

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

February 18, 2023

[REDACTED]
SAINT MARY'S HOME OF ERIE
[REDACTED]

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

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/20/2022, 10/21/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: SAINT MARY'S AT ASBURY RIDGE License #: 41342 License Expiration: 10/27/2023
 Address: 4855 WEST RIDGE ROAD, ERIE, PA 16506
 County: ERIE Region: WESTERN

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: SAINT MARY'S HOME OF ERIE
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C 2 LP Date: 07/12/2006 Issued By: Dept. of Labor & Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 88 Waking Staff: 66

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 10/21/2022

Inspection Dates and Department Representative

10/20/2022 On Site [REDACTED]
 10/21/2022 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 164 Residents Served: 54

Secured Dementia Care Unit
 In Home: Yes Area: Memory Care Capacity: 16 Residents Served: 14

Hospice
 Current Residents: 0

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 54
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 34 Have Physical Disability: 0

Inspections / Reviews

10/20/2022 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/17/2022

01/17/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 02/09/2023
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/24/2023

Inspections / Reviews (*continued*)

02/04/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/09/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 02/11/2023

02/07/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/09/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 02/14/2023

02/18/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/09/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

109b - Rabies Vaccination

1. Requirements

2600.

109.b. Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

Description of Violation

On 10/21/22, resident #1's cat was present in the home. The home did not have a current certificate of rabies vaccination from a licensed veterinarian for resident #1's cat.

Plan of Correction

Accept ([redacted] - 02/04/2023)

- 1. Cat in question was rabies vaccinated 11 2 2022.
- 2. All animals present in the facility (one) have been assessed for current rabies vaccine and all are up to date at this time. Next vaccine due 3 17 2025.
- 3. Social Service Secretary will collect all rabies vaccine forms for in house animals and monitor for annual rabies vaccines. She will contact residents/ families the month before the annual update is due.
- 4. PCHA will maintain copies of current rabies vaccine/ next dose due date. This will be reported to QAA annually in January as these vaccines are now current for 3 years.
- 5. [redacted], V.M.D (License # BV007569L) from Summit Pet Hospital assessed the animal on 11/7/2022.
- 6. The PCHA will report at the QAA meeting

Licensee's Proposed Overall Completion Date: 01/17/2023

Implemented [redacted] - 02/18/2023)

132b - Safety Inspection/Fire Drill

2. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The home did not have documentation of a current fire safety inspection and fire drill conducted by a fire safety expert.

Plan of Correction

Accept [redacted] 02/04/2023)

- 1. Fire safety inspection and fire drill were conducted by a fire safety expert 11-11-2022.
- 2. The Maintenance Supervisor will monitor this requirement and confirm annual appointment each year in Sept for that year's annual inspection. This information has been added into the annual Preventative Maintenance calendar as of 11-17-2022.
- 3. The Maintenance Supervisor will report to QAA annually when this is completed within the month of Oct/ Nov.
- 4. The Maintenance Supervisor added the fire safety inspection and fire drill conducted by a fire safety expert to the annual Preventative Maintenance calendar.

Licensee's Proposed Overall Completion Date: 01/17/2023

Implemented [redacted] 02/18/2023)

132c - Fire Drill Records

3. Requirements

2600.

132c - Fire Drill Records (continued)

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The exit route used was not included on the written fire drill records for any of the home's fire drills conducted between 12/16/21 at 5:01 a.m., and 10/8/22 at 11:44 a.m. to include the following: 12/16/21 at 5:01 a.m., 3/9/22 at 2:00 a.m., 7/27/22 at 10:27 a.m., and 10/8/22 at 11:44 a.m.

Plan of Correction

Accept [redacted] - 02/04/2023)

1. Fire safety inspection and fire drill documentation for 11-11-2022 now includes evacuation routes as part of the standard monthly documentation as of 11-17-2022.
2. All documentation of fire alarms/ drills will include the evacuation exit route utilized for each occurrence effective 11-17-2022.
3. This information will be reported monthly to the Safety Committee and include all necessary requirements. The Maintenance Supervisor/ designee will report this information to QAA monthly X3 then Quarterly X3.
4. The Maintenance Supervisor added the evaluation routes.
5. The Maintenance Supervisor is responsible for ensuring all documentation includes the evacuation exit route utilized.
6. The Maintenance Supervisor will report monthly at the QAA meeting.

Licensee's Proposed Overall Completion Date: 01/17/2023

Implemented [redacted] 02/18/2023)

132d - Evacuation

4. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home did not have a maximum safe evacuation time specified in writing within the past year by a fire safety expert and went over the maximum safe evacuation time of 2 minutes and 30 seconds during every fire drill conducted between 12/16/21 at 5:01 a.m. and 10/8/22 at 11:44 a.m., to include the following:

- 12/16/21 at 5:01 a.m., evacuation time-20 minutes
- 3/9/22 at 2:00 a.m., evacuation time-11 minutes
- 7/27/22 at 10:27 a.m., evacuation time-10 minutes
- 10/8/22 at 11:44 a.m., evacuation time-9 minutes

Plan of Correction

Accept [redacted] - 02/04/2023)

1. Fire safety inspection and fire drill were conducted by a fire safety expert 11-11-2022.
2. The Fire Safety Inspector will provide a letter that designates the maximum safe evacuation time annually. This information will be added into the annual Preventive Maintenance calendar.
3. The Maintenance Supervisor/designee will report this designated time annually to the QAA committee. It will also be reported monthly to the Safety Committee with the fire drill times and the compliance with meeting this standard. (Second Tuesday of the month).

