pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: MAY 24, 2023

[redacted]
Millcreek Manor
[redacted]

RE: Lecom Parkside at Glenwood
41 West Gore Road
Erie, PA 16509
License/COC #: 453841

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on November 15, 2022, December 14, 2022, and January 31, 2023 of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance (license number 45384) dated October 1, 2022, to October 1, 2023, and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your directed plans to correct the violations as specified on the LIS. The license dated October 1, 2022, to October 1, 2023, is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. § 1026 (b)(1); (5) and 55 Pa. Code § 20.71(a)(2); (3); (4); (5) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from May 24, 2023 to November 24, 2023.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

If you disagree with the decision to issue a FIRST PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your FIRST PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

[redacted]
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
PH: 717-265-8942

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

Juliet Marsala

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc: [redacted]

# Department of Human Services
# Bureau of Human Service Licensing
# LICENSING INSPECTION SUMMARY - PUBLIC

## Facility Information

**Name:** *LECOM PARKSIDE AT GLENWOOD* **License #:** *45384* **License Expiration:** *10/01/2023*

**Address:** *41 WEST GORE ROAD, ERIE, PA 16509*

**County:** *ERIE* **Region:** *WESTERN*

## Administrator

**Name:** [redacted] **Phone:** [redacted] **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:** *L&I*

## Staffing Hours

**Resident Support Staff:** *0* **Total Daily Staff:** *81* **Waking Staff:** *61*

## Inspection Information

**Type:** *Partial* **Notice:** *Unannounced* **BHA Docket #:**

**Reason:** *Complaint, Incident* **Exit Conference Date:** *01/31/2023*

## Inspection Dates and Department Representative

*01/31/2023 - On-Site:* [redacted]

## Resident Demographic Data as of Inspection Dates

### General Information

**License Capacity:** *144* **Residents Served:** *62*

### Secured Dementia Care Unit

**In Home:** *Yes* **Area:** *Second Floor* **Capacity:** *16* **Residents Served:** *15*

### Hospice

**Current Residents:** *2*

### Number of Residents Who:

**Receive Supplemental Security Income:** *8* **Are 60 Years of Age or Older:** *62*

**Diagnosed with Mental Illness:** *11* **Diagnosed with Intellectual Disability:** *1*

**Have Mobility Need:** *19* **Have Physical Disability:** *0*

## Inspections / Reviews

### 01/31/2023 - Partial

**Lead Inspector:** [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *02/23/2023*

## Inspections / Reviews *(continued)*

**04/06/2023 - POC Submission**

**Submitted By:** [redacted] **Date Submitted:** *05/04/2023*

**Reviewer:** [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *04/10/2023*

**04/11/2023 - POC Submission**

**Submitted By:** [redacted] **Date Submitted:** *05/04/2023*

**Reviewer:** [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *05/04/2023*

**05/17/2023 - Document Submission**

**Submitted By:** [redacted] **Date Submitted:** *05/04/2023*

**Reviewer:** [redacted] **Follow-Up Type:** *Enforcement*

## 15a - Resident Abuse Report

**1. Requirements**

2600.
15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

**Description of Violation**

*Resident #1 and resident #2 were observed having sexual intercourse on multiple occasions by the home's staff. The residents are cognitively impaired such that consent cannot be established. The most recent occasion occurred on 1/13/23; however, this was not immediately reported in accordance with the Older Adults Protective Services Act.*

**Plan of Correction** ***Accept[redacted] 03/23/2023)***

*On February 9,2023 ED educated all staff on the reporting of any suspected case of abuse is to be reported to ED or designee immediately. If it is after hours or on weekends it is the expectation for staff to call ED or designee so that incident can be reported immediately to APS, DHS, resident's family and physician. ED educated all nurses and med techs on completing and submitting an ACT 13 when suspected abuse is reported.*

**Licensee's Proposed Overall Completion Date:** *03/02/2023*

***Not Implemented [redacted] - 05/17/2023)***

## 15d - Resident Abuse-Notification

**2. Requirements**

2600.
15.d. The home shall immediately notify the resident and the resident's designated person of a report of suspected abuse or neglect involving the resident.

