

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 09/12/2025
NAME OF PROVIDER OR SUPPLIER Lecom at Asbury Ridge DbA Saint Mary's Asbury Ridg		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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>Based on observations and staff interviews, it was determined that the facility failed to label multi-dose containers of Tuberculin solution (used to test for the disease tuberculosis) with the date they were opened in one of two medication storage rooms. Findings include: Observation on 9/10/25, at 10:15 a.m. of a medication storage refrigerator revealed an opened and undated multi-dose vial of Tuberculin solution. During an interview on 9/10/25, at 10:20 a.m. Licensed Practical Nurse Employee E1 confirmed that the multi-dose vials of Tuberculin solution should have been labeled with the date it was opened. During an interview on 9/10/25, at 10:35 a.m. the Director of Nursing confirmed that the multi-dose vials are labeled to discard after 30 days opened and that staff would not be able to determine when to discard the vials due to the lack of an opened date. 28 Pa. Code 201.18(b)(1) Management 28 Pa. Code 211.9(a)(1) Pharmacy services 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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