pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **SAINT MARY'S HOME OF ERIE**
LEGAL ENTITY

To operate **SAINT MARY'S AT ASBURY RIDGE**
NAME OF FACILITY OR AGENCY

Located at **4855 WEST RIDGE ROAD, ERIE, PA 16506**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

PROVISIONAL

To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **164** (MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: **Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 16**

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **April 15, 2026** until **October 15, 2026**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **413421**

ISSUING OFFICER

ACTING DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628P – 04/23

Pennsylvania
Department of Human Services

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: APRIL 15, 2026

Saint Mary's Home of Erie

RE: Saint Mary's at Asbury Ridge
4855 West Ridge Road
Erie, PA 16506
License/COC #: 413421

Dear :

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on November 11, 2025 and January 6, 2026, of the above facility, the violation specified on the enclosed Licensing Inspection Summary (LIS) was found.

Based on a violation with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance (license number 41342) dated October 27, 2025 to October 27, 2026 and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violation as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1) ;(4) ;(5) and 55 Pa. Code § 20.71(a)(2) ;(5) ;(6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from APRIL 15, 2026 to OCTOBER 15, 2026.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

If you disagree with the decision to issue a FIRST PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35.

If you decide to appeal your FIRST PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
PH: 717-265-8942

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:

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

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:

Legal Entity

Name: *SAINT MARY'S HOME OF ERIE*

Address:

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**: *107* **Waking Staff**: *80*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Incident* **Exit Conference Date**: *01/06/2026*

Inspection Dates and Department Representative

11/05/2025 - On-Site:

01/06/2026 - Off-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *164* **Residents Served**: *57*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *1ST FLOOR* **Capacity**: *16* **Residents Served**: *16*

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *57*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *50* **Have Physical Disability**: *0*

Inspections / Reviews

11/05/2025 - Partial

Lead Inspector: **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *02/07/2026*

02/20/2026 - POC Submission

Submitted By: [redacted] **Date Submitted:** *02/24/2026*

Reviewer: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *02/25/2026*

04/08/2026 - POC Submission

Submitted By: [redacted] **Date Submitted:** *02/24/2026*

Reviewer: [redacted] **Follow-Up Type:** *Enforcement*

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 was admitted to the personal care home (PCH) section of the facility on /25. initial resident assessment and support plan, dated /25, indicates requires moderate supervision in the home, has a moderate problem understanding instructions, and has minimal problems with orientation to time, place, person, and judgement. To meet these needs, staff will provide supervision to ensure choices are safe for and others around , will give short, simple directions and give ample time to respond, and prompt and cue as needed.

Resident #2 was admitted to the independent living section of the facility on /24, which is located on a different wing on the same floor as the PCH. preadmission screening form, dated /23, indicates needs no assistance with activities of daily living or instrumental activities of daily living. Staff interviews indicate resident #2 sometimes smells of alcohol, roams the halls during the overnight shift, has hugged and groped female staff, and flirts with and gives candy bars to female residents. Staff person A indicated resident #2 sometimes goes to the Secure Dementia Care Unit (SDCU) for ice at night, and sometimes orders pizza and gives it to the residents in the SDCU. Once, staff person A saw resident #2 in the SDCU and told couldn't be there. Resident #2 told comes in there all the time; waits until the administrator leaves and goes in there.

On 10/31/25 at approximately 4:30 p.m. staff person B was waiting for the elevator near the dining room. When the elevator doors opened, staff person B observed resident #1 holding onto walker and resident #2 with arms around resident #1, kissing . As soon as the elevator doors opened, resident #2 moved away from resident #1 and staff person B smelled a strong odor of alcohol emitting from resident #2. Staff person B reported this to staff person C.

On 10/31/25 at approximately 5:30 p.m., staff person B observed resident #2 walking in the hall near resident #1's bedroom. When staff person B asked resident #2 what was doing, said with slurred speech that was just walking around. Staff person B observed resident #2 knock on resident #1's bedroom door. Staff person B reported this to staff person C. Staff person C gathered resident #1's medications and went to bedroom to check on and found in bed. Resident #1 told staff person C that a man came to door, but didn't let in, and told to go away.

On 11/2/25 at approximately 7:15 a.m., staff person A entered resident #1's bedroom and found sitting at the bottom of bed with a glass in hand, acting extremely upset. When staff person A asked if was ok, resident #1 said wasn't ok, that resident #2 hurt and that if came back, was going to kill and break a glass on head. Resident #1 told staff person A that resident #2 touched boobs and made take clothes off. The resident asked staff person A not to leave because was afraid resident #2 was going to come back and hurt . Staff person C was notified and arrived at the Resident #1's apartment. Resident #1 told staff person C that resident #2 came in, and didn't want there, was scared of , that was doing bad things, touched with hands and thingy, took shirt off, did other things, and made do things and didn't like it. Staff person C observed Resident #1 visibly upset and crying and resident #1 repeatedly stated that was scared. The resident had to be given a PRN Ativan. Resident #1 told staff person B that thought it was fault, that resident #2 told loved r and needed it.

