

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

April 4, 2025

[REDACTED] GENERAL COUNSEL  
ASBURY ATLANTIC INC  
2323 EDINBORO ROAD  
ERIE, PA, 16509

RE: SPRINGHILL SENIOR LIVING  
COMMUNITY  
2323 EDINBORO ROAD  
ERIE, PA, 16509  
LICENSE/COC#: 42555

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/04/2025 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: *SPRINGHILL SENIOR LIVING COMMUNITY* License #: *42555* License Expiration: *02/28/2025*  
 Address: *2323 EDINBORO ROAD, ERIE, PA 16509*  
 County: *ERIE* Region: *WESTERN*

**Administrator**

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

**Legal Entity**

Name: *ASBURY ATLANTIC INC*  
 Address: *2323 EDINBORO ROAD, ERIE, PA, 16509*  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *10/04/1990* Issued By: *Dept. of Labor & Industry*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *31* Waking Staff: *23*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *02/04/2025*

**Inspection Dates and Department Representative**

*02/04/2025* - [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *44* Residents Served: *26*

**Secured Dementia Care Unit**

In Home: *No* Area: Capacity: Residents Served:

**Hospice**

Current Residents: *1*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *26*  
 Diagnosed with Mental Illness: *19* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *5* Have Physical Disability: *0*

**Inspections / Reviews**

**02/04/2025 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/06/2025*

**03/03/2025 - POC Submission**

Submitted By: [REDACTED] Date Submitted: *04/03/2025*  
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *04/04/2025*

Inspections / Reviews *(continued)*

04/04/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/03/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 2/4/25, the home's most recent license inspection summary, dated 6/5/24, was not posted in a conspicuous and public place in the home.

Plan of Correction

Directed (█ - 03/03/2025)

A copy of the missing inspection summary was provided to the inspector and placed in the binder on 2/4/25.

The binder will be monitored weekly for four weeks beginning 3/3/25 by the Medical Records Secretary or designee and documented on a monitoring tool. After four weeks, the binder will be checked monthly. The Director of Health Services will monitor the audit tool for completion. The results of this monitoring tool will be reported during the quarterly Quality Assurance meetings.

Proposed Overall Completion Date: 04/04/2025

Directed Completion Date: 04/04/2025

Implemented (█ - 04/04/2025)

85d - Trash Receptacles

2. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

At 10:50a.m. there were 3 uncovered, unattended trash cans in the main kitchen.

Plan of Correction

Directed (█ - 03/03/2025)

The trash lids were placed on the garbage cans immediately following the inspection on 2/4/25.

Kitchen staff will be educated on the need to place the lids on the garbage cans. To mitigate this concern in the future, the Director of Dining has ordered garbage cans that are step activated and will have self closing lids.

Proposed Overall Completion Date: 04/04/2025

Directed Completion Date: 04/04/2025

Implemented (█ - 04/04/2025)

132h - Designated Meeting Place

3. Requirements

2600.

132h - Designated Meeting Place (continued)

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

**Description of Violation**

The home's fire drill records indicate not all residents evacuated to a designated meeting place away from the building or within the fire-safe area during the following fire drills:

- 1/31/24 there were 35 residents in the home and only 2 residents were evacuated.
- 2/29/24 there were 32 residents in the home and only 15 residents were evacuated.
- 3/29/24 there were 32 residents in the home and only 16 residents were evacuated.
- 7/31/24 there were 27 residents in the home and only 2 residents were evacuated.
- 9/30/24 there were 32 residents in the home and only 15 residents were evacuated.
- 10/31/24 there were 31 residents in the home and only 2 residents were evacuated.
- 11/29/24 there were 29 residents in the home and only 8 residents were evacuated.
- 12/27/24 there were 28 residents in the home and only 26 residents were evacuated.
- 1/31/25 there were 26 residents in the home and 0 residents were evacuated.

**Plan of Correction**

Accept (█) - 03/03/2025

Residents and staff in Personal Care will undergo re-training on the fire safety regulations and need to evacuate to a fire safe area during each fire drill. These in-services will be conducted over several sessions and will be complete by 3/31/2025.

In addition to an education session, each resident will have a sign mounted on the back of the door with instructions for evacuation. These signs will be installed by 3/31/25. The monthly fire drill log will be continued to be completed by the Director of Facilities and monitored by the Director of Health Services to ensure that all residents have been appropriately evacuated during the drill. The results of this monitoring will be reported during the quarterly Quality Assurance meetings.

Proposed Overall Completion Date: 04/04/2025

Licensee's Proposed Overall Completion Date: 04/04/2025

Implemented (█) - 04/04/2025

183d - Prescription Current

**4. Requirements**

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

**Description of Violation**

Aquaphor Ointment, labeled with resident #1's name, was on the medication cart; however, there was no current prescriber's order for this medication.

**Plan of Correction**

Accept (█) - 03/03/2025

The Aquaphor ointment for Resident #1 was disposed of on 2/4/25.

**183d - Prescription Current (continued)**

*The LPN supervisors or designee will complete a weekly audit beginning 3/3/25 for four weeks that compares all current physician orders with the medications in the facility. After four weeks, this audit will be completed monthly on an ongoing basis. The Director of Health Services will monitor the audit tool. The results of the monitoring will be reported during the quarterly Quality Assurance meetings.*

*Proposed Overall Completion Date: 04/04/2025*

**Licensee's Proposed Overall Completion Date: 04/04/2025**

**Implemented ( [REDACTED] - 04/04/2025)**