

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 10/09/2024 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: *74* Waking Staff: *56*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #: [REDACTED]
 Reason: *Complaint* Exit Conference Date: *10/09/2024*

Inspection Dates and Department Representative

10/09/2024 - 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 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: *52*
 Diagnosed with Mental Illness: *9* Diagnosed with Intellectual Disability: *4*
 Have Mobility Need: *20* Have Physical Disability: *1*

Inspections / Reviews

10/09/2024 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/09/2024*

11/21/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *12/31/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/28/2024*

Inspections / Reviews *(continued)*

12/04/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/31/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/31/2024

02/14/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/31/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

16c - Written Incident Report

1. Requirements

2600.

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

On [redacted] at approximately 5:44p.m., family of resident [redacted] reported an allegation of abuse to staff person A; however, this allegation was not reported to the Department until 7:30p.m. on 9/30/24.

Plan of Correction

Accept [redacted] - 12/04/2024)

Beginning 11/19/24 all allegations of abuse will be reported to DHS within the 24-hour time period. Administrator will educate all staff on abuse allegations and required timeframe to submit to DHS on December 5th, 2024, staff meeting. Administrator or designee will log abuse allegations and will ensure that DHS is notified within 24-hour time frame. Beginning 11/19/24 administrator or designee will monitor abuse allegations monthly until 9/29/25

Licensee's Proposed Overall Completion Date: 12/13/2024

Implemented [redacted] 02/14/2025)

85a - Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On [redacted] at approximately 10:32a.m. resident [redacted] apartment smelled strongly of [redacted]. An open urinal bottle was observed on the resident's bedside table with approximately 2 inches of urine in it. Also, there was what appeared to be a urine stain on the bedroom carpet nearest the trash can measuring approximately 10 inches long. At approximately 1:00p.m. resident [redacted] apartment again smelled strongly of urine with the open [redacted] bottle observed on the resident's bedside table with approximately 4 inches of urine in it and the [redacted] stain remained on the bedroom carpet.

Plan of Correction

Directed [redacted] - 12/04/2024)

The room of resident [redacted] has had the carpet cleaned and all surfaces in the room and bathroom were disinfected beginning on [redacted] admission [redacted] by housekeeping or designee as [redacted] permitted. [redacted] room was cleaned and the carpet scrubbed as often as [redacted] would permit. Resident was discharged to a higher level of care on [redacted]

Proposed Overall Completion Date: 11/22/2024

Directed:

By 12/9/24 and daily thereafter, the administrator or designee will inspect all resident bedrooms to ensure sanitary conditions are maintained. Documentation will be kept.

[redacted] 12/4/24

85a Sanitary Conditions (continued)

Directed Completion Date: 12/31/2024

Implemented (█ - 02/14/2025)

105f - Labeling/Return of Clothes

3. Requirements

2600.

105.f. Measures shall be implemented to ensure that residents' clothing are not lost or misplaced during laundering or cleaning. The resident's clean clothing shall be returned to the resident within 24 hours after laundering

Description of Violation

The home did not follow its system to safeguard resident laundry from misplacement or loss as resident █ has lost multiple clothing items. Staff of the home indicate that clothing items will be labeled. Either the resident and/or family will label clothing, or the home will label clothing. However, staff of the home indicate not all of resident █ clothing items were labeled which may have resulted in some items being misplaced or lost.

Plan of Correction

Accept █ - 12/04/2024)

Beginning 11/22/24 administrator or designee will inform residents and families prior to admission that all clothing items need to be labeled and listed on the personal inventory sheet on admission. Resident families are required to complete the inventory sheet on admission. DON or designee to audit ever admission beginning 11/22/24 to ensure inventory sheets are completed. Administrator or designee will audit all admissions monthly to ensure all clothing items are labeled and on the inventory sheet. Audit will be monthly by administrator or designee for 6 months ending on 5/1/25

Proposed Overall Completion Date: 11/22/2024

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented █ - 02/14/2025)

227d - Support Plan Medical/Dental

4. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident █ initial support plan, dated █, indicates █ is independent in the care and wearing of █ hearing aids. The resident is not independent in the care and wearing of █ hearing aids as █ has a history of removing, not wearing and losing █ hearing aids, and is unable to hear well without them. Staff documentation and interviews indicate that the home was aware of this change; however, the resident's support plan has not been updated to reflect this change.

227d - Support Plan Medical/Dental (continued)

Plan of Correction**Directed** [REDACTED] - 12/04/2024)

On admission resident [REDACTED] was capable of caring and wearing [REDACTED] hearing aides. Resident often declined assistance with care of [REDACTED] hearing aides. Effective 10/9/24 staff are collecting the hearing aides and placing them at the nurses station when he permits the aides to remove them. RASP was updated by DON on 10/15/24 .

Proposed Overall Completion Date: 11/25/2024

Directed:

By 12/31/24 and monthly thereafter, the administrator or designee shall audit all resident RASPs to ensure they accurately reflect the needs of the residents and how these needs will be met. Documentation will be kept.

[REDACTED] 12/4/24

Directed Completion Date: 12/31/2024

Implemented [REDACTED] - 02/14/2025)