



Mailing Date: September 22, 2022

[REDACTED]  
Millcreek Manor  
[REDACTED]

RE: LECOM Parkside at Glenwood  
41 West Gore Road  
Erie, Pennsylvania 16509  
License #: 453840

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on August 4, 2022 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

In accordance with 55 Pa.Code § 2600.11(b) (relating to procedural requirements for licensure or approval of personal care homes, a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

During the inspection, citations on the enclosed Licensing Inspection Summary were found. All citations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your NEW license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

Sincerely,

A handwritten signature in black ink that reads "Jamie F. Buchenauer". The signature is written in a cursive style with a large, looped "J" and "B".

Jamie Buchenauer  
Deputy Secretary  
Office of Long-term Living

Enclosures  
License  
Licensing Inspection Summary

Department of Human Services  
Bureau of Human Service Licensing  
**LICENSING INSPECTION SUMMARY**

**Facility Information**

Name: *LECOM PARKSIDE AT GLENWOOD* License #: *45384* License Expiration:  
Address: *41 West Gore Rd., Erie, PA 16509*  
County: *ERIE* Region: *WESTERN*

**Administrator**

Name: [REDACTED] Phone: *814-864-4867* Email: [REDACTED]

**Legal Entity**

Name: *MILLCREEK MANOR*  
Address: [REDACTED]  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *09/19/2002* Issued By: *Dept. of Labor & Industry*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *93* Waking Staff: *70*

**Inspection Information**

Type: *Partial* Notice: *Announced* BHA Docket #:  
Reason: *Change Legal Entity* Exit Conference Date: *08/04/2022*

**Inspection Dates and Department Representative**

*08/04/2022 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *144* Residents Served: *66*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Second Floor* Capacity: *16* Residents Served: *16*

**Hospice**

Current Residents: *5*

**Number of Residents Who:**

Receive Supplemental Security Income: *6* Are 60 Years of Age or Older: *66*  
Diagnosed with Mental Illness: *10* Diagnosed with Intellectual Disability: *3*  
Have Mobility Need: *27* Have Physical Disability: *0*

**Inspections / Reviews**

**08/04/2022 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/04/2022*

**08/29/2022 - POC Submission**

Inspections / Reviews *(continued)*

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *09/06/2022*

09/22/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 88a - Surfaces

## 1. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

**Description of Violation**

*An approximate 6" x 6" section of rubber baseboard is detached from the wall and laying on the floor beside the toilet in the bathroom of bedroom #231.*

*There is an approximate 8" x 8" water stain, containing what appeared to be a mold like substance, on a ceiling tile in the hallway near bedroom #283.*

**Plan of Correction****Accept**

*Correction: Rubber baseboard was repaired in room #231 on 8/4/22 by maintenance director prior to inspector leaving the community. (See attached photo#3) The ceiling tile in the hallway near bedroom #283 was replaced on 8/4/22 prior to inspector leaving the community. (See attached photo #5)*

*Administrator will re-educate leadership team on regulation 88a by 8-31-22*

*Administrator or designee will walk community daily to monitor for compliance.*

**Completion Date:** 08/29/2022

**Document Submission****Implemented**

*Leadership team was re-educated and they continue monitoring for compliance*

## 95 - Furniture and Equipment

## 1. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

**Description of Violation**

*The toilet paper holder is broken in the bathroom of bedroom #252.*

*The bedside lamp in bedroom #234 is in disrepair. The inner plastic lining is cracked and falling inward towards the lightbulb.*

**Plan of Correction****Accept**

*The toilet paper holder in room #252 was replaced with a stand-alone holder by the Maintenance director on 8/4/22 prior to the inspector leaving the community. (See attached photo) The lampshade in room #234 was replaced by the Maintenance Director on 8/4/22 prior to the inspector leaving the community. (See photo #2)*

*Administrator will re-educate leadership team on regulation 95 by 8-31-22*

*Administrator or designee will walk community weekly to monitor of compliance*

**Completion Date:** 08/29/2022

**Document Submission****Implemented**

*Leadership team was re-educated and they continue monitoring for compliance*

## 95 - Furniture and Equipment (continued)

## 101j7 - Lighting/Operable Lamp

## 1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

## Description of Violation

*There is no access to a source of light that can be turned on/off at bedside in bedroom #140.*

## Plan of Correction

**Accept***A touch light was placed on the wall beside the bed in room #140 by the Maintenance Director prior to the inspector leaving the community on 8/4/22. (See photo #6)**Administrator will re-educate the leadership team on regulation 101j by 8-31-22.**Administrator or designee will walk community weekly to monitor of compliance***Completion Date:** 08/29/2022

## Document Submission

**Implemented***Leadership team was re-educated and they continue monitoring for compliance*

## 103g - Storing Food

## 1. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

## Description of Violation

*At 9:40am, there was an unsealed bag of hamburger patties and an unsealed bag of french toast in the main walk-in freezer.**At 9:40am, there was an unsealed bag of flour and an unsealed bag of white sugar in the dry storage area.*

## Plan of Correction

**Accept***All the unsealed bags of French toast and hamburgers were sealed immediately by the dining service director. The unsealed bags of flour and sugar were placed in an airtight container by the dining service director prior to inspector leaving the community on 8/4/22.**Administrator will train all dietary staff on regulation 101j by 8-31-22**Ongoing: Dining Director or designee will monitor daily to ensure all food products are sealed properly.**(See attached photos)***Completion Date:** 08/29/2022

## Document Submission

**Implemented***Leadership team was re-educated and they continue monitoring for compliance*

## 132d - Evacuation

**1. Requirements**

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

**Description of Violation**

*The evacuation time of 15 minutes 00 seconds, during the fire drill conducted on 7/29/22 at 3:30pm, exceeds the home's maximum evacuation time of 10 minutes and 00 seconds, as determined by a fire safety expert on 8/24/21.*

**Plan of Correction**

**Accept**

*The Maintenance Director conducted an unannounced fire drill on 8/25/22 with evacuation time of 7 minutes. (See attached attendance record)*

*All directors were educated by the Administrator on the appropriate evacuation time on 8/5/22. Annual fire safety presentation is being scheduled for September 2022.*

*Administrator or designee will monitor monthly fire drill time are in acceptable time frame*

**Completion Date:** 08/29/2022

**Document Submission**

**Implemented**

*Fire drill held 9/14/22 on 2nd shift had an evacuation time of 8 minutes. Administrator is working to get annual fire training scheduled with LECOM.*