

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

November 25, 2025

[REDACTED]
MILLCREEK MANOR
[REDACTED]

RE: LECOM PARKSIDE AT GLENWOOD
41 WEST GORE ROAD
ERIE, PA, 16509
LICENSE/COC#: 45384

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/04/2025 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: LECOM PARKSIDE AT GLENWOOD License #: 45384 License Expiration: 08/04/2026
 Address: 41 WEST GORE ROAD, ERIE, PA 16509
 County: ERIE Region: WESTERN

Administrator

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

Legal Entity

Name: MILLCREEK MANOR
 Address: [REDACTED]
 Phone: [REDACTED] Email: [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: 77 Waking Staff: 58

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint Exit Conference Date: 09/04/2025

Inspection Dates and Department Representative

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

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 144 Residents Served: 62
 Secured Dementia Care Unit
 In Home: Yes Area: SDCU Capacity: 16 Residents Served: 12
 Hospice
 Current Residents: 0
 Number of Residents Who:
 Receive Supplemental Security Income: 6 Are 60 Years of Age or Older: 62
 Diagnosed with Mental Illness: 2 Diagnosed with Intellectual Disability: 2
 Have Mobility Need: 15 Have Physical Disability: 1

Inspections / Reviews

09/04/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/13/2025

10/16/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 11/21/2025
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/21/2025

Inspections / Reviews *(continued)*

10/24/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/21/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/01/2025

11/25/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/21/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

42b - Abuse

1. 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 [REDACTED] resident [REDACTED] was watching TV in common area. Resident [REDACTED] wanted to change the channel and tried to grab the remote from resident [REDACTED] and [REDACTED] resisted. Resident [REDACTED] then bit resident [REDACTED] on the pinky finger, breaking the skin. Resident [REDACTED] was administered first aid, given a [REDACTED] and prescribed [REDACTED] for this wound.

Plan of Correction

Accept [REDACTED] - 10/24/2025)

Resident [REDACTED] Care Plan was updated on 7/14/25 by [REDACTED], DON, (see attached). [REDACTED] was also having concerns of pacing back and forth and other unusual behaviors. [REDACTED], DON contact [REDACTED] and [REDACTED] CRNP on 7/16/25. [REDACTED], CRNP ordered - 1) ua and c&s, cbc, cmp and refer to [REDACTED], psychiatrist. On 7/17/25 lab drawn attempted by [REDACTED], LPN, unable to draw; 7/31/25 urine collected by [REDACTED], Med Tech; 8/2/25 seen by [REDACTED] Psychiatrist at facility, continued with current orders; 8/6/25 results of urine culture was positive, antibiotic started; 8/5/25 was seen again in house by [REDACTED], Psychiatrist, continue current orders. [REDACTED] has had no further issues.

[REDACTED] remains a patient of [REDACTED] and [REDACTED] will be notified of any changes in [REDACTED] behavior by [REDACTED], DON. Staff will be trained on how to de-escalate situations between residents at the staff meeting on Thursday, November 6, 2025 by [REDACTED], PCHA. [REDACTED], PCHA, will review [REDACTED] chart for the next four weeks and should any behavioral issues be noted will work with [REDACTED] to notify [REDACTED], Psychiatrist.

Licensee's Proposed Overall Completion Date: 11/28/2025

Implemented [REDACTED] 11/25/2025)