**Description of Violation**

*Resident #1 and resident #2 were observed having sexual intercourse on multiple occasions by the home's staff. The residents are cognitively impaired such that consent cannot be established. The most recent occasion occurred on 1/13/23; however, the home did not report this to resident #1's designated person until 1/14/23.*

**Plan of Correction** ***Accept [redacted] - 04/11/2023)***

*Effective 2/7/23 ED educated all staff that any resident that resides in the dementia unit and the staff observes the residents in the act they are to notify ED, DON or ADON immediately. ED, DON or ADON will notify family immediately upon receiving report. The resident's ability to consent will be determined on a case-by-case basis.*

*On February 9,2023 ED educated all staff on the reporting of any suspected case of abuse is to be reported to ED or designee immediately. If it is after hours or on weekends it is the expectation for staff to call ED or designee so that incident can be reported immediately to APS, DHS, resident's family and physician.*

**Licensee's Proposed Overall Completion Date:** *04/10/2023*

***Not Implemented [redacted] - 05/17/2023)***

## 16c - Written Incident Report

**3. Requirements**

2600.

## 16c - Written Incident Report *(continued)*

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

**Description of Violation**

*Resident #1 and resident #2 were observed having sexual intercourse on multiple occasions by the home's staff. The residents are cognitively impaired such that consent cannot be established. The most recent occasion occurred on 1/13/23; however, the home did not report this to the Department until 1/18/23.*

**Plan of Correction** ***Accept [redacted] - 04/11/2023)***

*Effective 2/7/23 ED educated all staff that any sexual activity between residents needs to be reported to ED, DON, ADON immediately, so that it can be reported within 24 hours. Effective 2/14/23 the ED, DON or ADON reviews the progress notes of the community so any documented incidents can be reported following DHS guidelines.*

**Licensee's Proposed Overall Completion Date:** *04/10/2023*

***Not Implemented [redacted] - 05/17/2023)***

## 42b - Abuse

**4. Requirements**

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

**Description of Violation**

*Resident #1 has multiple diagnoses which include Depression, Anxiety, Advanced Dementia, and Sundowning. The resident's initial medical evaluation, dated 1/19/22, indicates the resident has poor cognitive function. Resident #1's assessment and support plan, dated [redacted] indicates that the resident requires "extensive supervision due to [redacted]) diagnosis of dementia" and [redacted]) "receives extensive supervision on the memory care unit as well as whenever is [redacted] is off of the unit." Resident #1 resides in the secured dementia care unit (SDCU) of the home.*

*Resident #2 has multiple diagnoses which include Vascular Dementia. Resident #2 resides in the SDCU of the home.*

*Resident #1 and resident #2 were observed having sexual intercourse on multiple occasions by the home's staff. Both residents are cognitively impaired to the extent that consent cannot be established. The most recent occurrence happened on 1/13/23. The home was aware of these occasions and failed to provide sufficient supervision to the residents in order to prevent these occurrences from happening.*

**Plan of Correction** ***Accept [redacted] - 04/11/2023)***

*On 2/27/23 ED educated all staff that when a resident in the dementia unit shows any affection towards another resident that they must notify ED, DON, or ADON immediately. Effective 2/14/23 the ED, DON, ADON are reviewing progress notes of the entire community to ensure that any documented potential relationship is investigated and reported to resident's family. Direct care staff will redirect residents to common areas and will discourage visits in bedrooms. Resident's family will be notified of potential issues. If one resident is being pursued by another resident, then dementia unit staff will be required to keep residents separated until family can provide 1:1 care. Resident #1 was removed from the facility on [redacted] and was taken to [redacted] home. Resident #2 remains in the facility and has not shown any signs of having a sexual relationship with any other residents. All staff are aware of the potential of resident #2 becoming interested in a sexual relationship with another resident at the facility and*

*42b - Abuse (continued)*

*are monitoring his activities. On 3/2/23 ED reeducated staff on the importance of reporting and issues immediately to ED, DON ADON. GECAC abuse training is schedule for May 4th staff meeting.*

**Licensee's Proposed Overall Completion Date:** *05/04/2023*

***Not Implemented [redacted] 05/17/2023)***