



Pennsylvania
Department of Human Services

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: SEPTEMBER 12, 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 August 25, 2025 and August 26, 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

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 134 Waking Staff: 101

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Monitoring* Exit Conference Date: 08/26/2025

Inspection Dates and Department Representative

08/25/2025 - On-Site: [REDACTED]
08/26/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 130 Residents Served: 93

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: 93
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 41 Have Physical Disability: 0

Inspections / Reviews

08/25/2025 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *Exception*

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 4/7/25, resident #1 walked into resident #2's room and began yelling. Resident #2 pushed resident #1, who fell and sustained an abrasion on [REDACTED] arm. As of 8/28/25, the home did not report this incident to the Department.

On 4/8/25, resident #3 was yelling at resident #4 who was sitting at the dining table with [REDACTED] and screamed "This is my table...this is my stuff." Despite redirection to [REDACTED] room, resident #3 continued to return to the table and scream at resident #4. On 5/7/25, resident #3 was upset that resident #4 was sitting at [REDACTED] table. Resident #3 told resident #4 to get out of here and threw a glass of cold water on [REDACTED]. As of 8/28/25, the home did not report these incidents to the Department.

Repeated Violation - 3/24/25, et al

Plan of Correction

Directed [REDACTED] 09/03/2025)

- The Administrator or designee will report the incidents that occurred on 4/7/25, 4/8/25 and 5/7/25 to the Department by 9/17/25.
- The Administrator or designee will provide education to all staff in the home on 2600.16(c) and incidents by 9/17/25.
- Beginning no later than 9/17/25, the Administrator or designee will conduct daily meetings with staff to discuss incidents that occurred the day prior to ensure incidents are reported to the Department.
- Documentation of staff education and daily meeting minutes will be kept by the home and available for review by the Department.

Directed Completion Date: 09/17/2025

42b - Abuse

2. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On 4/7/25, resident #1 walked into resident #2's room and began yelling. Resident #2 pushed resident #1, who fell and sustained an abrasion on [REDACTED] right arm.

On 4/8/25 during the breakfast meal, resident #3 was yelling at resident #4 who was sitting at the dining table with [REDACTED] and screamed "This is my table...this is my stuff." Despite redirection to [REDACTED] room, resident #3 continued to return to the table and scream at resident #4. A staff member had to sit between resident #3 and #4 for the remainder of the meal. On 5/7/25 during lunch, resident #3 was upset that resident #4 was sitting at [REDACTED] table. Resident #3 told resident #4 to get out of here and threw a glass of cold water on resident #4.

Repeated Violation - 3/24/25, et al., 6/17/25, et al.

42b - Abuse (continued)

Plan of Correction

Directed [redacted] - 09/03/2025)

- The Administrator or designee will complete an updated assessment on residents #1 and #3 to determine additional areas of need for behaviors and supervision. A support plan will be developed to prevent future incidents of abuse towards others no later than 9/17/25.
- The Administrator or designee will provide education on 2600.42(b) to all staff in the home by 9/17/25.
- Beginning no later than 9/17/25, all resident to resident incidents will be immediately reported to the Administrator or designee. An assessment of the resident's behaviors and supervision levels will be completed within 5 days of the incident to determine if the home can continue to meet the residents' needs and to develop an appropriate support plan to prevent future occurrences of resident to resident abuse.
- Documentation of completed assessments and staff education will be kept by the home and available for review by the Department.

Directed Completion Date: 09/17/2025

54a - Direct Care Staff

3. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

On 8/25/25, staff member A did not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry. Staff member A's registry status on the Pennsylvania nurse aide registry expired on 4/23/25 and the home did not have a waiver for the staff member's non-U.S. secondary school education.

Repeated Violation - 8/27/24, et al

Plan of Correction

Directed [redacted] - 09/03/2025)

- Staff member A received an updated status on the Pennsylvania nurse aide registry on 8/28/25.
- The Administrator or designee will complete an audit of all current direct care staff persons to ensure compliance with 2600.54(a) by 9/17/25.
- The Administrator or designee will provide education to all applicable staff member's responsible for staff records by 9/17/25.
- Beginning no later than 9/17/25, the Administrator or designee will complete quarterly audits of all direct care staff to ensure compliance with 2600.54(a).
- Documentation of completed education and audits will be kept by the home and available for review by the Department.

