

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

December 9, 2025

[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 10/22/2025, 10/23/2025 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: 10/27/2025
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: 106 Waking Staff: 80

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 10/29/2025

Inspection Dates and Department Representative

10/22/2025 - On-Site: [REDACTED]
10/23/2025 - 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: 1st Floor 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: 54
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 52 Have Physical Disability: 0

Inspections / Reviews

10/22/2025 - Full
Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/23/2025

Inspections / Reviews *(continued)*

12/09/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/09/2025

Reviewer: [REDACTED]

Follow-Up Type: *Bypass Document
Submission*

12/09/2025 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/09/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

121a - Unobstructed Egress

1. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 10/22/25 at 11:42 a.m., the code for operating the magnetic locking mechanism on the emergency exit door next to bedroom C1138 was incorrect and did not disengage the magnetic locking mechanism, creating a blocked egress.

Plan of Correction

Accept ([redacted] - 12/09/2025)

On 10/22/25 the code for operating the magnetic locking mechanism on the emergency exit door next to the bedroom C1138 was repaired by the maintenance supervisor.

The maintenance supervisor tested the keypad to assure that the code to the magnetic locking system on the emergency exit door next to bedroom C1138 was in proper working order. 10/22/25.

The maintenance supervisor and or designee will monitor hallways, doorways, passageways and egress routes from rooms and from the building in the secured dementia memory care unit to ensure that all operating magnetic locking mechanisms are functioning properly to ensure unobstructed egress.

This monitor will be completed daily for one week, then weekly for four weeks, then monthly and reported at the monthly QAA meeting. If the monitor reflects 100% compliance for three consecutive months, then the monitor may be completed on a quarterly basis.

See attached

Licensee's Proposed Overall Completion Date: 01/08/2026

Implemented ([redacted] - 12/09/2025)

141b1 - Annual Medical Evaluation

2. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #1's most recent medical evaluation was completed on [redacted]. The resident's previous medical evaluation was completed on [redacted].

Plan of Correction

Accept ([redacted] - 12/09/2025)

Resident #1's medical evaluation was completed on 11/21/25. Resident # 1's last annual medical evaluation was completed on [redacted].

The PCHA will complete chart reviews for all current residents in personal care to ensure that all medical evaluations are completed on an annual basis.

The PCHA and the unit secretary will review all active charts in personal care monthly to ensure that all medical evaluations are completed on an annual basis. This information will be reported monthly to the QAA committee. If the monthly monitor reflects 100% compliance for three consecutive months, then the monitor may be completed on a quarterly basis.

See attached

141b1 - Annual Medical Evaluation (continued)

Licensee's Proposed Overall Completion Date: 01/08/2026

Implemented (█) - 12/09/2025)

171b5 - First Aid Kit

3. Requirements

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

- 5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

The first aid kit in the home's minivan used to transport residents did not include eye coverings.

Plan of Correction

Accept (█) - 12/09/2025)

Goggles/eye coverings were placed in the transport minivan on 10/22/25. The maintenance supervisor reviewed and checked the contents of the first aid kit to ensure the vehicle had the specified contents in 2600.96. 10/22/25.

The transport driver will ensure that the listed items are in the first aid box prior to using the vehicle. The transport driver will initial and date the first aid check list each time the transport vehicle is used. The maintenance supervisor and or designee will review the first aid kit and check the list weekly to ensure all items are accounted for in the first aid kit.

The maintenance supervisor and or designee will complete this QA monitor weekly for four weeks, then monthly and report the findings to the QAA committee meeting monthly.

If the QA monitor reflects 100% compliance for three consecutive months, then the QA monitor may be completed on a quarterly basis.

See attached

Licensee's Proposed Overall Completion Date: 01/08/2026

Implemented (█) - 12/09/2025)

187a - Medication Record

4. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

- 1. Resident's name.
- 2. Drug allergies.
- 3. Name of medication.
- 4. Strength.
- 5. Dosage form.

Description of Violation

Resident #2 was prescribed Align 4mg, take 1 capsule daily. However, resident #2's October 2025 medication administration record indicated Align 10mg, take 1 capsule daily.

