STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395474	A. Building B. Wing	02/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lecom at Elmwood Gardens, LLC	2628 Elmwood 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)
F 0711 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the resident's doctor reviews the resident's care, writes, signs and dates progress notes and orders, at each required visit. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40177 Based on review of facility policy and clinical records, and staff interviews, it was determined that the facility failed to ensure that the physician signed and dated all orders during each of his/her visits for four of 12 residents reviewed (Residents R26, R36, R37, and R42). Findings include: A facility policy entitled Physician Services dated 11/14/24, indicated that physician orders and progress notes are maintained with current regulations. Resident R26's clinical record revealed an admitted [DATE], with diagnoses that included diabetes (a health condition caused by the body's inability to produce enough insulin), high blood pressure, and endocarditis (inflammation of the inner lining of the heart chambers and valves usually caused by bacterial infection). Resident R26's physician's orders revealed that 7/02/24, at 9:59 a.m. was the last time his/her physician reviewed, signed, and dated his/her physician's orders. Resident R36's clinical record revealed an admitted [DATE], with diagnoses that included high blood pressure, stroke resulting in paralysis of left side, and hypothyroidism (a condition resulting from decreased production of thyroid hormones). Resident R36's physician's orders revealed that 7/02/24, at 9:59 a.m. was the last time his/her physician reviewed, signed, and dated his/her physician's orders. Resident R37's clinical record revealed an admitted [DATE], with diagnoses that included congestive heart failure (CHF-progressive heart disease that affects the pumping action of the heart resulting in difficulty breathing and tiredness), and multiple sclerosis (a disease in which the immune system eats away at the protective covering of nerves), and neurogenic bladder (when the nerves or the brain cannot communicate effectively to the muscles in the bladder). Resident R37's physician's orders revealed that 7/02/24, at 9:59 a.m. was the last time his/her physician reviewed, signed, and dated his/her physician's orders. (continued on next page)

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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F 0711 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident R42's clinical record revealed an admitted [DATE], with diagnoses that included diabetes, high blood pressure, and CHF. Resident R42's physician's orders revealed that his/her physician orders had not been reviewed, signed, and dated by his/her physician. During an interview on 2/12/25, at 11:02 a.m. Registered Nurse Assessment Coordinator confirmed that the physician orders for Residents R26, R36, R37, and R42 were past due for being reviewed and signed by the physician During an interview on 2/13/25, at 8:50 a.m. the Director of Nursing (DON) confirmed that physician orders for Residents R26, R36, and R37 should have been signed every sixty days and were not signed in September 2024, November 2024, or January 2025 as required. The DON also confirmed that Resident R42's physician orders should have been signed in November 2024 at the time of admission and every thirty days thereafter for the first ninety days, which included December 2024 and January 2025. 28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa. Code 201.18(b)(1)(3) Management 28 Pa. Code 211.5(f)(i) Medical records

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F 0712 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that the resident and his/her doctor meet face-to-face at all required visits. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40177 Based on review of facility policy and clinical records, and staff interviews, it was determined that the facility failed to ensure that physician visits were conducted at least every 30 days for the first 90 days after admission for one of eight new admissions reviewed (Resident R42). Findings include: A facility policy entitled Physician Services dated 11/14/24, indicated that physician visits, frequency of visits, emergency care of residents, etc. are provided in accordance with current regulations. Resident R42's clinical record revealed an admitted [DATE], with diagnoses that included diabetes, high blood pressure, and congestive heart failure. Resident R42's clinical record progress notes revealed he/she was seen by the Certified Registered Nurse Practitioner on 11/18/24, and 12/16/24. The clinical record lacked evidence that he/she was seen in January 2025 as required by the physician. During an interview on 2/13/25, at 9:24 a.m. the Director of Nursing confirmed that Resident R42 was not seen by the physician as required in January 2025. 28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa. Code 201.18(b)(1)(3) Management 28 Pa. Code 211.5(f)(ii)(vii) Medical records