132d - Evacuation (continued)

- 4. [REDACTED] CFI CFPE II, PA State Fire Inspector determined 10 minutes 0 seconds to be the maximum safe evacuation time.
- 5. The Maintenance Supervisor added the information to the annual Preventative Maintenance calendar on 11/17/2022.
- 6. The Maintenance Supervisor will report monthly to the Safety Committee.

Licensee's Proposed Overall Completion Date: 01/18/2023

Implemented [REDACTED] 02/18/2023)

141a Medical Evaluation

5. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

Resident #2, admitted [REDACTED] 22, did not have a medical evaluation completed within 60 days prior to admission or within 30 days after admission. The medical evaluation for resident #2 was completed on [REDACTED] 22.

Plan of Correction

Accept [REDACTED] - 02/04/2023)

- 1. All residents records have been evaluated for up to date medical evaluation as of 11-17-2022. All medical evaluations will be up to date by 12-17-2022.
- 2. The PCHA/ designee will monitor monthly admissions for medical evaluations to be competed 60 days prior to admission or within 30 days after admission.
- 3. The PCHA will report these findings to QAA Committee monthly X3 then Quarterly ongoing to prevent further noncompliance with this requirement.
- 4. The PCHA evaluated the medical evaluations to ensure they were up to date.
- 5. The PCHA began monthly monitoring on 1/2/2023.
- 6. The PCHA began reporting findings to the QAA Committee in January 2023.

Licensee's Proposed Overall Completion Date: 01/18/2023

Implemented [REDACTED] - 02/18/2023)

227g Support Plan Signatures

6. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #3's support plan, dated [REDACTED]/22, was not signed by the resident nor did it indicate that the resident was unable to participate, declined to participate, refused to sign or was unable to sign.

Plan of Correction

Accept [REDACTED] - 02/04/2023)

- 1. Resident #3 support plan dated [REDACTED]-2022 was presented and signed by the residents on 10-24-2022.
- 2. All residents support plans will be evaluated and all signatures present (or designated as unable to participate/ declined to participate/ refused to sign or unable to sign) by 12-17-2022.

227g -Support Plan Signatures (continued)

- 3. The PCHA/ designee will monitor monthly for this requirement, report to QAA monthly X3 then Quarterly ongoing to prevent further noncompliance with this requirement.
- 4. The PCHA completed the preadmission screening for resident #4.
- 5. The PCHA evaluated the signatures prior to 12/17/2022.
- 6. The PCHA began monitoring on 1/2/2023

Licensee's Proposed Overall Completion Date: 01/18/2023

Implemented () - 02/18/2023)

231c - Preadmission Screening

7. Requirements

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident #4 was admitted to the Secure Dementia Care Unit (SDCU) on /21. However, the resident's written cognitive preadmission screening was not completed.

Plan of Correction

Accept () - 02/04/2023)

- 1. Resident #4 's preadmission screening was completed on 10-24-2022 and designated as Plan of Correction for admission date of 5-24-2021.
- 2. All residents in the Secure Dementia Unit will be assessed for preadmission screening in records competed within 72 hours prior to admission by 12-17-2022.
- 3. The PCHA/ designee will monitor preadmission screenings for the Secure Dementia unit monthly for this requirement, report to QAA monthly X3 then Quarterly ongoing to prevent further noncompliance with this requirement.
- 4. The PCHA completed the preadmission screening for resident #4.
- 5. The PCHA evaluated the preadmission screening prior to 12/17/2022.
- 6. The PCHA began monitoring on 1/2/2023

Licensee's Proposed Overall Completion Date: 01/18/2023

Implemented () - 02/18/2023)

234d - Support Plan Revision

8. Requirements

2600.

234.d. The support plan shall be revised at least annually and as the resident's condition changes.

Description of Violation

Resident #5's most recent support plan was completed on /21.

Plan of Correction

Accept () - 02/04/2023)

- 1, Resident #5's support was revised 10-25-2022.
- 2. All residents support plans will be assessed and up to date by 12-17-2022.
- 3. The PCHA/ designee will monitor all residents that the Support Plan has been done initially, updated with significant changes and annually to meet the requirements. This will be reported to QAA monthly X3 and then

234d - Support Plan Revision (continued)

quarterly ongoing to prevent further noncompliance with this requirement.

4. The PCHA revised the support plan for resident #5

5. The PCHA assess the support plans by 12/17/2022

6. Within 30 days after admission, the PCHA will monitor that the initial support plan has been completed.

7. Within 5 days after a significant change, the PCHA will monitor for updates to the support plan.

8. The PCHA will monitor for annual support plans 1 month before they are due.

9. The PCHA began monitoring on 1/2/2023

Licensee's Proposed Overall Completion Date: 01/18/2023

Implemented [REDACTED] 02/18/2023)