

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

February 14, 2025

[REDACTED]
MILLCREEK MANOR
[REDACTED]

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

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/25/2024 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] 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: 73 Waking Staff: 55

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident, Monitoring Exit Conference Date: 09/25/2024

Inspection Dates and Department Representative

09/25/2024 - On-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: 2nd Floor Capacity: 16 Residents Served: 14

Hospice
 Current Residents: 4

Number of Residents Who:
 Receive Supplemental Security Income: 12 Are 60 Years of Age or Older: 53
 Diagnosed with Mental Illness: 9 Diagnosed with Intellectual Disability: 4
 Have Mobility Need: 20 Have Physical Disability: 1

Inspections / Reviews

09/25/2024 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/21/2024

10/30/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 02/11/2025
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/01/2024

Inspections / Reviews *(continued)*

11/07/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/11/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/01/2024

02/14/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/11/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

184a - Resident's Meds Labeled

1. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

Resident [redacted] is prescribed [redacted], give [redacted] by mouth every 6 hours for anxiety. However, the resident's medication label indicates [redacted] give [redacted] by mouth/sublingually every 2 hours as needed for anxiety.

Resident [redacted] is prescribed [redacted] by mouth every 12 hours for pain. However, the resident's medication label indicates [redacted], give [redacted] ml ([redacted]) by mouth/sublingually every 2 hours as needed for shortness of breath.

Plan of Correction

Accept ([redacted] 10/30/2024)

CMT that assisted the inspector called pharmacy immediately after discovering these errors. Pharmacy corrected label and it was changed prior to inspectors leaving the facility. DON, ADON or designee continue to weekly audits of all med carts on Wednesdays. Any errors are reported to pharmacy immediately.

Licensee's Proposed Overall Completion Date: 10/22/2024

Implemented ([redacted] 02/14/2025)

227b - Support Plan Content

2. Requirements

2600.

227.b. A home may use its own support plan form if it includes the same information as the Department's support plan form.

Description of Violation

Staff of the home indicate when resident [redacted] is resistant to services, staff are trained to redirect the resident by placing a hand on [redacted] back as a physical intervention to encourage and guide [redacted] to the right location. The home's support plan does not include any information on physical interventions the staff are to use with the resident.

Plan of Correction

Directed ([redacted] - 11/07/2024)

Resident [redacted] RASP was updated to include the use of placing staff hand on resident's back to gently guide/encourage resident to walk. The RASP was updated 10/22/24 by Julie Torok, DON. All change in care will be reflected on the RASP. DON or designee will audit all RASP changes weekly for a month, then monthly for 4 months and PRN thereafter.

Proposed Overall Completion Date: 10/31/2024

Directed:

By 12/1/24, the DON or designee will audit all RASP changes as indicated above. Documentation will be kept and reviewed at the next Quality Management meeting.

[redacted] 11/7/24

Directed Completion Date: 12/01/2024

Implemented ([redacted] - 02/14/2025)

227b - Support Plan Content (*continued*)