



Pennsylvania Department of Human Services

Emailing Date: August 4, 2025

[REDACTED]
Millcreek Manor
[REDACTED]

RE: LECOM Parkside at Glenwood
41 West Gore Road
Erie, Pennsylvania 16509
License #: 453840

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on April 8, 2025, and April 9, 2025, and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala".

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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]

Legal Entity

Name: *MILLCREEK MANOR*
 Address: [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: *70* Waking Staff: *53*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Provisional* Exit Conference Date: *04/09/2025*

Inspection Dates and Department Representative

04/08/2025 - On-Site: [REDACTED]
 04/09/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *144* Residents Served: *53*

Secured Dementia Care Unit
 In Home: *Yes* Area: *3rd Floor* Capacity: *16* Residents Served: *11*

Hospice
 Current Residents: *2*

Number of Residents Who:
 Receive Supplemental Security Income: *6* Are 60 Years of Age or Older: *53*
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *2*
 Have Mobility Need: *17* Have Physical Disability: *0*

Inspections / Reviews

04/08/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/09/2025*

05/09/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *05/22/2025*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/15/2025*

Inspections / Reviews *(continued)*

05/20/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/22/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 06/03/2025

07/31/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/22/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

Resident #1 did not sign the resident home contract dated [redacted]/24, and resident #2 did not sign the resident home contract dated [redacted]/25.

Plan of Correction

Accept [redacted] 05/08/2025)

A full census audit was conducted on 4/18/2025; by Director of Operations and Administrative assistant, to ensure all residency agreements were signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Any agreement identified as non-compliant during that audit will be updated and/or resigned by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees by; May 9th 2025.

New Residency agreements will be audited upon resident admission to the facility by Admin assistant to ensure compliance. This audit will remain as ongoing to ensure compliance.

All staff members completing or auditing the residency agreement were educated on the requirements of; 25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees; By Administrator and Director of Operations on 5/5/25.

Starting 5/2/25, The administrator or Director of Operations will audit all new residents weekly x 4 weeks to ensure compliance.

Licensee's Proposed Overall Completion Date: 05/23/2025

Implemented [redacted] - 07/31/2025)

65e - 12 Hours Annual Training

2. Requirements

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

Description of Violation

Direct care staff member A received only 9 hours 45 minutes of annual training in training year January to December 2024, and direct care staff member B received only 9 hours of annual training in training year January to December 2024.

REPEAT VIOLATION: 11/21/2024

Plan of Correction

Accept [redacted] - 05/20/2025)

Due to a previous POC, implemented on January 6th 2025; All employee files for 2025 were audited by Administrative assistant and Director of operations. This audit was completed on or before 1/31/25. During that audit process an educational log and tracker was created to ensure proper tracking of all staff education. This tracker is currently in operation and monitors the following criteria by associate; total number of educational hours

65e - 12 Hours Annual Training (continued)

completed and detailed educational content, to ensure the 65g annual training requirements are met, including but not limited to;

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert. 2. Emergency preparedness procedures and recognition and response to crises and emergency situations. 3. Resident rights. 4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102). 5. Falls and accident prevention. 6. New population groups that are being served at the home that were not previously served, if applicable.

Each associate will be individually assigned educational content through our online learning platform, [REDACTED] learning and will receive interactive education from Parkside Glenwood's internal leadership team members, and internal and external experts. Courses will be assigned based on the employees annual educational progress to ensure every associate receives the required trainings.

Director of Operations and Administrator will complete ongoing monthly audits to ensure compliance. Education regarding 2600.65e and 2600.65g was provided to management staff to ensure they understand the following regulations; By Administrator and Director of Operations on 5/5/25.

Direct Care staff A has received a total of 12.5 hrs of education in 2025 65g 1.2.3.4 have been completed on 2.6.25. 65g 5 will be completed by 5/21/25. 65g 6 Not applicable

Direct Care staff B has received a total of 13.25 hrs of education in 2025 65g 1.2.3.4 have been completed on 2.6.25. 65g 5 will be completed by 5/21/25. 65g 6 Not applicable.

Documents attached

Licensee's Proposed Overall Completion Date: 05/23/2025

Implemented [REDACTED] - 07/31/2025)

65g - Annual Training Content**3. Requirements**

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Ancillary staff member C did not receive training on the following topics in training year January to December 2024:

* Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.

*Emergency preparedness procedures and recognition and response to crises and emergency situations.

65g - Annual Training Content (continued)

*Resident rights.

*The Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102).

*Falls and accident prevention.

REPEAT VIOLATION: 11/21/2024

Plan of Correction

Accept [REDACTED] - 05/20/2025)

Due to a previous POC implemented on January 6th 2025; All employee files for 2025 were audited by Administrative assistant and Director of operations. This audit was completed on or before 1/31/25. During that audit process an educational log and tracker was created to ensure proper tracking of all staff education. This tracker is currently in operation and monitors the following criteria by associate; total number of educational hours completed and detailed educational content, to ensure the 65g annual training requirements are met, including but not limited to;

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert. 2. Emergency preparedness procedures and recognition and response to crises and emergency situations. 3. Resident rights. 4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102). 5. Falls and accident prevention. 6. New population groups that are being served at the home that were not previously served, if applicable.

