

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

January 9, 2025

[REDACTED]  
MILLCREEK MANOR  
[REDACTED]  
[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 licensing inspections on 12/17/2024, 12/27/2024 of the above facility, no regulatory citations have been identified as a result of this inspection.

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

Sincerely,  
[REDACTED]

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *LECOM PARKSIDE AT GLENWOOD* License #: *45384* License Expiration: *06/03/2025*  
 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: *Department of Labor & Industry*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *59* Waking Staff: *44*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Fine* Exit Conference Date: *12/27/2024*

**Inspection Dates and Department Representative**

12/17/2024 - On-Site: [REDACTED]  
 12/27/2024 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *144* Residents Served: *34*

**Secured Dementia Care Unit**  
 In Home: *Yes* Area: *2ND FLOOR* Capacity: *16* Residents Served: *14*

**Hospice**  
 Current Residents: *5*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *12* Are 60 Years of Age or Older: *48*  
 Diagnosed with Mental Illness: *5* Diagnosed with Intellectual Disability: *2*  
 Have Mobility Need: *25* Have Physical Disability: *2*

**Inspections / Reviews**

12/17/2024 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: *Not Required*

NO DEFICIENCIES FOUND