

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

August 21, 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 05/08/2024 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: 01/29/2025
 Address: 41 WEST GORE ROAD, ERIE, PA 16509
 County: ERIE Region: WESTERN

Administrator

Name: [REDACTED] Phone: [REDACTED]

Legal Entity

Name: MILLCREEK MANOR
 Address: [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: 80 Waking Staff: 60

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident Exit Conference Date: 06/13/2024

Inspection Dates and Department Representative

05/08/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 144 Residents Served: 54
 Secured Dementia Care Unit
 In Home: Yes Area: 2nd fl / Memory Capacity: 16 Residents Served: 16
 Hospice
 Current Residents: 0
 Number of Residents Who:
 Receive Supplemental Security Income: 12 Are 60 Years of Age or Older: 54
 Diagnosed with Mental Illness: 9 Diagnosed with Intellectual Disability: 4
 Have Mobility Need: 26 Have Physical Disability: 1

Inspections / Reviews

05/08/2024 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 06/24/2024

06/18/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 08/06/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 06/26/2024

Inspections / Reviews *(continued)*

07/01/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/06/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 08/11/2024

08/21/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/06/2024

[REDACTED] [REDACTED]

Follow Up Type: Not Required

182c - Medication Administration

1. Requirements

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

Description of Violation

During a medication administration pass on [redacted] at approximately [redacted], staff member A failed to correctly identify resident #1's prescribed medications before removing two medications prescribed to resident #2, [redacted] tablet 1 tablet by mouth once daily, [redacted] once daily from their respective containers and administered both medications to resident #1.

Plan of Correction

Accept [redacted] - 07/01/2024)

All CMT staff were re-educated on proper dispensing of medications on 5/17/24 by Julie Torok DON. All CMT staff and LPN's will be observed passing medications by DON or ADON by 7/31/24 and then annually. DON will review the 5 rights of passing medications at staff meeting on 7/11/24 and then annually.

Licensee's Proposed Overall Completion Date: 07/31/2024

Implemented [redacted] - 08/21/2024)

187d - Follow Prescriber's Orders

2. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

On [redacted], at approximately [redacted] m., resident #1 was administered two medications, [redacted] by mouth once daily, [redacted] by mouth once daily, that were prescribed to [redacted]. The medications were prescribed to resident #2.

Plan of Correction

Accept [redacted] - 07/01/2024)

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Licensee's Proposed Overall Completion Date: 07/31/2024

Implemented [redacted] - 08/21/2024)