Each associate will be assigned educational content through our online learning platform, Collins learning and will receive interactive education from [REDACTED] internal leadership team members, and internal and external experts. Courses will be assigned based on the employees annual educational progress to ensure every associate receives the required trainings.

Director of Operations and Administrator will complete ongoing monthly audits to ensure compliance.

Education regarding 2600.65e and 2600.65g was provided to management staff to ensure they understand the following regulations; By Administrator and Director of Operations on 5/5/25.

Direct Care staff C has received 2025 education on 65g 1.2.3.4 have been completed on 2.6.25. 65g 5 will be completed by 5/21/25. 65g 6 Not applicable

Licensee's Proposed Overall Completion Date: 05/23/2025

Implemented [REDACTED] - 07/31/2025)

109b - Rabies Vaccination**4. Requirements**

2600.

109.b. Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

Description of Violation

The cat named Snowflake was present in the home but did not have documentation of a current rabies vaccination.

Plan of Correction

Accept [REDACTED] - 05/08/2025)

Parkside Glenwood currently has 1 cat that resides in the home named [REDACTED]". Upon notice of the expired

109b - Rabies Vaccination (continued)

vaccination an appointment was made by the resident to have " [REDACTED] " evaluated and vaccinated against Rabies. [REDACTED] received [REDACTED] Rabies vaccination on 4/15/25. [REDACTED] Record will remain on file at Parkside Glenwood with the date of expiration clearly noted to ensure there is no laps of vaccination coverage, Resident also made a follow up appointment for Snowflake on September 3rd 2026, to ensure an appointment can be secured when Snowflake will be due for her next vaccination.

Education regarding 2600.109.b. was provided to management staff to ensure they understand the following regulations: By Administrator and Director of Operations on 5/5/25.

All new pets admitted to or any pet visitor will present an updated vaccination record prior to entering the facility.

Licensee's Proposed Overall Completion Date: 05/23/2025

Implemented [REDACTED] 07/31/2025)

132c - Fire Drill Records

5. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The home did not document the complete evacuation time to include minutes and seconds or the number of staff participating for fire drill 3/31/25.

REPEAT VIOLATION: 11/21/2024

Plan of Correction

Accept [REDACTED] - 05/09/2025)

Fire drill coordinator and Management staff were educated about the 2600.132.c. requirements on 5/5/25. The fire drill coordinator on 3/31/25 did document the complete evacuation time including mins and secs on the Adult Residential Licensing Fire drill record form- documents attached. However, the number of participating staff was not documented on the Adult Residential Licensing Fire drill record form, a sign-in sheet was used in its place. Parkside Glenwood will continue to use both the Adult Residential Licensing Fire drill record form and the sign in sheet to ensure all staff have the opportunity to participate. However, The Parkside Fire coordinator and Administrator will insure all documentation is accurate on the Adult Residential Licensing Fire drill record form post fire drill. Starting 5/2/25, administrator or designee will audit Fire drill records monthly x3 months to ensure compliance with 2600. 132.c.

Licensee's Proposed Overall Completion Date: 05/23/2025

Implemented [REDACTED] - 07/31/2025)

191 - Resident Right to Refuse

6. Requirements

191 - Resident Right to Refuse (continued)

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident #1 and resident #2's resident records did not include documentation that the residents were educated on the right to question or refuse a medication if they believe there may be a medication error.

Plan of Correction

Accept [redacted] 05/09/2025)

Requirement 2600.191 is listed for review on the homes Residency agreement, Attachment A, page 8-9 of the residency agreement.

All staff members completing or auditing the residency agreement were educated on the requirements of; 2600.25.b; The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees; And, 2600. 191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept: Staff education occurred on 5/5/25

A full house audit was conducted on 4/18/2025; by Director of Operations and Administrative assistant, to ensure all residency agreements were signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees. Any agreement identified as non-compliant during that audit will be updated and/or resigned by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees by; May 9th 2025.

New Residency agreements will be audited upon resident admission to the facility by Admin assistant to ensure compliance. This audit will remain as ongoing to ensure compliance.

Starting 5/2/25, Administrator or Director of Operations will audit all new residents weekly x 4 weeks to ensure compliance.

Licensee's Proposed Overall Completion Date: 05/23/2025

Implemented [redacted] 07/31/2025)

224a - Preadmission Screen Form

7. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #2 was admitted to the home on [redacted]/24; however, resident #2's preadmission screening was completed on 10/25/24.

