



Pennsylvania
Department of Human Services

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: AUGUST 6, 2025

Creek Senior Care LLC



RE: The Bridges at Bent Creek
2100 Bent Creek Boulevard
Mechanicsburg, Pennsylvania 17050
Certificate #: 333550

Dear Creek Senior Care LLC:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspection on July 29, 2025, of the above facility, that is operating pending an appeal, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Licensing Inspection Summary were found.

Correction of these violations in accordance with the specified plan of correction is required. Failure to correct these violations may result in further licensing enforcement action.

Sincerely,

A handwritten signature in cursive script that reads "Juliet Marsala".

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

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

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]

Legal Entity

Name: CREEK SENIOR CARE LLC
Address: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 136 Waking Staff: 102

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Monitoring Exit Conference Date: 07/30/2025

Inspection Dates and Department Representative

07/29/2025 - 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: Lilac Terrace Capacity: 31 Residents Served: 18

Hospice

Current Residents: 14

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: 41 Have Physical Disability: 0

Inspections / Reviews

07/29/2025 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *Exception*

88a - Surfaces

1. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 7/29/25 at approximately 10:05 AM, loose food items including a piece of trash, multiple chunks of ice cream and icing, were on the floor in the walk-in kitchen freezer.

Plan of Correction

Directed [REDACTED] - 08/04/2025)

- The flooring in the walk-in freezer will be cleaned by the Administrator or designee by 8/13/25.*
- An initial audit and cleaning of all floor areas located in the kitchen will be completed by the Administrator or designee by 8/13/25.*
- The Administrator or designee will provide education to all kitchen staff members by 8/13/25 on keeping all kitchen floor areas clean and free of debris.*
- Beginning no later than 8/13/25, the Administrator or designee will complete weekly audits of the kitchen area to include flooring located under kitchen counters and in the walk-in freezer.*
- Documentation of completed audits and education will be kept by the home and available for review by the Department.*

Directed Completion Date: 08/13/2025

103c - Food Protected

2. Requirements

2600.

103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

On 7/29/25 at 10:05 AM, a pitcher of iced tea, a cup of juice, and a small bowl of grapes were uncovered and stored in the dining room kitchenette refrigerator.

Repeated Violation - 8/27/24, et al.

Plan of Correction

Directed [REDACTED] - 08/04/2025)

- The Administrator or designee will dispose of the uncovered items by 8/13/25.*
- An initial audit of all refrigerators will be completed by the Administrator or designee by 8/13/25. Uncovered items will be disposed of immediately upon discovery.*
- The Administrator or designee will provide education to staff including dietary, direct care, nursing, med tech's and ancillary staff on 2600.103(c) by 8/13/25.*
- Beginning no later than 8/13/25, the Administrator or designee will complete daily audits of the home's refrigerators for at least one month. Audits will then continue to be completed at least once weekly.*
- Documentation of completed audits and education will be kept by the home and available for review by the Department.*

Directed Completion Date: 08/13/2025

141b1 - Annual Medical Evaluation

3. Requirements

141b1 - Annual Medical Evaluation (*continued*)

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #1's most recent medical evaluation was completed on 6/19/25. The medical professional's license number was not present on the the resident's medical evaluation; this section of the form was blank.

Repeated Violation - 8/27/24, et al.

Plan of Correction**Directed [REDACTED] - 08/04/2025)**

- The Administrator or designee will contact resident #1's physician for an updated medical evaluation by 8/13/25.*
- An audit on all resident's medical evaluations will be completed by the Administrator or designee by 8/13/25 to ensure the form has been completed properly and thoroughly; updates to the document(s) will be completed as necessary.*
- The Administrator or designee will provide education to staff member's responsible for the completion of the medical evaluation on all required areas of the Department's form by 8/13/25.*
- Beginning 8/13/25, the Administrator or designee will review any new medical evaluations completed (initial, status change, annual) within 5 days from the resident's evaluation to ensure proper completion of the form for 3 months.*
- Documentation of completed education and audits will be kept by the home and available for review by the Department.*

Directed Completion Date: 08/13/2025

181f - Record of Medication

4. Requirements

2600.

181.f. The resident's record shall include a current list of prescription, CAM and OTC medications for each resident who is self-administering his medication.

Description of Violation

On 7/29/25, resident #1's record did not include a current list of medications. The list in the resident's record did not include Desitin and Clindamycin Phosphate, which were in the resident's room.

Plan of Correction**Directed [REDACTED] - 08/04/2025)**

- The Administrator or designee will contact resident #1's physician by 8/13/25 to ensure these medications have a current physician's order.*
- If the physician's orders are current, the Administrator or designee will add Desitin and Clindamycin phosphate to resident #1's current list of prescriptions, CAM's and OTC's by 8/13/25.*
- The Administrator or designee will complete an audit of medications for residents who self-administer medications and ensure the resident's lists of prescription, CAM and OTC medications are current and up to date by 8/13/25.*
- The Administrator or designee will provide education to all staff member's responsible for medications and resident records on 2600.181(f).*
- Education will be provided to residents who self-administer medications to notify the Administrator or*

181f - Record of Medication (continued)

designee of any new medications to ensure the resident's record includes the most current list of prescriptions, CAM's and OTC's by 8/13/25.

- Beginning 8/13/25, the home will complete monthly audits of all residents who self-administer medications to ensure the list of prescriptions, CAM's, and OTC's are current.
- Documentation of completed audits and education will be kept by the home and available for review by the Department.

Directed Completion Date: 08/13/2025

183b - Meds and Syringes Locked**5. Requirements**

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On 7/29/25 at 2:01 PM, a bottle of Chlorhexidine Gluconate oral rinse was unlocked, unattended, and accessible in resident #2's bathroom. Resident #2 is not assessed to self-administer medication.

Repeated Violation - 3/24/25, et al

Plan of Correction

Directed [REDACTED] - 08/04/2025)

- Resident #2's Chlorhexidine Gluconate oral rinse will be removed from the resident's bathroom by 8/13/25 by the Administrator or designee.
- An audit of all resident bedrooms and bathrooms will be completed by 8/13/25 by the Administrator or designee to ensure medications are not left unlocked, unattended and accessible per the resident's assessment to self-administer medications.
- Education will be provided to all staff (ancillary, med tech's, direct care, nursing) by 8/13/25 on 2600.183(b) by the Administrator or designee.
- Beginning no later than 8/13/25, the Administrator or designee will perform audits on at least 3 resident rooms per week for a minimum of 3 months to ensure medications are not unlocked, unattended and accessible.
- Documentation of completed education and audits will be kept by the home and available for review by the Department.

Directed Completion Date: 08/13/2025