

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

May 26, 2026

[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

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/17/2026 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: 10/27/2026  
 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 L & I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 73 Waking Staff: 55

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Complaint, Incident Exit Conference Date: 02/17/2026

**Inspection Dates and Department Representative**

02/17/2026 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

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

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

**Hospice**  
 Current Residents: 2

**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: 16 Have Physical Disability: 0

**Inspections / Reviews**

02/17/2026 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/20/2026

04/01/2026 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 05/18/2026  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/08/2026

Inspections / Reviews *(continued)*

05/11/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/18/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/18/2026

05/26/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/18/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The residence shall immediately report suspected abuse of a home served in the resident's in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted] at approximately 1:50 a.m. resident [redacted] with a known history of infrequent irritability, aggression and agitating as assessed on [redacted] was seen very close and pointing [redacted] finger really close to resident [redacted]s face. Resident [redacted] responded by slapping resident [redacted] in the face. Resident [redacted] responded to being hit by throwing a cup hitting resident [redacted] in the chest and then flipped over the table and lamp between them. However, the incident was not reported to protective services.

Plan of Correction

Accept [redacted] 04/08/2026)

2600 -15 a- Resident Abuse Report

The facility will immediately report suspected abuse of residents in accordance with the Older Adult Protective Services Act. All residential living personal care staff members will be educated on reporting of abuse by 2/30/26 by the PCHA or designee in accordance with the Older Adult Protective Service Act. The PCHA, and/or designee will complete a monthly QA monitor to assure the facility is reporting suspected abuse in accordance with the Older Adult Protective Service Act. This QA monitor will be completed monthly and reported at the monthly QA meeting, beginning on 4/14/26. If 100 % compliance is achieved by three months, then the QA monitor will then be submitted quarterly.

Licensee's Proposed Overall Completion Date: 04/24/2026

Implemented [redacted] - 05/26/2026)

23a - Activities of Daily Living Assistance

2. 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 [redacted] assessment and support plan, dated [redacted], indicates the resident requires moderate supervision with attendance when outside the home. However, on [redacted] at approximately 5:00a.m., the resident did not receive this assistance as required,. Resident [redacted] left the facility in the rain and cold and was found approximately 2.5 miles from the home walking along the road alone and confused.

Plan of Correction

Accept [redacted] - 04/08/2026)

2600- 23a – Activities of Daily Living Assistance

The facility will provide each resident with assistance with ADLS as indicated in the resident assessment support plan. The PCHA or designee will educate all staff by 3/11/26 and implement a new procedure of every 2-hour safety checks for those residents' requiring minimum to moderate supervision. A monthly QA monitor will be completed by the PCHA and/or designee to ensure all residents requiring minimum to moderate supervision are assessed for safety every two hours. This QA monitor will be completed for three consecutive months, beginning on 4/14/26 and reported at monthly QA meeting. If 100% compliance is achieved at this time, then the monitor may be completed on a quarterly basis.

23a Activities of Daily Living Assistance (continued)

Licensee's Proposed Overall Completion Date: 04/24/2026

Implemented [redacted] - 05/26/2026)

42c - Treatment of Residents

3. Requirements

2600. 42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [redacted] at approximately 1:50a.m., resident [redacted] pointed [redacted] finger close to resident [redacted] face. Resident [redacted] struck resident [redacted] in the face with [redacted] hand and resident [redacted] threw a cup at resident [redacted], then flipped over a side table in the common area.

Plan of Correction

Accept [redacted] - 04/08/2026)

2600 42 c Treatment of resident

All Staff in residential Living will be in serviced on Resident Rights and Dignity. All staff in residential Living will be in serviced/educated on monitoring residents with aggressive behaviors which will include recognizing triggers and de escalation techniques. Education to be completed by 1/14/26 Additional diversional activities will be assigned to staff to keep residents engaged in activities.

These diversional activities and behaviors will also be monitored by the PCHA and/or designee and a monthly QA monitor will be completed on the resident behaviors and diversional activities by staff. This QA monitor will reported at the QA monthly meeting for three consecutive months beginning 4/14/26. If the monthly monitor reflects 100% compliance, then the monitor may be completed on a quarterly basis.

Licensee's Proposed Overall Completion Date: 04/24/2026

Implemented [redacted] 05/26/2026)

187d - Follow Prescriber's Orders

4. Requirements

2600. 187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [redacted] is prescribed [redacted] tablet every 12 hours as needed for itching. However, on [redacted] at 6:24p.m. the medication was administered for signs of [redacted].

Repeat Violation: [redacted]

Plan of Correction

Accept [redacted] - 04/08/2026)

187d Follow prescriber's orders

Employee that administered [redacted] for itching will be counseled and med error completed. 03/20/26

A monthly QA monitor will be completed by the PCHA and/or designee to review prn medications and indication for use. This monthly QA monitor will be reported at the monthly QA meeting, beginning 4/14/26. If the monthly QA monitor reflects 100% compliance for three consecutive months, then the QA monitor may be completed on a

187d - Follow Prescriber's Orders (continued)

quarterly basis.

Licensee's Proposed Overall Completion Date: 04/24/2026

Implemented [REDACTED] - 05/26/2026)

225c - Additional Assessment

5. 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 [REDACTED]'s assessment and support plan, dated [REDACTED], does not address the resident care needs for depression and sexually inappropriate behavior. Also, the assessment of irritability and agitation indicates a minimal problem; however, multiple staff interviews indicated moderate problem with agitation.

Repeat Violation: [REDACTED]

Plan of Correction

Accept [REDACTED] - 04/08/2026)

225c- Additional Assessment

Resident R [REDACTED] assessment and support plan will be updated by the PCHA or designee, to address care needs for depression and sexually inappropriate behavior by 2/20/26. The Assessment of irritability and agitation will be updated to a moderate problem with agitation on the resident's assessment and support plan. All Residents in Personal Care with a diagnosis of depression, sexually inappropriate behavior, irritability and agitation will have their support plan reviewed by the PCHA and/or designee to assure that these diagnosis/behaviors are up to date and correct on the resident's assessment and support plan. A monthly QA monitor will be completed by the PCHA and/or designee reviewing these diagnosis/behaviors and reported at the monthly QA meeting beginning 4/14/26. If the monthly monitor reflects 100% compliance for three consecutive months, then the QA monitor may be completed on a quarterly basis.

Licensee's Proposed Overall Completion Date: 04/24/2026

Implemented [REDACTED] - 05/26/2026)