

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 03/31/2026
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 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p>Based on review of facility policy, clinical records, observations, and staff interview, it was determined that the facility failed to provide enteral nutrition (a method for providing nutritional needs via tube feeding) and hydration in accordance with physician's orders for one of two residents reviewed (Resident R1). Findings include: Review of facility policy entitled Enteral Tube Feeding via Continuous Pump dated 10/30/25, indicated Check the enteral nutrition label against the order before administration. Check the following information: Rate of administration (mL/hour). Review of Resident R1's clinical record revealed an admission date of 8/30/24, with diagnoses that included cerebral palsy (a brain disorder that affects a person's movement and muscle coordination caused from abnormal development or damage to the brain), chronic respiratory failure (a condition where your lungs don't exchange air properly), and gastrostomy (a surgical opening in the abdomen into the stomach). Review of Resident R1's physician's orders revealed an order for Enteral Feed Order every shift for at risk malnutrition Enteral: Pump Feeding: Peptamen AF [feeding solution] at 55cc [cubic centimeters] /HR [hour] dated 12/31/25, and another order for Enteral Feeding Order every shift Enteral: Hydration Flush: 70cc/HR X [times] 24 hours day continuous dated 12/31/25. Observations on 3/23/26, at 10:30 a.m., 12:30 p.m., and 1:25 p.m. revealed Resident R1 was lying in his/her bed with his/her enteral feeding being administered through his/her gastrostomy tube (g-tube - a tube inserted through a small incision in the abdomen into the stomach, used for the administration of liquid nutrition and medications) with his/her feeding set at 50 cc/hr and his/her hydration flush set at 80 cc/hr. During an interview on 3/23/26, at 1:30 p.m. Registered Nurse (RN) Employee E1 confirmed Resident R1's enteral feeding was set at 50 cc/hr and his/her hydration flush was set at 80 cc/hr. RN Employee E1 confirmed that Resident R1's enteral feeding and hydration flush were not in accordance with Resident R1's physician orders, and that Resident R1's enteral feeding and hydration flush should be set per physician orders. 28 Pa. Code 211.12(d)(1)(5) Nursing services</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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>Based on review of facility policy, clinical records, and staff interview, it was determined that the facility failed to have complete and accurate documentation regarding wound treatments and showers for five of five residents reviewed (Residents R1, R2, R3, R4, and R5). Findings include: Review of facility policy entitled Activities of Daily Living (ADL), Supporting dated 10/30/25, indicated Appropriate care and services are provided for residents who are unable to carry out ADLs independently. including appropriate support and assistance with: hygiene (bathing.). Review of facility policy entitled Charting and Documentation dated 10/30/25, indicated Documentation of procedures and treatments will include care-specific details, including: the date and time the procedure/treatment was provided. the signature and title of the individual documenting. Review of Resident R1's clinical record revealed an admission date of 8/30/24, with diagnoses that included cerebral palsy (a brain disorder that affects a person's movement and muscle coordination caused from abnormal development or damage to the brain), chronic respiratory failure (a condition where your lungs don't exchange air properly), and gastrostomy (a surgical opening in the abdomen into the stomach). Review of Resident R1's physician orders revealed an order for a wound dressing to Resident R1's right ischium to be completed every morning and again at bedtime dated 2/12/26. Review of Resident R1's treatment record for the month of March 2026, lacked documentation that a wound dressing was completed to his/her right ischium on 3/1/26, 3/2/26, 3/3/26, 3/5/26, 3/7/26, 3/9/26, 3/10/26, 3/13/26, 3/16/26, 3/18/26, 3/19/26, 3/20/26, 3/22/26, 3/23/26, 3/24/26, 3/26/26, 3/27/26, 3/28/26, and 3/29/26. Review of Resident R1's bathing task (an area in point of care where the nursing assistants document showers) revealed a task for bathing Wednesday and Sunday on the day shift. Review of his/her bathing task for the month of March 2026, lacked documentation that a bath was provided on 3/1/26, 3/4/26, and 3/8/26. Review of Resident R2's clinical record revealed an admission date of 10/14/25, with diagnoses that included hypertension (high blood pressure), chronic obstructive pulmonary disease (a disease that obstructs air flow from the lungs), and fusion of spine lumbar region (surgical procedure on lower spine). Review of Resident R2's physician orders revealed an order for a wound dressing to Resident R2's coccyx to be completed every day shift dated 2/26/26. Review of Resident R2's treatment record for the month of March 2026, lacked documentation that a wound dressing was completed to his/her coccyx on 3/3/26, 3/6/26, 3/7/26, 3/8/26, 3/9/26, 3/10/26, 3/15/26, 3/16/26, 3/18/26, 3/19/26, 3/20/26, 3/22/26, 3/24/26, 3/25/26, 3/26/26, 3/28/26, and 3/29/26. Review of Resident R2's bathing task revealed a task for bathing Wednesday and Saturday on the evening shift. Review of his/her bathing task for the month of March 2026, lacked documentation that a bath was provided on 3/4/26, 3/11/26, and 3/18/26. Review of Resident R3's clinical record revealed an admission date of 6/18/24, with diagnoses that included chronic respiratory failure, multiple sclerosis (a disease where the body's immune system attacks the nerves which can cause vision problems, muscle weakness, numbness, feeling tired, difficulty thinking and bowel and bladder dysfunction.), and hypertension. Review of Resident R3's bathing task revealed a task for bathing Wednesday and Saturday on the evening shift. Review of his/her bathing task for the month of March 2026, lacked documentation that a bath was provided on 3/13/26, 3/21/26, and 3/24/26. Review of Resident R4's clinical record revealed an admission date of 4/30/25, with diagnoses that included diabetes (a health condition that is caused by the body's inability to produce enough insulin), and quadriplegia (a condition where a person is paralyzed and unable to move their body from the neck down). Review of Resident R4's bathing task revealed a task for bathing Wednesday and Saturday on the evening shift. Review of his/her bathing task for the month of March 2026, lacked documentation that a bath was provided on 3/4/26, 3/11/26, 3/14/26, 3/18/26, and 3/21/26. Review of Resident R5's clinical record revealed an admission date of 12/27/24, with diagnoses that included spina bifida (a birth defect that occurs (continued on next page)</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>when the spine and spinal cord don't form properly), Anxiety (a condition that causes a person to be nervous, uneasy, or worried about something or someone), and diabetes. Review of Resident R5's physician orders revealed an order for a wound dressings to resident R5's left ischium dated 3/14/26, and right sacrum dated 3/18/26 to be completed every day shift. Review of Resident R5's treatment record for the month of March 2026, lacked documentation that a wound dressing was completed to his/her left ischium on 3/16/26, 3/18/26, 3/19/26, 3/20/26, 3/23/26, 3/25/26, 3/26/26, and 3/28/26, and lacked documentation that a wound dressing was completed to his/her right sacrum on 3/19/26, 3/20/26, 3/23/26, 3/25/26, 3/26/26, and 3/28/26. During an interview on 3/30/26, at 2:10 p.m. the Nursing Home Administrator in training confirmed that Resident's R1, R2, R3, R4's and R5's clinical records did not have complete documentation regarding wound dressing changes and/or showers. He/she also confirmed that wound dressing changes and showers should be done as ordered/scheduled in the Resident's clinical record and documented when completed. 28 Pa. Code 211.5(f)(ix) Medical Records 28 Pa. Code 211.12(d)(1)(5) Nursing Services</p>		