



September 10, 2014

Phyllis McCracken, President/CEO
Saint Mary's East - Adult Day Services
607 East 26th Street
Erie, PA 16504

RE: Saint Mary's East - Adult Day Services
License # 010700 - Regular

Dear Sr. McCracken:

As a result of the Department of Aging's licensing inspection of the above named facility on 07/16/2014, one area of non-compliance was identified. The legal entity submitted an acceptable written plan to correct each area of non-compliance. Therefore, the Department issued a Regular License, indicating compliance with applicable statutes, ordinances and regulations.

Thank you for your continued effort to provide quality older adult daily living services. If you have questions, please contact me at (717) 214-6716.

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin Longenecker", written in a cursive style.

Kevin Longenecker
Director

Enclosures

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF AGING

LICENSE

This license is hereby granted to SAINT MARY'S HOME OF ERIE D/B/A SAINT MARY'S EAST

LEGAL ENTITY

To operate SAINT MARY'S EAST - ADULT DAY SERVICES

(NAME OF CENTER)

Located at 607 EAST 26TH STREET ERIE, PA 16504

(COMPLETE ADDRESS OF CENTER)

To provide older adult daily living services.

The total number of persons which may be served at one time may not exceed 49

(MAXIMUM CAPACITY)

Restrictions: _____

This license is granted in accordance with the Act of July 11, 1990 (P.L. 499, No. 118) and Regulations.

TITLE 6. PA CODE. CHAP. 11. OLDER ADULT DAILY LIVING CENTER Dated July 03, 1993

(NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from October 01, 2014 until September 30, 2015

unless sooner revoked for non-compliance with applicable laws and regulations.

No: 010700 - Regular



ISSUING OFFICER

NOTE: This license is issued for the above address only and is not transferable. This license should be posted in a conspicuous place in the center.

Issued On: September 10, 2014

AGL01

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER LICENSE NUMBER: 010700	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/16/2014
NAME OF PROVIDER OR SUPPLIER Saint Mary's East - Adult Day Services		STREET ADDRESS, CITY, STATE, ZIP CODE 607 EAST 26TH STREET ERIE, PA 16504		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
1 000	Initial Comments A State licensure visit was completed on 07/16/2014 and it was determined that St. Mary's East Adult Day Services was not in compliance with the following requirements of 6 PA Code, Chapter 11, Older Adult Daily Living Centers regulations:	1 000		
11873	11.123(2) Core Services - Nursing Services The following essential, core services shall be offered or arranged in center programs: personal care, nursing, social services, therapeutic activities, nutrition and emergency care. The intensity of the services shall be modified to meet the functional needs of the clients. It is anticipated that the services will be on a continuum to meet the range of client needs, with appropriate staff persons to supply or arrange these services. Each essential core service shall be addressed during the care planning process. The center shall provide and maintain the essential space, materials and equipment necessary to provide these services and to protect the privacy of the clients receiving the services. Core services are as follows: (2) Nursing services. The center shall provide, contract for or otherwise arrange for nursing services. The number of services provided by the nurse, the manner in which a center obtains nursing services (which may range from formal to informal), and the amount of time spent by the nurse in a center (which	11873	Plan of Correction is required 11.123(2) Upon learning of failure to complete timely nursing assessments, LPN completed assessments for both Client #2 and Client #3 on the day of the survey (7-16-14). Copies of these completed assessments are attached. ADS Nurse will continue to maintain/update regular "chart" of scheduled assessments for all clients on a monthly basis (see attached chart). To prevent missed nursing assessments in the future, the LPN will complete assessment on the day of a client's return to the ADS after any absence which interrupts the regularly scheduled assessment. The next nursing assessment will be completed on the regularly scheduled date, even if	7-16-14 7-22-14

AUTHORIZED PROVIDER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Cheryl Treutt

Administrata

7-22-2014

DEPARTMENT OF AGING APPROVAL

DATE

[Signature]

Chief, Division of Licensing

9/5/14

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11873	Continued From page 1 may, for example, range from the daily services of a registered nurse staff person to a monthly or quarterly visit by a practical nurse) depend upon the needs of the center's clients. Nursing service includes the following: (i) Centers shall carry out the following standard nursing functions at least quarterly: (A) A review of the client's health status, including dietary needs. (B) Review of medication procedures, if necessary. (C) Review of policies and procedures for personal care. (D) Training and education of staff persons regarding the needs of clients in centers, including infection control. (ii) The following nursing functions may be added to subparagraph (i) if they are consistent with the goals of the center and the characteristics of persons admitted to the center, as determined through intake screening and client physical examination and medical reports: (A) Provision or supervision of modified and therapeutic diets and supplemental feedings. (B) Provision or supervision of observation, monitoring and intervention for unstable medical episodes. (C) Preparation of the client for self-administration of medications. (D) Provision of restorative or rehabilitative nursing. (E) Provision of maintenance of respiratory aids, colostomy and ileostomy, urinary drainage devices, dressings, skin care, foot and nail care and routine care of incontinent clients.	11873	(continued Plan of Correction) that date occurs within the same quarter, so that all client records remain in compliance with quarterly requirement. ADS Director will check assessment completion on a monthly basis and report results on monthly audits quarterly at monthly Quality Assurance meetings.	

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11873	<p>Continued From page 2</p> <p>(F) Response to emergencies. (G) Administration of parenteral treatments. (H) Provision of other skilled nursing care, which can be safely done in the older adult daily living center.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Findings: Based on a review of client records for clients #2 and #3, it was discovered that the nurse failed to complete the quarterly nursing reviews for both clients upon their return to the center after extended absences. For client #2 a review was completed for the 1st quarter of 2014 on 02/04/14 and was due by 05/04/14. The client was absent from 04/24/14 until 06/11/14 no reviews have been completed since their return. For client #3 a review was completed for the 1st quarter of 2014 on 02/05/14 and was due by 05/05/14. The client was absent from 03/19/14 until 06/03/14 no reviews have been completed since their return.</p>	11873		