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

January 5, 2024

[redacted], AMBASSADOR
MILLCREEK MANOR
[redacted]

RE: LECOM PARKSIDE AT GLENWOOD
41 WEST GORE ROAD
ERIE, PA, 16509
LICENSE/COC#: 45384

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/03/2023, 08/14/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[redacted]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *LECOM PARKSIDE AT GLENWOOD* **License #**: *45384* **License Expiration**: *11/24/2023*

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**: *Labor & Industry*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *71* **Waking Staff**: *53*

Inspection Information

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

Reason: *Complaint* **Exit Conference Date**: *08/14/2023*

Inspection Dates and Department Representative

08/03/2023 - On-Site: [redacted]

08/14/2023 - Off-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *144* **Residents Served**: *53*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Second Floor* **Capacity**: *16* **Residents Served**: *13*

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *8* **Are 60 Years of Age or Older**: *53*

Diagnosed with Mental Illness: *11* **Diagnosed with Intellectual Disability**: *6*

Have Mobility Need: *18* **Have Physical Disability**: *0*

Inspections / Reviews

08/03/2023 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *09/15/2023*

09/12/2023 - POC Submission

Submitted By: [redacted] **Date Submitted**: *10/03/2023*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *09/19/2023*

Inspections / Reviews *(continued)*

09/20/2023 POC Submission

Submitted By: [redacted] **Date Submitted:** *10/03/2023*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *10/10/2023*

01/05/2024 Document Submission

Submitted By: [redacted] **Date Submitted:** *10/03/2023*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

42b Abuse

1. 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

On [redacted] at approximately [redacted], staff person A entered resident #1's bedroom to provide incontinence care. Resident #1 was sitting in a chair with [redacted] hands in her pants pockets and refused incontinence care. Staff person A requested resident #1 remove [redacted] hands from [redacted] pockets and stand up; however, [redacted] refused. While resident #1's hands were still in [redacted] pants pockets, staff person A lifted resident #1 to a standing position. Staff person A indicates resident #1's walker was in front of [redacted], and when [redacted] turned to get [redacted] incontinence products, [redacted] fell to the floor. Staff person A indicates [redacted] moved the walker and lifted resident #1 up under the arms from the ground and helped [redacted] to [redacted] chair, at which time resident #1 and staff person A noted the resident's forearms were bleeding. The bleeding was so severe that another staff person was brought in to assist and when staff could not get the bleeding to stop, resident #1 was transported to the local emergency room where she presented with an approximate 4" skin tear on [redacted] left forearm, an approximate 6" skin tear on [redacted] right forearm, and a hematoma on [redacted] left upper arm.

Plan of Correction ***Directed ([redacted] - 09/20/2023)***

Staff person A was suspended on [redacted] pending investigation of incident. When inspector arrived at building [redacted] Police Department was called and they obtained information of the incident. They determined along with the district attorney's office that this incident was an accident. On 7/24/23 Administrator held a brief meeting making staff aware of resident's right to make decisions and that if they refuse care they have that right. Also educated staff on reapproaching resident at a later time. On 8/15/23 Inspector called Administrator stating that staff person A was able to return to work. On 8/16/23 staff person A returned to building and completed 3 hours of abuse and neglect training, [redacted] also attended an in-service from GECAC/APS on 8/24/23. Resident #1 did not return to this home.
Staff will be educated at staff meeting on October 5th, 2023 staff meeting by physical therapist.
Administrator or designee will interview 5 residents per week for a month and then monthly thereafter regarding their care. This will begin 9/18/23 and will be discussed during monthly QI meetings.

Directed:
Staff education at staff meeting on October 5th, 2023, conducted by physical therapist, will include re-education of all direct care staff regarding proper procedure to assist a resident from a seated to a standing position.
[redacted] 9/20/23

Directed Completion Date: *10/06/2023*

Implemented [redacted] - 01/05/2024)