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40177 Based on review of facility policies, observations, and staff interview, it was determined that the facility failed to ensure that food was stored in accordance with standards for food safety in two of two resident refrigerators ([NAME] Unit and [NAME] Lane); failed to label food brought into the facility with the resident's name and use by date; and failed to maintain sanitary conditions in one of two resident refrigerators ([NAME] Unit). Findings include: Review of facility policy entitled, Food Brought by Family/Visitors, dated [DATE], revealed that perishable foods are to be stored in re-sealable containers with tightly fitting lids in a refrigerator. Containers are labeled with the resident's name, the item and the use by date and that nursing staff will discard perishable food on or before the use by date. Review of facility policy entitled, Food Receiving and Storage, dated [DATE], revealed that food services, or other designated staff, maintain clean and temperature/humidity-appropriate food storage areas at all times. All foods stored in the refrigerator or freezer are covered, labeled and dated (use by date). Review of facility policy entitled Foods and Snacks kept on Nursing Units, dated [DATE], revealed that all foods belonging to residents are labeled with the resident's name, the item and the use by date. Observations on [DATE], at 2:48 p.m. revealed a refrigerator on [NAME] Unit used for residents contained a sandwich in a sealed container with a resident name but no use by date; a sandwich in a sealed container with a resident name and use by date of [DATE]; and six sealed Activia yogurts labeled with a resident name and expiration date of [DATE]. Inside the refrigerator, the bottom door shelf contained a pink/sticky liquid substance. The freezer contained a blue/sticky substance coating the bottom of the base of the freezer under the freezer drawer and multiple old, discolored ice cubes. During an interview on [DATE], at 2:55 p.m. Licensed Practical Nurse (LPN) Employee E2 confirmed that the refrigerator contained a sandwich lacking a use by date, a sandwich that was past the use by date, and six Activia yogurts that expired on [DATE], and stated they should be discarded. LPN Employee E2 also confirmed the refrigerator contained a pink sticky liquid substance and the freezer contained blue sticky substance and old discolored ice cubes and needed cleaned. Observations on [DATE], at 9:45 a.m. revealed a refrigerator on [NAME] Unit used for residents that contained five sealed cottage cheese cups with a use by date of [DATE]. During an interview on [DATE], at 9:48 a.m. LPN Employee E1 confirmed that the five sealed cottage cheese cups were expired and should be discarded. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observation on [DATE], at 10:11 a.m. revealed a refrigerator on [NAME] Lane used for residents that contained a sealed plastic container with blueberry cobbler with a resident's name on it and a use by date of [DATE], and also contained an eleven ounce bottle of Ensure nutritional drink with an expiration date of , d+[DATE]. During an interview on [DATE], at 9:48 a.m. Registered Nurse Employee E3 confirmed that the resident who the blueberry cobbler was for, discharged from the facility and also that it was past the use by date, the Ensure drink was expired, and both should have been discarded. 28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa. Code 201.18(e)(2.1) Management

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42655 Based on review of facility policy and infection control records, and staff interviews, it was determined that the facility failed to ensure measures were in place to monitor and prevent legionella in the facility water. Findings include: A facility policy, Infection Prevention and Control Plan FY2024, dated 11/14/24, revealed the infection control plan describes the process for the detection, prevention, and control of healthcare-associated infections (HAI), and disease transmission among residents, visitors, and healthcare personnel (HCP) (i.e., staff, providers, contractors/vendors, volunteers, and students). Water is tested at least quarterly for waterborne pathogens including Legionella. Response to positive test results is prescribed in the WMP (Water Management Plan). Facility policy, Legionella Water Management Program, dated 11/14/24, revealed the facility is committed to the prevention, detection, and control of water-borne contaminants, including Legionella. Policy Interpretation and Implementation further indicated the facility will have a system to monitor limits and the effectiveness of control measures, a plan for when control limits are not met and/or control measures are not effective, and documentation of the program. Review of facility water management records, Special Pathogens Laboratory - The Legionella Experts dated 10/10/24, revealed positive results for Legionella rubrilucens in [NAME] Lane room [ROOM NUMBER], and positive results for L. pneumophila, not serogroups in the Skilled Hall Med Room. The facility lacked evidence of further testing for Legionella of the facility water system after 10/10/24. An interview with the Maintenance/Environmental Services Director on 2/13/25, at 9:25 a.m. revealed the facility received the positive findings for Legionella in the above noted areas on 10/10/24; Flushing of the facility water system with 160-degree water was completed, but no further testing of the water system for Legionella was completed after 10/10/24. He/she further confirmed that testing for Legionella should have been completed after the 10/10/24, positive results of Legionella, to ensure the usage of facility water was safe for all persons. 28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa. Code 201.18(b)(1) Management 28 Pa. Code 211.10(d) Resident care policies