187a - Medication Record (continued)**Plan of Correction**

Accept (█) - 12/09/2025)

Resident #2's medication administration record was corrected per the physician order to indicate the correct dose of medication, Align 4mg, take 1 capsule daily. 10/23/25

The PCHA and or licensed designee will complete a monthly QA audit on all active residents to ensure that the residents' medical record and medication administration record are accurate which will include the correct medication, strength and dosage.

This Monthly QA monitor will be reported to the monthly QAA committee. If the monthly QA monitor reflects 100% compliance for three consecutive months, then the QA monitor may be completed on a quarterly basis.

See attached

Licensee's Proposed Overall Completion Date: 01/08/2026

Implemented (█) - 12/09/2025)

187d - Follow Prescriber's Orders**5. Requirements**

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #3 is prescribed Humalog Kwikpen 100unit/ml solution. Inject per sliding scale with meals if blood sugar:

0-140 = 1 unit

141-200 = 1 unit

201-249 = 2 units

250-299 = 3 units

300-349 = 4 units

350-400 = 5 units

over 400 = 5 units and call MD.

On 10/4/25 at 8:00 a.m., the resident's blood sugar reading was 140 and the resident received 0 units; however, the resident should have received 1 unit.

On 10/10/25 at 8:00 a.m., the resident's blood sugar reading was 115 and the resident received 0 units; however, the resident should have received 1 unit.

On 10/20/25 at 8:00 a.m., the resident's blood sugar reading was 126 and the resident received 0 units; however, the resident should have received 1 unit.

On 10/20/25 at 12:00 p.m., the resident's blood sugar reading was 195 and the resident received 2 units; however, the resident should have received 1 unit.

On 10/21/25 at 12:00 p.m., the resident's blood sugar reading was 159 and the resident received 2 units; however, the resident should have received 1 unit.

187d - Follow Prescriber's Orders (continued)

On 10/22/25 at 8:00 a.m., the resident's blood sugar reading was 118 and the resident received 0 units; however, the resident should have received 1 unit.

Plan of Correction

Accept ([redacted] - 12/09/2025)

LPN involved in medication errors on 10/4/25, 10/10/25, 10/20/25, 10/20/25, 10/21/25 and 10/22/25 was counseled on the medication error in which resident #3 should have received 1 unit of insulin per physician order. 10/25/25.

The Physician reviewed resident #3 sliding scale insulin orders and changed the sliding scale insulin orders. The new sliding scale insulin order was changed to 0 units for a BG between 0-140. 10/31/25.

The PCHA and or Licensed designee will complete a Monthly QA monitor reviewing all residents on BGCS with sliding scale coverage to ensure that the prescribers orders are being followed accurately.

This monthly QA monitor will be reported to the monthly QAA committee. If this monthly QA monitor reflects 100% compliance for three consecutive months, then the monitor may be completed on a quarterly basis.

See attached

Licensee's Proposed Overall Completion Date: 01/08/2026

Implemented ([redacted] - 12/09/2025)

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.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident #4 has an enabler bar attached to [redacted] bed. However, the resident's assessment, dated [redacted] does not indicate the following:

- The specific need for the device
- The intended use
- Any risks associated with the device
- The resident's ability to use the device safely for the intended purpose
- Identification of the specific device to be used
- If a cover is required to meet FDA guidelines

Plan of Correction

Accept ([redacted] - 12/09/2025)

Resident #4 has an enabler bar attached to [redacted] bed. An additional assessment has been completed, which includes the specific need for the device, the intended use, risks associated with the device, the ability of the resident to use the device safely and the enabler bar has an appropriate covering.

The PCHA and or licensed designee will complete a monthly QA monitor to assure all residents with Bed enablers have a current updated assessment which will include the specific need for the device, the intended use, risks associated with the device, the ability of the resident to use the device safely and to ensure the enabler has an appropriate covering.

This monthly QA monitor will be completed monthly and reported to the QAA committee. If the QA monitor

225c - Additional Assessment (continued)

reflects 100% compliance for three consecutive months, then the monthly QA monitor may be completed on a quarterly basis.

See attached

Licensee's Proposed Overall Completion Date: 01/08/2026

Implemented ([REDACTED] - 12/09/2025)