Directed Completion Date: 09/17/2025

187c - Refusal of Medication

4. Requirements

2600.

187c - Refusal of Medication (continued)

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

Resident #5 refused to take scheduled doses of medications and treatments as follows:

- *On 6/30/35 at 8:00 AM-Amlodipine 5mg oral tablet, Aspirin 81mg tablet, Isosorbide Mononitrate ER 30mg tablet, Losartan Potassium 100mg tablet, ROAR Complete Hydration, Acetaminophen 500mg tablet, Atorvastatin 20mg tablet, Escitalopram 5mg tablet, Iron Bisglycinate 28mg capsule, Lidocaine 4% patch, Metoprolol ER 50mg tablet, Vitamin C 500mg tablet, Vitamin D-3 50mcg capsule.*
- *On 6/30/25 at 12:00 PM- ROAR Complete Hydration.*
- *On 7/25/25 at 8:00 AM-Monitor of blood pressure and heart rate.*
- *On 8/3/25 at 8:00 AM-Vitamin C 500mg tablet, Lidocaine 4% patch, Escitalopram 5mg tablet, Metoprolol ER 50mg tablet, ROAR Complete Hydration, Losartan Potassium 100mg tablet, Isosorbide Mononitrate ER 30mg tablet, Amlodipine 5mg oral tablet, Aspirin 81mg tablet.*
- *On 8/3/24 at 12:00 PM-Vitamin C 500mg tablet, Iron Bisglycinate 28mg capsule, ROAR Complete Hydration on 8/3/25 at 12:00PM*

The home did not report these refusals to the prescriber.

Repeated Violation - 3/24/25, et al.

Plan of Correction

Directed [REDACTED] - 09/03/2025)

- *The Administrator or designee will report the identified refusals to the prescriber by 9/17/25.*
- *The Administrator or designee will provide education to all staff who administer medications on 2600.187(c) by 9/17/25.*
- *Beginning no later than 9/17/25, the Administrator or designee will complete weekly resident Medication Administration Record audits on a 10% sample size of the current census to ensure resident refusals have been reported to the prescriber within 24 hours.*
- *Documentation of education and completed audits will be kept by the home and available for review by the Department.*

Directed Completion Date: 09/17/2025

187d - Follow Prescriber's Orders**5. Requirements**

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #6 was prescribed Prosvent, take 1 capsule by mouth once daily. This medication was not administered to the resident on 8/10/25 at 8:00AM as the medication was not available in the home.

Resident #5 was ordered to have her blood pressure and heart rate monitored daily for 7 days. The resident's blood pressure and heart rate was not monitored on 7/23/25.

Resident #5 is prescribed the following medications which were not administered as ordered by the prescriber:

187d - Follow Prescriber's Orders (continued)

- Metoprolol 50mg, take one tablet by mouth every day-not administered on 7/22/25 at 8:00 AM.
- Vitamin D-3, take 1 capsule by mouth every other day-not administered on 7/30/25 at 8:00 AM.
- Amlodipine 5mg, take one tablet by mouth every day-not administered on 7/30/25 at 8:00 AM.
- Aspirin 81mg, take one tablet by mouth every day-not administered on 7/5/25 at 8:00 AM.
- Isosorbide Mononitrate ER 30mg, take one tablet by mouth every day-not administered on 7/5/25 at 8:00 AM.
- Acetaminophen 500mg, take one tablet by mouth every 12 hours-not administered on 7/5/25 at 8:00 AM.
- Atorvastatin 20mg, take one tablet by mouth every day-not administered on 7/5/25 at 8:00 AM.
- Escitalopram 5mg, take one tablet by mouth every morning-not administered on 7/5/25 at 8:00 AM.
- Lidocaine 4% patch, apply topically to lower back every morning and remove every evening * 12 hours on, 12 hours off-not administered on 7/5/25 at 8:00 AM

Repeated Violation - 6/17/25, et al., 3/24/25, et al.

