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

November 4, 2026

[redacted], ADMINISTRATOR
ROMAN CATHOLIC DIOCESE OF ERIE
2250 SHENANGO VALLEY FREEWAY
HERMITAGE, PA, 16148

RE: SAINT JOHN XXIII HOME
2250 SHENANGO VALLEY FREEWAY
HERMITAGE, PA, 16148
LICENSE/COC#: 44760

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/26/2026 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 JOHN XXIII HOME* **License #**: *44760* **License Expiration**: *05/25/2027*

Address: *2250 SHENANGO VALLEY FREEWAY, HERMITAGE, PA 16148*

County: *MERCER* **Region**: *WESTERN*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *ROMAN CATHOLIC DIOCESE OF ERIE*

Address: *2250 SHENANGO VALLEY FREEWAY, HERMITAGE, PA, 16148*

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *C 1*	**Date**: *06/15/1979*	**Issued By**: *Dept L & I*
Type: *C 2 LP*	**Date**: *01/26/2025*	**Issued By**: *Dept L & I*
Type: *C 2 LP*	**Date**: *05/16/2010*	**Issued By**: *Dept L & I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *26* **Waking Staff**: *20*

Inspection Information

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

Reason: *Renewal* **Exit Conference Date**: *08/26/2026*

Inspection Dates and Department Representative

08/26/2026 On Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *98* **Residents Served**: *21*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *SDCU* **Capacity**: *32* **Residents Served**: *0*

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *21*

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

Have Mobility Need: *5* **Have Physical Disability**: *0*

Inspections / Reviews

08/26/2026 - Full

Lead Inspector: [redacted] **Follow Up Type**: *POC Submission* **Follow Up Date**: *09/27/2026*

Inspections / Reviews *(continued)*

10/01/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *11/04/2026*

Reviewer: [redacted] **Follow Up Type:** *POC Submission* **Follow Up Date:** *10/08/2026*

11/02/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *11/04/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *11/05/2026*

11/04/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *11/04/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

65b Rights/Abuse 40 Hours

1. Requirements

2600.
65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101 10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person A completed [redacted] 40th scheduled work hour. However, this staff person did not complete training in the following topics:

* *Reporting of reportable incidents and conditions.*

Staff person B completed [redacted] 40th scheduled work hour. However, this staff person did not complete training in the following topics:

* *Emergency medical plan.*
* *Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).*
* *Reporting of reportable incidents and conditions.*

Plan of Correction ***Accept ([redacted] - 11/02/2026)***

The immediate action was to ensure that the staff members in question had received the appropriate training.
Going forward a new orientation checklist has been created to ensure all direct care staff, ancillary staff, substitute staff and volunteers complete the required training as directed. This checklist and the required training will be monitored and recorded by the Administrator and the Human Resource Director.
To ensure compliance all training will be conducted and recorded by the Administrator and HR director. A record of the training will be kept with the Administrator and the HR Director in employee files. New Hire Training documentation audits will also be incorporated into the facility Quarterly Quality Assurance program.
Both staff persons A and B were reeducated on 8-27-26.
Monitoring will be conducted with each new hire, as needed. Audits will be incorporated into the Quarterly Quality Assurance program.

Licensee's Proposed Overall Completion Date: *10/06/2026*

Implemented ([redacted] - 11/04/2026)

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 most recent fire safety inspection and fire drill conducted by a fire safety expert was completed on 8/18/26; however, the previous fire safety inspection and fire drill conducted by a fire safety expert was completed on 5/21/25.

132b - Safety Inspection/Fire Drill (continued)

Plan of Correction ***Accept (- 10/01/2026)***

The facility acknowledges that the annual fire inspection and drill conducted by a fire expert were not completed within the required timeframe due to an oversight. Upon identification of the delay the facility promptly scheduled and completed the inspection and drill on 8/18/26.
Annual Fire inspection/drill by fire safety expert has been scheduled with Hermitage Fire Department for May 2027.
Going forward, the Administrator/Designee will maintain a tracking system to monitor the annual fire inspection drill and due dates. The Administrator/designee will review the tracking system quarterly to ensure that the inspection and drill are completed in the required timeframe. Documentation of each inspection and drill will be kept and maintained at the facility.
Annual Fire Inspection/drill by fire safety expert will be reviewed/incorporated into the Quarterly Quality Assurance program.

Licensee's Proposed Overall Completion Date: *09/21/2026*

Implemented (- 11/04/2026)

141b1 - Annual Medical Evaluation

3. Requirements

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #1's annual medical evaluation, dated , is blank in sections of health status, cognitive functioning, and mobility needs.

Plan of Correction ***Accept (- 11/02/2026)***

Resident #1's DME was reviewed immediately, and it was identified that certain sections were not completed by the physician. After consulting the physician, the sections in question were completed by facility LPN in accordance with scope of practice and facility procedures.
To prevent recurrence, the facility has educated the appropriate staff regarding the completion and review of the annual DME for completeness on receipt from the physician. If the examining physician leaves section blank, facility will follow up to obtain the necessary information and ensure the form is completed in its entirety.
The Administrator/ LPN will monitor the DME's for completeness upon receipt and during routine inspections to ensure completeness and compliance.
An audit of all current resident DME's will be completed by Administrator to ensure completeness. The audits of current resident and future DME's, will be incorporated into the facility Quarterly Quality Assurance program.
Audit of all DME's was completed by the administrator on 9-25-26. Audits of the DME's will be continue with each new DME received as well as quarterly by the Administrator.

Licensee's Proposed Overall Completion Date: *10/06/2026*

Implemented (- 11/04/2026)

225c Additional Assessment

4. 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 #2 utilizes a bedside mobility device. However, the resident's assessment, dated [redacted] does not mention this device and does not include the specific need for the device, the intended use and any risks associated with such use, the resident's ability to use the device safely for its intended purpose, and whether a cover is required to meet FDA guidelines.

Plan of Correction ***Accept ([redacted] - 10/01/2026)***

Resident #2's assessment has been updated as of 8-27-26. The resident was educated regarding the use of the device by the physical therapy department at the time of installation. PT had worked with the resident to ensure [redacted] was able to use it safely and that [redacted] understood its purpose.
The assessment has been updated with the intended use of the device, the need for the device and resident training to ensure safety. It was determined at the time of installation that the device meets all requirements and FDA safety guidelines.
An audit of all bedside mobility devices used by residents in the facility has been conducted to ensure training and safety. Also, all assessments for the residents have been audited to ensure proper documentation.
Going forward, the nursing staff will maintain a list of all residents with bedside mobility devices and will reevaluate the need for the device and the safe usage of the device as needed.
Bedside mobility devices will be audited on a quarterly basis to ensure proper installation and completeness of required documentation and incorporated into the facility Quarterly Quality Assurance program.

Licensee's Proposed Overall Completion Date: *09/23/2026*

Implemented ([redacted] - 11/04/2026)