

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

January 31, 2025

[REDACTED]  
CREEK SENIOR CARE LLC  
[REDACTED]

ATTN BILL SNOW  
[REDACTED]

RE: THE BRIDGES AT BENT CREEK  
2100 BENT CREEK BOULEVARD  
MECHANICSBURG, PA, 17050  
LICENSE/COC#: 33355

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/07/2025 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: THE BRIDGES AT BENT CREEK License #: 33355 License Expiration: 09/12/2025  
 Address: 2100 BENT CREEK BOULEVARD, MECHANICSBURG, PA 17050  
 County: CUMBERLAND Region: CENTRAL

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: CREEK SENIOR CARE LLC  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-2 LP Date: 01/03/2001 Issued By: Labor & Industry

**Staffing Hours**

Resident Support Staff: Total Daily Staff: 144 Waking Staff: 108

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #: 0  
 Reason: Incident Exit Conference Date: 01/07/2025

**Inspection Dates and Department Representative**

01/07/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 130 Residents Served: 95  
 Secured Dementia Care Unit  
 In Home: Yes Area: Liliacs Capacity: 31 Residents Served: 17  
 Hospice  
 Current Residents: 18  
 Number of Residents Who:  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 95  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 49 Have Physical Disability: 0

**Inspections / Reviews**

01/07/2025 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/19/2025

01/16/2025 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 01/30/2025  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/23/2025

Inspections / Reviews *(continued)*

01/22/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/30/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 01/31/2025

01/31/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/30/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

225a Assessment 15 Days

1. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

An assessment was not completed for Resident [redacted] who was admitted to the home on [redacted]

Plan of Correction

Accept [redacted] - 01/22/2025)

Resident [redacted] discharged from the community on [redacted], due to being admitted to a Behavioral Health Unit for further evaluation for approximately 8 weeks.

Director of Wellness (DOW) and Memory Care Director (MCD) to complete a full resident chart audit to ensure all memory care residents have a completed assessment within 15 days of admission by [redacted]. DOW and MCD to complete monthly resident chart audits to ensure new memory care residents have an initial assessment within 15 days of admission through [redacted]

Memory Care resident chart audits to be reviewed at monthly QA meeting through May 31, 2025.

Memory Care Resident Chart audit form attached

ED to train DOW, ALM, and MCD on 2600.225.a regulation to ensure each resident has a written initial assessment documented on the Departments assessment form with in 15 days of admission by [redacted]. (see attached form)

Proposed Overall Completion Date: 01/21/2025

Licensee's Proposed Overall Completion Date: 01/21/2025

Implemented [redacted] - 01/31/2025)

231c Preadmission Screening

2. Requirements

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident [redacted] was admitted to the Secure Dementia Care Unit (SDCU) on [redacted] However, Resident [redacted] written [redacted] screening was not completed.

Repeated Violation - 5/2/24

Plan of Correction

Accept ([redacted] 01/22/2025)

Resident [redacted] discharged from the community on [redacted], due to being admitted to a behavioral Health Unit for further evaluation for approximately 8 weeks. Director of Wellness (DOW) and Memory Care Director (MCD) to complete a full resident chart audit to ensure the memory care residents prescreens are completed in their entirety by [redacted]. DOW and MCD to complete monthly resident chart audits to ensure all newly admitted memory care residents prescreens are completed in their entirety through [redacted] Monthly Memory care resident chart audits to be reviewed at monthly QA meeting through May 31, 2025.

Memory Care resident monthly chart audit form attached

231c Preadmission Screening (continued)

ED to train the DOW, ALM, and MCD on the importance of Regulation 2600.231.c to ensure a written cognitive preadmission screening is completed in collaboration with a physicist or a geriatric assessment team and documented on the Departments preadmission screening form that is completed for each resident with in 72 hours prior to admission to a secured dementia care unit by [REDACTED]. (see attached form)

Proposed Overall Completion Date: 01/21/2025

Licensee's Proposed Overall Completion Date: 01/21/2025

Implemented [REDACTED] - 01/31/2025)

234a - Admission Support Plan

3. Requirements

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident [REDACTED] was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]. However, the resident's initial support plan was not completed.

Repeated Violation [REDACTED], et al

Plan of Correction

Accept [REDACTED] - 01/22/2025)

Resident [REDACTED] discharged from the community on [REDACTED], due to being admitted to a Behavioral Health Unit for further evaluation for approximately 8 weeks.

Director of Wellness (DOW) and Memory Care Director (MCD) to complete a full resident chart audit to ensure all memory care residents have a completed initial support plan within 15 days of admission by [REDACTED]. DOW and MCD to complete monthly resident chart audits to ensure new memory care residents have an initial support plan within 15 days of admission through [REDACTED].

Memory Care resident chart audits to be reviewed at monthly QA meeting through May 31, 2025.

Memory Care Resident Chart audit form attached

ED to train the DOW, ALM, and MCD on regulation 2600.234.a. that within 72 hours of admission, or within 72 hours prior to the resident's admission to the SDCU, a support plan shall be developed, implemented and documented in the resident record by [REDACTED]. (see attached form)

Proposed Overall Completion Date: 01/21/2025

Licensee's Proposed Overall Completion Date: 01/21/2025

Implemented [REDACTED] - 01/31/2025)