

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 06/18/2025
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 0636</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the Resident Assessment Instrument (RAI) User's Manual (provides instructions and guidelines for completing required Minimum Data Set [MDS - federally mandated standardized assessment conducted at specific intervals to plan resident care] assessments), dated October 2024, and clinical records, and staff interview, it was determined that the facility failed to make certain that MDS assessments were completed in the required time frame for four of sixteen residents reviewed (Resident R1, R2, R8, and R13).</p> <p>Findings include:</p> <p>Review of the Long-Term Care Facility RAI User's manual, revealed that for an admission MDS, the MDS completion date, and the Care Area Completion Date is to be completed no later than 14 calendar days following admission (admission date plus 13 calendar days), and the Care Plan Decision Date is to be the Care Area Completion Date plus 7 calendar days. The RAI manual further revealed that for a quarterly MDS, the MDS completion date is the Assessment Reference Date (ARD) plus 14 calendar days and for a discharge return anticipated MDS, the MDS completion date is the discharge date plus 14 calendar days.</p> <p>Resident R1 was admitted to the facility on [DATE], with diagnoses that included tracheostomy (a hole made through the front of the neck and into the windpipe [trachea] where a tube is placed to keep the hole open for breathing), traumatic brain injury - (TBI - brain injury cause by an outside force that may result in permanent or temporary impairment in physical and/or mental functioning), and Seizures.</p> <p>Resident R1 had an admission MDS with an ARD of 5/20/25. The MDS completion date and Care Area Completion date were due 5/27/25, and the Care Plan Decision date was due 6/2/25. The MDS completion date, Care Area Completion date, and Care Plan Decision date were all signed off as completed on 6/18/25, twenty-two and fifteen days after their due date, respectively.</p> <p>Resident R2 was admitted to the facility on [DATE], with diagnoses that included Chronic Obstructive Pulmonary Disease (COPD - a condition that prevents airflow to the lungs resulting in difficulty breathing), lung Cancer, and high blood pressure.</p> <p>Resident R2 had a quarterly MDS with an ARD of 5/19/25. The MDS completion date was due 6/2/25. The MDS completion date was signed off as completed on 6/18/25, sixteen days after the due date.</p> <p>(continued on next page)</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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<p>F 0636</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Resident R8 was admitted to the facility on [DATE], with diagnoses that include dementia (loss of cognitive functioning affecting a persons memory and behaviors), anxiety (a condition that causes a person to be nervous, uneasy, or worried about something or someone), and high blood pressure.</p> <p>Resident R8 had an admission MDS with an ARD of 5/14/25. The MDS completion date and Care Area Completion date were due 5/21/25, and the Care Plan Decision date was due 5/28/25. The MDS completion date, Care Area Completion date, and Care Plan Decision date were all signed off as completed on 6/18/25, twenty-eight and twenty-one days after their due date, respectively.</p> <p>Resident R13 was admitted to the facility on [DATE], with diagnoses that included COPD, respiratory failure (a condition where you don't get enough oxygen or you get too much carbon dioxide in your body), and high blood pressure.</p> <p>Resident R13 had a discharge return anticipated MDS with an ARD of 5/20/25. The MDS completion date was due 6/3/25. The MDS completion date was signed off as completed on 6/18/25, or fifteen days after the due date. Resident R13 had another discharge return anticipated MDS with an ARD of 5/30/25. The MDS completion date was 6/13/25. The MDS completion date was signed off as completed on 6/18/25, or five days after the due date.</p> <p>During a telephone interview on 6/18/25, at 4:16 p.m. Nursing Home Administrator confirmed the facility failed to make certain that MDS assessments were completed within the required time frame for four of sixteen residents reviewed as identified above.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</p>		