



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **MILLCREEK MANOR**

LEGAL ENTITY

To operate **LECOM PARKSIDE AT GLENWOOD**

NAME OF FACILITY OR AGENCY

Located at **41 WEST GORE ROAD, ERIE, PA 16509**

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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To provide **Personal Care Homes**

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **144**
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: **Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 16**

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **January 29, 2024** until **January 29, 2025**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **453840**

Janette Biderup
ISSUING OFFICER

Juliet Marsala
ACTING DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

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

January 16, 2024

[REDACTED]
MILLCREEK MANOR
[REDACTED]
[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 11/14/2023 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]

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: *73* Waking Staff: *55*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Interim* Exit Conference Date: *11/14/2023*

Inspection Dates and Department Representative

11/14/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *144* Residents Served: *55*
 Secured Dementia Care Unit
 In Home: *Yes* Area: *2nd floor/Memory* Capacity: *16* Residents Served: *14*
 Hospice
 Current Residents: *2*
 Number of Residents Who:
 Receive Supplemental Security Income: *8* Are 60 Years of Age or Older: *55*
 Diagnosed with Mental Illness: *9* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *18* Have Physical Disability: *1*

Inspections / Reviews

11/14/2023 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/08/2023*

12/12/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *01/04/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/27/2023*

Inspections / Reviews *(continued)*

12/27/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/04/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 11/27/2023

01/16/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/04/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

183e - Storing Medications

1. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 11/14/23, resident #1 Novolog Flexpen was opened and not dated to the open date. According to the manufacturer's instructions, Novolog Flexpen, expires 28 days after opening.

Plan of Correction

Accept [REDACTED] - 12/27/2023)

Effective 11/15/23 all injectable medications are labeled with date open stickers. Nursing supervisor or designee to check carts monthly during cycle fill to ensure injectables are dated. Any nursing staff that opens an injectable will complete date opened. All nursing staff will be educated by nursing supervisor or designee by 12/29/23. On 11/16/23 [REDACTED], LPN, ADON had the Flexpen replaced and place in a baggie with labeled instructions as well as a date open label.

Licensee's Proposed Overall Completion Date: 12/29/2023

Implemented [REDACTED] - 01/09/2024)

184a - Resident's Meds Labeled

2. Requirements

2600.

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

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

Resident #1's individual Novolog Flexpen and Lantus Solostar and resident #2's individual [REDACTED] Kwipen, did not have a label indicating the resident's name, medication's name, date prescription was issued, prescription dosage and instruction for administration, and name and title of the prescriber.

Resident #2 is prescribed, [REDACTED] DM Syrup. The pharmacy's label indicates, [REDACTED]

Resident @3 is prescribed, Saline Solution, 0.65%. The pharmacy's label indicates Deep Sea, 0.65%.

Resident #2 is prescribed, Ketoconazole, 2% Shampoo, apply twice a week. The pharmacy's label indicates twice a day.

Plan of Correction

Accept [REDACTED] - 12/27/2023)

Effective 11/15/23 pharmacy dispensed baggies with labels for all injectable medications that contains the required information.

Resident#2 had Robafen DM dispensed and the [REDACTED] i tussin was returned to pharmacy. The label on [REDACTED] ketoconazole shampoo was corrected to match the order for 2x per week. All nursing staff will be educated on this process by nursing supervisor or designee prior to 12/29/23.

184a - Resident's Meds Labeled (continued)

Resident#3 Deep Sea 0.65% was returned to pharmacy and the saline solution 0.65% was delivered. Effective 12/15/23 the nursing supervisor or designee will match the medications delivered to the order prior to placing the medication in the med cart on a daily basis. Nursing supervisor or designee will audit the cart during cycle fill to make sure all medications in the cart match the order from the prescriber. 2nd shift med techs or designee will audit carts weekly on Wednesdays to make sure orders match the meds in carts.

Licensee's Proposed Overall Completion Date: 12/29/2023

Implemented [REDACTED] - 01/09/2024)