STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395672	A. Building B. Wing	12/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lecom at Village Square, LLC	149 West 22nd Street Erie, PA 16502

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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. Based on review of facility policy, clinical records, and staff interview, it was determined that the facility failed to make certain that the necessary resident information was communicated to the receiving health care provider upon transfer to the hospital for five of 20 residents reviewed (Residents R1, R4, R14, R43 and R100).Findings include: Review of facility policy entitled Transfer or Discharge, Facility-Initiated dated 10/1/25, indicated Should a resident be transferred or discharged for any reason, the following information is communicated to the receiving facility or provider: The basis for the transfer., Contact information., Resident representative information., Advance directive information., All special instructions or precautions., Comprehensive care plan goals., All other information necessary to meet the residents' needs. Resident R1's clinical record revealed an admission date of 9/18/25, with diagnoses that included acute and chronic respiratory failure, chronic obstructive pulmonary disease (COPD - a condition that prevents airflow to the lungs resulting in difficulty breathing), and hypertension (high blood pressure). Resident R1's progress notes revealed notes dated 11/7/25 and 10/14/25, indicating a transfer to the hospital. The clinical record lacked evidence that his/her necessary clinical information was communicated to the receiving health care provider. Resident R4's clinical record revealed an admission date of 3/18/25, with diagnoses that included hypertension, dependence of renal dialysis (a treatment that helps remove extra fluid and waste products from the blood when the kidneys are not able to), and diabetes (a health condition that is caused by the body's inability to produce enough insulin). Resident R4's progress notes revealed notes dated 7/22/25, and 8/3/25, indicating transfers to the hospital. The clinical record lacked evidence that his/her necessary clinical information was communicated to the receiving health care provider. Review of Resident R14's clinical record revealed an admission date of 4/9/24, with diagnoses that included diabetes, atrial fibrillation (A-Fib - irregular and often rapid heartbeat), and chronic respiratory failure. Resident R14's progress notes revealed notes dated 5/11/25, 6/6/25, 6/12/25, 6/27/25, 8/18/25, 10/4/25, 11/15/25, and 12/4/25, indicating transfers to the hospital. The clinical record lacked evidence that his/her necessary clinical information was communicated to the receiving health care provider. Resident R43's clinical record revealed an admission date of 9/19/24, with diagnoses that included hypertension, anxiety, and depression. Resident R43's progress notes revealed notes dated 11/16/25, indicating a transfer to the hospital. The clinical record lacked evidence that his/her necessary clinical information was communicated to the receiving health care provider. Resident R100's clinical record revealed an admission date of 9/16/25, with diagnoses that included atrial fibrillation, diabetes, and repeated falls. Resident R100's progress notes revealed a note dated 11/17/25, indicating a transfer to the hospital. The clinical record lacked evidence that his/her necessary clinical information was communicated to the receiving health care provider. During an interview on 12/17/25, at 12:10 p.m. the Director of Nursing confirmed that Residents R1, R4, R14, R43 and R100s clinical records lacked evidence that the necessary clinical information was provided to the receiving healthcare provider upon transfer and when the transfers occurred clinical information should have been provided to the receiving healthcare provider. 28 Pa. Code 201.18(e)(1) Management 28 Pa. Code 201.29(c.3) (2) Resident rights

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. Based on review of facility policy, clinical records, and staff interview, it was determined that the facility failed to review and revise comprehensive care plans to reflect the current care and services for one of 20 residents reviewed (Resident R11).Findings include: Review of facility policy entitled Care Plans, Comprehensive Person Centered dated 10/1/25, indicated Assessments of residents are ongoing and care plans are revised as information about the residents and the residents' conditions change. Review of Resident R11's clinical record revealed an admission date of 9/19/25, with diagnoses that included diabetes (a health condition that is caused by the body's inability to produce enough insulin), anxiety (a condition that causes a person to be nervous, uneasy, or worried about something or someone), and hypertension (high blood pressure). Review of Resident R11's progress notes revealed a note dated 11/21/25, at 6:56 p.m. indicating that his/her urinary catheter was removed. Review of Resident R11's Care Plan for altered genitourinary status dated 9/19/25, revealed interventions to change urinary catheter monthly, change urinary drainage bag, cover urinary drainage bag, flush urinary catheter, and provide urinary catheter care. Review of Resident R11's November 2025, treatment record revealed that his/her urinary catheter was discontinued on 11/22/25. Review of Resident R11's current physician orders revealed no current order for a urinary catheter. During an interview on 12/17/25, at 12:10 p.m. the Nursing Home Administrator and the Director of Nursing confirmed that Resident R11's altered genitourinary status care plan was not reviewed/revised to reflect current resident care and services and also confirmed that care plans should be reviewed and revised as necessary. 28 Pa. Code 211.5(f)(ix) Medical records28 Pa. Code 211.10(c)(d) Resident care policies

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, manufacturer's guidelines, observations, and staff interview, it was determined that the facility failed to ensure an expired medication was discarded in a timely manner in one of two medication carts reviewed (East Wing Cart). Findings include: Review of a facility policy entitled Medication Labeling and Storage dated [DATE], revealed that, multi-dose vials that have been opened or accessed are dated and discarded within 28 days unless the manufacturer specifies a shorter or longer date for the open vial. Manufacturer's guidelines for Humalog insulin (a fast-acting insulin used to manage blood sugar levels in people with diabetes), indicated that after opened, vials and pre-filled pens should be discarded after 28 days. Observation on [DATE], at 3:22 p.m. of the East Wing medication cart revealed an open injector pen of Humalog insulin with an open date of [DATE], therefore the medication was expired. During an interview at that time Licensed Practical Nurse Employee E1 confirmed that the injector pen of Humalog insulin was expired and should have been discarded. 28 Pa. Code 211.9(a)(1) Pharmacy services 28 Pa. Code 211.10(c) Resident care policies 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services