthly audit findings to the Quality Assessment and Assurance Committee

**Completion Date:** 03/17/2021**Document Submission****Implemented**

See Dx review POC 3172021.docx attached on 4/22/2021