Local police were contacted and arrived at the home. Staff person D was present when the police interviewed resident

42b - Abuse (continued)

#1. Resident #1 indicated during that interview that resident #2 touched [redacted] breasts under [redacted] shirt, penetrated [redacted], and [redacted] thought [redacted] ejaculated. Resident #1 was taken to the hospital and underwent a Sexual Assault Nurse Examiners (SANE) evaluation. When resident #1 returned to the home that evening [redacted] was scared and was moved to a different room that was unmarked and had no male caregivers. The corporate entity no longer permits resident #2 on the property.

Plan of Correction ***Do Not Accept [redacted] - 02/20/2026)***

Requirements 2600.
42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subject to corporal punishment or disciplined in any way.

As soon as the Sexual Abuse allegation was reported resident #1 was removed for [redacted] safety. 1:1 was given along with emotional support. Administration notified the PCP, DHS, and next of kin. Millcreek police were notified. Resident #1 was sent into [redacted] Hospital for a rape test kit and examination- (SANE evaluation). Immediate investigation started upon notification of allegation of sexual assault. Statements obtained from all staff that worked. Resident #1 was transferred to another room on the first floor for [redacted] emotional safety and well-being. Room [redacted] with no male caregivers. And monitored frequently with a lot of 1:1.
The SANE evaluation did not reveal anything, The Millcreek police informed us that resident #1 clothes and bedding were sent to Harrisburg for forensics and it could take weeks for the results. At this time the facility still does not have the forensic results.

Resident #2 was immediately put on 24/7 security watch until [redacted] was evicted from the building. The police attempted to interview resident #2 but declined. Resident #2 was under a security watch the entire time [redacted] was in the building and there was absolutely no interaction between resident #1 and resident #2 until [redacted] was evicted. The building has 24/7 security and surveillance at every entrance and exit.
Resident #2 has issued a lease termination that has been accepted by LECOM at Saint Mary's at Asbury Ridge.
Resident #1 is doing well and is back to [redacted] normal day to day activities.
Education will be provided to all the Residential Living and Personal Care staff through Collins learning on the following topics:
Managing residents with abnormal sexual behavior
Preventing abuse and neglect of residents
education compliance to be monitored by the PCHA and will be completed by 02/24/2026
On-going monitoring:
All new admissions in Residential Living/Personal Care will undergo a Megans law and Criminal Background check during the application process. 02/05/2026.
If a resident has a prior Criminal history, the application will be escalated to the PCHA for further review and approval.
The new admission process undergoing a Megans Law and Criminal background check will be monitored monthly and reported at the Monthly Quality Assurance
meeting for three consecutive months.
LECOM plans on installing video surveillance cameras in the hallways in the near future at Saint Mary's at Asbury Ridge. This project will take several months to complete but is the plan for Saint Mary's at Asbury Ridge.

42b - Abuse *(continued)*

Licensee's Proposed Overall Completion Date: *03/02/2026*

Update: *02/20/2026*

Please add a step(s) indicating what action(s) the home is taking to ensure the safety of residents who reside in the personal care section and Secure Dementia Care Unit (SDCU) of the home, by preventing residents in the independent living section of the home from having unsupervised access to resides residing in the personal care section and SDCU.

Plan of Correction ***Directed [redacted] 04/08/2026)***

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LECOM plans on installing video surveillance cameras in the hallways in the near future at Saint Mary's at Asbury Ridge. This project will take several months to complete but is the plan for Saint Mary's at Asbury Ridge.
All staff in Personal care will be in-serviced and educated on any resident from Residential Living/Personal Care that is requesting to visit a resident in the Secured memory Care Unit, such as a family member, spouse, and or friend if

42b - Abuse (continued)

deemed appropriate with the [redacted] Otherwise, residents from Residential Living/Personal Care cannot just enter the Secured Memory Care Unit with unsupervised access to assure the safety of all the residents that reside in the Secured Memory Care Unit. The staff on the Secured Memory Care Unit will continue to monitor all resident visitation.

Proposed Overall Completion Date: 03/06/2026

Directed:
By 4/30/26, the PCHA will provide in-service and education as listed above. Documentation will be kept.
[redacted] ***4/8/26***

Directed Completion Date: *04/30/2026*