Plan of Correction

Directed [REDACTED] 09/04/2025)

- The Administrator or designee will provide education to the appropriate clinical staff and staff who administer medication on the home's policy and procedures for reordering medications so they are available as prescribed and 2600.187(d) by 9/17/25.
- Beginning no later than 9/17/25, the Administrator or designee will complete weekly medication cart audits to ensure medications are available in the home as prescribed.
- Beginning no later than 9/17/25, the Administrator or designee will complete a weekly audit of at least 25% of the current resident census Medication Administration Records to ensure medications are administered timely and as prescribed by the physician.
- Documentation of completed education and audits will be kept by the home and available for review by the Department.

Directed Completion Date: 09/17/2025

225a - Assessment 15 Days

6. 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

Resident #7 was admitted on [REDACTED] 25; however, the resident's assessment was not completed until 5/5/25.

Repeated Violation - 1/7/25

Plan of Correction

Directed [REDACTED] - 09/04/2025)

- The Administrator or designee will provide education to all staff responsible for the completion of resident assessments on 2600.225(a) by 9/17/25.
- An audit of resident assessments were completed by 5/20/25.
- Beginning no later than 9/17/25, the Administrator or designee will complete an audit within 15 days a resident being admitted to the home to ensure a written initial assessment is documented on the Department's assessment form within 15 days of admission.

225a - Assessment 15 Days (continued)

- Documentation of completed education and audits will be kept by the home and available for review by the Department.

Directed Completion Date: 09/17/2025

225c - Additional Assessment**7. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident #3's assessment, dated [REDACTED]/25, indicated the resident has no problem with irritability, agitation, or aggression. As indicated in the resident's progress notes, dated 4/8/25 and 5/7/25, Healthcare Practitioner Fax Communication Form, dated 5/20/25, and multiple in staff interviews, resident #3 displays verbal aggression towards other residents and physical aggression towards staff members. The resident's assessment has not been updated to reflect the resident's behaviors.

Resident #8 was began receiving services for wound care through a hospice agency on [REDACTED]/11/25. The resident's assessment, dated [REDACTED]/25, has not been updated to include the resident's need for care/treatment or prevention of open areas and wounds.

Resident #9's assessment, dated [REDACTED]/25, indicates that the resident is independent in transferring in and out of [REDACTED] bed/chair, turning and repositioning in bed/chair, and ambulating. Staff interviews and documented incident(s) indicated the resident has a tendency to slide out of her chair and onto the floor. The resident's assessment has not been updated to reflect these changes.

Repeated Violation - 6/17/25 et al., 3/24/25, et al.

Plan of Correction

Directed [REDACTED] - 09/04/2025)

- The Administrator or designee will complete updated assessments for residents #3, #8 and #9 by [REDACTED]/25.
- The Administrator or designee will provide education to all applicable staff members, to include direct care, medication technicians, licensed staff, and those staff members responsible for updating resident assessments on 2600.225(c) and when to notify designated staff on observed changes to the resident's assessed area of need. Education will be completed no later than 9/17/25.
- Beginning no later than 9/17/25, all resident assessments will be audited quarterly to ensure the residents needs are accurate and current.
- Documentation of completed education and audits will be kept by the home and available for review by the Department.

Directed Completion Date: 09/17/2025

227d - Support Plan Medical/Dental**8. Requirements**

2600.

227d - Support Plan Medical/Dental (continued)

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The support plan for resident #7, dated [REDACTED] 25, indicated the resident utilizes a manual wheelchair, is assisted with ambulating three times daily, and is provided verbal assistance with transfers. The resident's support plan did not include support needed to remove the resident's leg rests from the resident's wheelchair when in the resident's room independently to prevent the resident from tripping.

The assessment for resident #6, dated [REDACTED] /25, indicated the resident has a need for physical assistance with toileting. The resident's support plan, dated 6/13/25, did not document the staff supports needed for the resident's use of a leg bag and Foley catheter bag nor the order for staff to change the catheter to a leg bag at PM and a leg bag in the AM.

Repeated Violation - 8/27/24, et al

Plan of Correction

Directed [REDACTED] 09/04/2025)

- The Administrator or designee will complete updated support plans for residents #7 and #6 by 9/17/25.
- The Administrator or designee will provide education to all staff members responsible for updating resident support plans on 2600.227(d) no later than 9/17/25.
- Beginning no later than 9/17/25, all support plans will be audited quarterly to ensure supports needed and provided are properly documented.
- Documentation of completed education and audits will be kept by the home and available for review by the Department.

Directed Completion Date: 09/17/2025