

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

November 29, 2023

[REDACTED], CEO  
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 10/04/2023, 10/05/2023 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: 10/27/2024  
 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]

**Certificate(s) of Occupancy**

Type: C-2 LP Date: 07/12/2006 Issued By: L&I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 75 Waking Staff: 56

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal, Incident Exit Conference Date: 10/05/2023

**Inspection Dates and Department Representative**

10/04/2023 - On-Site: [REDACTED]  
 10/05/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 164 Residents Served: 52

Secured Dementia Care Unit  
 In Home: Yes Area: Memory Care Capacity: 16 Residents Served: 15

Hospice  
 Current Residents: 1

Number of Residents Who:  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 52  
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 23 Have Physical Disability: 0

**Inspections / Reviews**

10/04/2023 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/30/2023

10/30/2023 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 11/14/2023  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/06/2023

Inspections / Reviews *(continued)*

10/31/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/14/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/30/2023

11/29/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/14/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

42b Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Resident #1's assessment, dated [REDACTED], indicates the resident requires total supervision and has a severe problem with orientation to person/place and judgement. The resident's support plan, dated [REDACTED], indicates that frequent monitoring will be done to ensure the safety of the resident and others.

Multiple staff interviews and documentation indicate that resident #1 has a history of wandering behaviors, specifically wandering into other resident's bedrooms resulting in physical and verbal altercations with other residents. This occurred on multiple occasions to include [REDACTED]. The home failed to update the resident's assessment and support plan or make changes to staffing numbers, interventions, or supervision in response to this increase in dangerous behaviors.

On [REDACTED], resident #1 entered resident #2's bedroom. Resident #2, became upset and pushed resident #1, causing her to fall. The fall resulted in a fracture to resident #1's right femur/hip.

Plan of Correction

Accept [REDACTED] 10/30/2023)

Resident #1 was transferred to room [REDACTED] on [REDACTED]. Resident #2 was transferred to room [REDACTED] on that same date so as to have the residents on separate hallways to decrease their contact. There were no other conflicts between these 2 residents. On [REDACTED] resident #2 was discharged from the facility to an out of state location by the family. There have been no further problems of conflict with resident #1 and other members of the SDU population.

The PCHA will evaluate all SDU residents for behaviors of wandering or aggression and designate this information on written report for identification by Nov 13, 2023.

At the beginning of each shift the nurse/ med tech will inform staff of the listed residents and potential risk behaviors to be alerted for. In the event of negative behaviors, staff will immediately intervene and separate the involved parties and deescalate the situation with a specific plan to be used and notification of physician and families will be completed and documented in the medical record. The staff, along with the PCHA will complete a root cause analysis for prevention of further negative interactions and evaluation for appropriateness of placement. All staff will be educated on this process by the PCHA by Nov 13, 2023.

The PCHA will monitor daily report and follow up with any concerns of behaviors, documenting the events and outcomes, providing ongoing education to staff and families as needed. The first audit will be completed by Nov 30, 2023 and presented to the December QAA meeting. Subsequent audits will be completed by the end of each month and be presented to the QAA committee monthly for 12 months . First reporting will be for the Dec 2023 QAA meeting.

Licensee's Proposed Overall Completion Date: 11/13/2023

Implemented [REDACTED] - 11/29/2023)

81b Resident Personal Equipment

**2. Requirements**

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

**Description of Violation**

On [REDACTED], the enabler bar attached to resident #2's bed was uncovered, exposing three areas measuring 10 inches long and 3 inches wide and two areas measuring 6 inches wide and 4 inches long within the enabler, posing a potential entrapment hazard.

On [REDACTED], the enabler bar attached to resident #3's bed was uncovered, exposing an area measuring 6 1/2 inches high and 4 inches wide, posing a potential entrapment hazard.

**Plan of Correction**

Accept [REDACTED] - 10/31/2023)

Enabler covers were ordered on [REDACTED] and will be installed by Occupational Therapy. These covers will minimize the identified gaps to less than 2 and 3/8 inches in accordance with the FDA, Hospital Bed System Dimensional and Assessment Guidance to Reduce Entrapment.

