

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396081	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/06/2025
NAME OF PROVIDER OR SUPPLIER Saint Mary's at Asbury Ridge		STREET ADDRESS, CITY, STATE, ZIP CODE 4855 West Ridge Road Erie, PA 16506	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40832</p> <p>Based on review of the hospice/facility agreement and clinical records, and staff interview, it was determined that the facility failed to maintain current information related to Hospice services for one of three residents reviewed (Closed Record Resident CR1).</p> <p>Findings include:</p> <p>A Hospice Care Services Agreement dated 2/08/06, indicated that, Hospice shall communicate with facility to ensure coordination of patient care services; Hospice Health Aides shall provide a copy of the completed assignment form to the facility; facility and Hospice each shall prepare and maintain records concerning patients receiving services under this agreement; and such records shall be available for review and inspection by each party as necessary for the treatment of patients under this agreement.</p> <p>Resident CR1's clinical record revealed an admitted [DATE], with diagnoses that included senile degeneration of the brain (irreversible memory loss, behavioral and cognitive decline, personality changes, and a decreasing ability to cope with everyday life), encounter for palliative care (indicates that a patient's goals are comfort-oriented), mood disorder, difficulty swallowing. A care plan initiated 9/01/23, indicated the need for Hospice care due to the terminal condition of senile degeneration of the brain.</p> <p>Further review of Resident CR1's clinical record revealed a revocation of Hospice services dated 8/19/24, and a provider progress note dated 8/20/24, that indicated the discontinue of Hospice services.</p> <p>Resident CR1's clinical record contained Hospice communication documents with a visit date of 6/18/24, and there was no evidence of Hospice communication sheets beyond 6/18/24.</p> <p>During an interview on 1/06/25, at 12:06 p.m. the Director of Nursing confirmed there was no evidence of Hospice communication documents for Resident CR1 between 6/18/24, and 8/19/24, (date Hospice services were revoked).</p> <p>28 Pa. Code 201.14(a)(b) Responsibility of licensee</p> <p>28 Pa. Code 201.18(b)(1)(3) Management</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396081	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/06/2025
NAME OF PROVIDER OR SUPPLIER Saint Mary's at Asbury Ridge		STREET ADDRESS, CITY, STATE, ZIP CODE 4855 West Ridge Road Erie, PA 16506	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>28 Pa. Code 211.5(f)(iii)(viii)(ix) Medical records</p> <p>28 Pa. Code 211.12(d)(1)(3)(5) Nursing services</p>		