REPEAT VIOLATION: 11/21/2024

Plan of Correction

Accept [redacted] - 05/09/2025)

Education was provided to Staff members completing the Preadmission screen regarding 2600.224.a. By

224a - Preadmission Screen Form (continued)

Administrator and Director of Operations on 5/5/25.

The preadmission screening form will be completed or audited prior to resident acceptance to the facility by Admin assistant and Admitting clinician to ensure compliance. This audit will remain as ongoing to ensure compliance.

Parkside Glenwood created an admission packet with required forms to be used by the evaluating clinician to ensure proper documentation.

This audit will remain as ongoing to ensure compliance.

Starting 5/2/25 Administrator or Director of Operations will audit all new residents weekly x 4 weeks to ensure compliance.

Licensee's Proposed Overall Completion Date: 05/23/2025

Implemented [redacted] - 07/31/2025)

231b - Medical Evaluation

8. Requirements

2600.

231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident #3 was admitted to the secured dementia care unit (SDCU) on [redacted] 25; however, resident #3's initial medical evaluation was completed on 3/14/25.

Plan of Correction

Accept [redacted] 05/09/2025)

Education was provided to clinical staff members coordinating resident admissions to Parkside Glenwood on; 2600. 231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit. This education was provided on 5/5/25 and provided by Administrator and Director of Operations.

The Medical evaluation form will be audited prior to residents acceptance for admission to the facility by admitting clinician to ensure compliance. Administrative assistant will audit all new resident files to ensure a complete file has been obtained and is organized on file for the facility. This audit will remain as ongoing to ensure compliance. Parkside Glenwood created an admission packet with required forms to be used by the evaluating clinician to ensure proper documentation. This audit will remain as ongoing to ensure compliance. Starting 5/2/25 - Administrator or Director of Operations will audit all new residents weekly x 4 weeks to ensure compliance.

Licensee's Proposed Overall Completion Date: 05/23/2025

Implemented [redacted] - 07/31/2025)

231c - Preadmission Screening

9. 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 #3 was admitted to the SDCU on [REDACTED] 25; however, resident #3's cognitive preadmission screening was completed on [REDACTED] /25.

Plan of Correction

Accept ([REDACTED] - 05/09/2025)

Education was provided to clinical staff members coordinating resident admissions to Parkside Glenwood on; 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. Education occurred on 5/5/25 and was provided by Administrator and Director of Operations.

The preadmission screening form will be audited prior to resident acceptance to the facility by Admin assistant and admitting clinician to ensure compliance. This audit will remain as ongoing to ensure compliance. Parkside Glenwood created an admission packet with required forms to be used by the evaluating clinician to ensure proper documentation. This audit will remain as ongoing to ensure compliance. Starting 5/2/25 - Administrator or Director of Operations will audit all new residents weekly x 4 weeks to ensure compliance.

Licensee's Proposed Overall Completion Date: 05/23/2025

Implemented ([REDACTED] - 07/31/2025)

234a - Admission Support Plan

10. 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 #1 was admitted to the SDCU on [REDACTED] /24; however, resident #1's initial support plan was completed on [REDACTED] /24.

Plan of Correction

Accept ([REDACTED] 05/16/2025)

Education was provided to clinical staff member responsible for completion of the support plan on; 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. Education occurred on 5/5/25.

Administrator and or designee will audit all New resident files upon admission to ensure compliance prior to Starting 5/2/25, Administrator or Director of Operations will audit all new residents weekly x 4 weeks to ensure compliance. All current residents have been audited as of 5/5/25 to ensure current residents in the home have a current and compliant support plan. Document attached

Licensee's Proposed Overall Completion Date: 05/23/2025

234a - Admission Support Plan (continued)

Implemented [redacted] - 07/31/2025)

236 - Staff Training

11. Requirements

2600.

236. Training - Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation).

Description of Violation

Direct care staff member A, who works in the SDCU, had only 2 hours of training in dementia care during training year January to December 2024.

Plan of Correction

Accept [redacted] - 05/20/2025)

Due to a previous POC implemented on January 6th 2025; All employee files for 2025 were audited by Administrative assistant and Director of operations. This audit was completed on 1/31/25. During that audit process an educational log and tracker was created to ensure proper tracking of all staff education. This tracker is currently in operation and monitors the following criteria by associate; total number of educational hours completed and detailed educational content.

Each associate will be assigned educational content through our online learning platform, [redacted] learning and will receive interactive education from internal leadership team members and internal and external experts. Courses will be assigned based on the employees annual educational progress to ensure every associate receives the required trainings.

Director of Operations and Administrator will complete ongoing monthly audits to ensure compliance.

Education regarding 2600. 236 was provided to management staff to ensure they understand the following regulations on 5/5/25 by Administrator and Director of Operations.

Direct Care staff A has received a total of 8.5 hrs of Dementia related education in 2025. Documents attached

Licensee's Proposed Overall Completion Date: 05/23/2025

Implemented [redacted] - 07/31/2025)