OT will perform assessments for all residents with enablers by [REDACTED] and document appropriate equipment and specific needs and usage. Monthly checks of all enablers in the facility will begin on 11-01-2023 and be completed by PCHA/ designee by the end of each month and reported to the QAA committee monthly times 3 and quarterly times 3. The first QAA report will be for Dec. 2023 QAA meeting.

**Licensee's Proposed Overall Completion Date:**

Implemented [REDACTED] - 11/29/2023)

**85a Sanitary Conditions****3. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

**Description of Violation**

On [REDACTED] there were 2 used, washcloths on the hand rail in the shower in the first floor central common bathroom.

On [REDACTED], there was approximately a 1/4 inch layer of lint/dust covering the ceiling fan vent in bedroom #1107B.

On [REDACTED] there was a black ring of dirt and grime in the bottom of the shower bathmat in the shower in bedroom #1107B.

On 10/4/23, there were two used, unlabeled hairbrushes in the memory care's common tub room.

On 10/5/23, there were several blood stains on resident #4's glucometer.

Resident #4's glucometer was used to check resident #5's blood glucose of [REDACTED] on [REDACTED] at [REDACTED].

**Plan of Correction**

Accept [REDACTED] - 10/31/2023)

a. Soiled washcloths on the hand rail in the first floor central common bath shower room were removed on 10-4-2023 by Housekeeper.

- First, second and third floor central baths are free from linens on the handrails as of 10-27-2023.

85a Sanitary Conditions (continued)

- All nursing staff will be educated by 11 13 2023 on the requirements that all handrails must be free of any linens/ obstructions at all times. The 11 7 nursing staff will begin nightly check starting 11 01 2023 of all central baths for linens on the handrails and document this monitoring. The PCHA will oversee this process and audits will be completed by the end of each month. The results will be reported to the QAA committee monthly times 3 and quarterly times 3. First reporting will be for the Dec 2023 QAA committee.

b. Ceiling vent in room 1107 was cleaned on 10 4 2023 by Housekeeper.

c. Floor of shower in room 1107 was cleaned on 10 4 2023 by Housekeeper.

- All ceiling vents and shower stalls will be checked and properly cleaned by the housekeeping staff by 11 13 2023.
- Housekeeping staff will check each resident's room daily for clean vents and shower floors and document this process. The Housekeeping Supervisor will oversee this process and report to QAA monthly times 3 and quarterly times 3.

d. Unlabeled brushes in the SDU's common tub room were removed on 10 4 2023 by the Housekeeper. All staff will be educated by the PCHA on the need to have personal items labeled with residents names and returned to their rooms following bathing in the general tub rooms by 11 13 2023.

Licensee's Proposed Overall Completion Date:

Implemented [redacted] - 11/29/2023)

91 - Telephone Numbers

4. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in bedroom #1134

Plan of Correction

Accept [redacted] - 10/30/2023)

Emergency telephone numbers were placed on the phone in room [redacted] on [redacted] by housekeeper.

All phones in the residential area have been checked and all have tags on them that list emergency telephone numbers as of 10-27-2023. This includes all phones in the residents apartments and the facility phones in the hallways and all common rooms totaling 93 phones in all.

PCHA and/or designee will perform monthly checks of all phones in the facility to ensure all are properly labeled with Emergency Telephone numbers, providing replacements as necessary, beginning December 1, 2023. The audits will be completed by the end of each month and will be reported to the QAA committee monthly times three and quarterly times 3.

Licensee's Proposed Overall Completion Date: 10/30/2023

Implemented [redacted] - 11/29/2023)

183d - Prescription Current

**5. Requirements**

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

**Description of Violation**

Resident #3 was prescribed [REDACTED] apply topically to affected area daily for 2 weeks, started on 9/14/23. However, this medication was still in the home on 10/4/23.

**Plan of Correction**

Accept ([REDACTED] - 10/31/2023)

The above stated cream for resident #3 was removed by the nurse 10-5-2023.

All treatments will be reviewed for current status and treatment products matched with orders. Any discontinued treatment products will be disposed of at that time. This audit will be completed by PCHA/ designee by 11-13-2023.

