

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 02/05/2026
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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>Based on a review of facility policy, review of facility and clinical records, and staff interviews, it was determined that the facility failed to provide a weekly bath/shower for four of six residents reviewed (Residents R1, R2, R3, and R4). Findings include: Review of a facility policy entitled, Resident Self determination and Participation, dated 10/30/25, revealed Each resident is allowed to choose activities, and schedule health care and healthcare providers, that are consistent with his or his interests, values, assessments and plans of care, including: a daily routine, such as sleeping and waking, eating, exercise and bathing schedules. Resident Council minutes dated 12/16/25, revealed new business resident concerns as Showers are not being offered as scheduled. Resident's R1's clinical record revealed an admission date of 4/06/24, with diagnoses that included lumbar spina bifida without hydrocephalus (a condition that occurs when the spine and spinal cord don't form properly during early fetal development), diarrhea, diabetes mellitus (a chronic condition where blood sugar levels are too high), and respiratory failure (a condition when the respiratory system cannot provide enough oxygen or take out carbon dioxide from the blood). Review of Resident R1's bath/shower documentation for 1/06/26, through 2/02/26, revealed no bath/shower was provided except on 1/11/26, 1/18/26, and 2/1/26, resulting in evidence of only three showers/baths provided during 28 day time-period. Resident's R2's clinical record revealed an admission date of 2/21/22, with diagnoses that included respiratory failure with hypoxia (.low oxygen in the blood), epilepsy (a brain disorder that causes seizure), hyponatremia (low sodium levels in the blood), and hypokalemia (low potassium levels in the blood). Review of Resident R2's bath/shower documentation for 1/06/26, through 2/02/26, revealed 1/10/26, Response not required. 1/16/26, as Bed bath.1/20/26, Response not required. 1/23/26, as Bed bath.1/24/26, as Shower.1/27/26, progress note stating shower provided.2/01/26, Response not required. 2/02/26, Response not required This resulted in evidence of only two showers/baths provided during 28 day time-period for Resident R2. Resident's R3's clinical record revealed an admission date of 5/01/24, with diagnoses that included spastic quadriplegic cerebral palsy (a severe form of cerebral palsy [a group of neurological disorders affecting movement and muscle tone caused by abnormal brain development during fetal development or damage during or after birth] that affects the body's extremities and body), chronic respiratory failure, vitamin deficiency, and epilepsy. Review of Resident R3's bath/shower documentation for 1/06/26, through 2/02/26, revealed 1/07/26, as Bed bath.1/14/26, as Bed bath. 1/17/26, as Bed bath.1/21/26, as Bed bath.1/28/26, as Bed bath, This resulted in evidence of no showers/baths provided during 28 day time-period for Resident R3. Resident's R4's clinical record revealed an admission date of 8/30/24, with diagnoses that included cerebral palsy, chronic respiratory failure with hypoxia, asthma (a respiratory disease that causes the airways to narrow and swell resulting in shortness of breath or other respiratory symptoms), and myopathy (a disease of the skeletal muscles). Resident R4's bath/shower documentation for 1/07/26, through 2/02/26, revealed bed baths were provided, however no evidence that</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 395404	Facility ID: 395404 If continuation sheet Page 1 of 2

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F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	he/she received a bath/shower during 28 day time-period. During an interview on 2/05/26, at 11:54 a.m. the Nursing Home Administrator confirmed that the facility did not provide baths/showers according to residents' preference for the period of 1/06/26, through 2/02/26, for the above identified residents. 28 Pa. Code 211.10 (d) Resident care policies 28 Pa. Code 211.12 (d)(1)(3)(5) Nursing services		