

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395404	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/09/2024
NAME OF PROVIDER OR SUPPLIER Lecom at Presque Isle, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 4114 Schaper Avenue Erie, PA 16508	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>47356</p> <p>Based on observations, review of facility policy, and staff interview it was determined that the facility failed to maintain a clean, homelike environment for two of 12 residents reviewed (Residents R1 and R2).</p> <p>Findings include:</p> <p>Review of a facility policy entitled Daily Resident Room and Bathroom Cleaning dated 10/10/23, indicated, Check privacy curtains and spot clean as needed.</p> <p>Observations of Resident R1's room on 8/8/24, at approximately 12:50 p.m. revealed the privacy curtain was heavily soiled with a brown colored substance.</p> <p>Observations of Resident R2's room on 8/8/24, at approximately 12:55 p.m. revealed the privacy curtain was heavily soiled with a brown colored substance.</p> <p>During an interview on 8/8/24, at 1:25 p.m. the Assistant Director of Nursing confirmed that the privacy curtains in Resident R1's and R2's rooms were heavily soiled with a brown colored substance and that the privacy curtains should have been cleaned or replaced.</p> <p>28 Pa. Code 201.18 5(e)(2.1) Management</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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