The PCHA will re-educate the nurses on the process of disposing of treatment products on the day the order is ended by 11-13-2023.

The PCHA/ designee will monthly monitor current and discontinued treatments orders and the proper disposition of the products for these. These audits will start on 11-1-2023 and be completed by the end of each month. The results will be reported to the QAA committee monthly times 3 and quarterly times 3. The first reporting will be for the Dec. 2023 QAA committee.

Licensee's Proposed Overall Completion Date:

Implemented ([REDACTED] 11/29/2023)

225c - Additional Assessment

**6. Requirements**

2600.

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

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

**Description of Violation**

Resident #3 utilizes an enabler cane/bar attached to the resident's bed. However, the resident's annual assessment and support plan, dated [REDACTED] and [REDACTED] does not assess the resident's need for this device or address how the device will meet the resident's need.

Resident #4's initial assessment and support plan, dated [REDACTED] indicates the resident is assessed as needing prompting and cueing when transferring in/out of bed/chair and turning and positioning in bed/chair. Also the resident requires some physical assistance ambulating and "has an unsteady gait and requires supervision" However, the resident has had multiple falls on the following dates, [REDACTED] and [REDACTED]. The home has failed to update the resident's assessment and support plan due to this significant change.

**Plan of Correction**

Accept ([REDACTED] - 10/31/2023)

Resident #3's annual assessment and support plan has been updated to include the assessment of need for this device and how the device will meet the residents needs by the PCHA on 10-30-2023. This includes assessment and recommendations by the Occupational Therapist.

All residents with a bed enabler will have assessment and support plan evaluated and updated to include

**225c - Additional Assessment (continued)**

assessment of the need for this device and how it meets the residents need. This initial audit started 11-01-2023 and will be completed by 11-30-2023. Ongoing monitoring will be monthly by the PCHA and reported to the QAA committee monthly times 3 and quarterly times 3. First reporting will be for the Dec. 2023 QAA meeting.

Resident #4's assessment and support plan have been updated by [REDACTED], RN, PCHA on 10-30-2023 to address significant change of multiple falls.

Nurses and med tech's will be re-educated on the purpose of the Assessment and Support Plan changes and Updates that is provided for these instances in every residents chart, completing this education by 11-13-2023. The PCHA will then monitor these updates monthly starting 11-01-2023 for all residents, identify a significant change of status need and update the formal assessment and support plan at that time. This will be completed by the end of each month and reported to the QAA committee monthly times 3 and quarterly times 3. First reporting will be for the Dec 2023 QAA meeting.

**Licensee's Proposed Overall Completion Date:**

**Implemented ( [REDACTED] - 11/29/2023)**

**227d - Support Plan Medical/Dental**

**7. Requirements**

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

**Description of Violation**

Resident #1's assessment and support plan, dated [REDACTED], indicates the resident is totally dependent and requires 24 hour direct supervision and a total immobile requiring total physical or oral assistance. However, the support plan's description of needs and the plan to meet these needs indicates "N/A" .

Resident #4's support plan, dated [REDACTED] indicates the resident has moderate mobility needs, cannot self administer medication and the assessment for mobility is blank, however the support plan's description of needs and the plan to meet these needs indicates "N/A".

Resident #6's support plan, dated [REDACTED], indicates the resident is totally dependent and requires 24 hour direct supervision, cannot self administer medication and total immobile requiring total physical or oral assistance. However, the support plan's description of needs and the plan to meet these needs indicates "N/A" .

**Plan of Correction**

**Accept [REDACTED] - 10/31/2023)**

Assessment and support plans for resident #1, #4 and #6 have been updated to include description of needs and plan to meet these by the PCHA on [REDACTED]

All residents assessments and support plans will be reviewed starting [REDACTED] and updated as needed for completion of the description and needs portion of this by the PCHA by Nov 30, 2023

This ongoing process of review starts [REDACTED] and will be completed by the end of each month by the PCHA, This information will be presented monthly times 3 and quarterly times 3 to the QAA committee. First reporting

227d - Support Plan Medical/Dental (continued)

will be for the Dec 2023 QAA meeting.

Licensee's Proposed Overall Completion Date:

Implemented [REDACTED] 11/29/2023)