

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

December 10, 2025

[REDACTED]
LECOM AT ELMWOOD GARDENS LLC
[REDACTED]

RE: PARKSIDE AT ELMWOOD
2628 ELMWOOD AVENUE
ERIE, PA, 16508
LICENSE/COC#: 45593

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/01/2025, 10/27/2025 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: PARKSIDE AT ELMWOOD License #: 45593 License Expiration: 06/04/2026
 Address: 2628 ELMWOOD AVENUE, ERIE, PA 16508
 County: ERIE Region: WESTERN

Administrator

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

Legal Entity

Name: LECOM AT ELMWOOD GARDENS LLC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-1 Date: 04/03/1967 Issued By: Dept. of Labor & Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 18 Waking Staff: 14

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Renewal, Complaint Exit Conference Date: 10/27/2025

Inspection Dates and Department Representative

10/01/2025 - On-Site: [REDACTED]
 10/27/2025 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 35 Residents Served: 18
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 0
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 18
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 0 Have Physical Disability: 1

Inspections / Reviews

10/01/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/28/2025

Inspections / Reviews (*continued*)

12/10/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/10/2025

Reviewer: [REDACTED]

Follow Up Type: *Bypass Document
Submission*

12/10/2025 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/10/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

60a Staff/Support Plan

1. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

On [REDACTED] there were 10 residents in the home and 1 staff member for the actual fire event at 10:25p.m. The home's fire drill logs indicate multiple exit routes were used, South & East South Stairs, however there was only 1 staff member involved in the fire event. There was not a sufficient number of staff present to allow the home to account for the number of residents in each area and to ensure that residents needs are met.

On [REDACTED], there were 10 residents in the home and 1 staff member for the fire drill at 5:05 a.m. The home's fire drill logs indicate multiple exit routes were used, South & East North Stairs, however there was only 1 staff member involved in the fire drill. There was not a sufficient number of staff present to allow the home to account for the number of residents in each area and to ensure that residents needs are met.

Plan of Correction

Accept ([REDACTED] - 12/10/2025)

All staff and residents were relocated to other facilities due to major renovations and updates. When regaining operation, the administrator will ensure the facility will have adequate staffing on duty to meet the needs of the residents as specified in the resident's assessment and support plan. The administrator will audit PPD daily for 2 weeks then weekly for 1 month then monthly thereafter.

Licensee's Proposed Overall Completion Date: 11/26/2025

Implemented ([REDACTED] - 12/10/2025)

65f Training Topics

2. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

- 2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- 5. Personal care service needs of the resident.

Description of Violation

Direct care staff person A did not receive training in Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan during training year 2024.

Plan of Correction

Accept ([REDACTED] - 12/10/2025)

All staff and residents were relocated to other facilities due to major renovations and updates. When regaining operation, the administrator will ensure that all direct care staff have required annual training. Administrator will audit all staff training monthly for 3 months then quarterly thereafter.

Licensee's Proposed Overall Completion Date: 11/26/2025

Implemented ([REDACTED] - 12/10/2025)

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.
5. Falls and accident prevention.

Description of Violation

Staff persons A and B did not receive training in 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 during training year 2024.

Staff person B did not receive training in Emergency preparedness procedures and recognition and response to crisis and emergency situations during training year 2024.

Staff persons A and B did not receive training in Resident rights during training year 2024.

Staff persons A and B did not receive training in Falls and accident prevention during training year 2024.

Plan of Correction

Accept (█ - 12/10/2025)

All staff and residents were relocated to other facilities due to major renovations and updates. When regaining operation, the administrator will ensure that all direct care staff have required annual training. Administrator will audit all staff training monthly for 3 months then quarterly thereafter.

Licensee's Proposed Overall Completion Date: 11/26/2025

Implemented (█ - 12/10/2025)

88a - Surfaces

4. 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

Tiles were missing from the walls, exposing mortar around the bathtub area, and the floor under the shower was collapsing in the Rosewood hallway common bathroom.

Plan of Correction

Accept (█ - 12/10/2025)

All staff and residents were relocated to other facilities due to major renovations and updates. When regaining operation, administrator will inspect weekly for 1 month, bi-weekly for 1 month then monthly thereafter to ensure all floors, walls ceiling, windows, doors and other surfaces are clean and in good repair and free from hazards.

Licensee's Proposed Overall Completion Date: 11/26/2025

88a Surfaces (continued)

Implemented [redacted] - 12/10/2025)

102d Grab/Hand/Assist Bar/Slip Resistant Surface

5. Requirements

2600.

102.d. Toilet and bath areas must have grab bars, hand rails or assist bars. Bathtubs and showers must have slip resistant surfaces.

Description of Violation

There is no grab bar, hand rail or assist bar in the common bathroom of the Rosewood hall.

Plan of Correction

Accept [redacted] - 12/10/2025)

All staff and residents were relocated to other facilities due to major renovations and updates. When regaining operation, administrator will inspect all toilet and bath areas weekly for 1 month, bi-weekly for 1 month then monthly thereafter to ensure they all have grab bars, handrails or assist bars and bathtubs and showers have slip resistant surfaces that are all clean and in good repair.

Licensee's Proposed Overall Completion Date: 11/26/2025

Implemented [redacted] - 12/10/2025)

132b Safety Inspection/Fire Drill

6. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The home did not have an annual fire drill observed by a fire safety expert in 2024.

Plan of Correction

Accept [redacted] - 12/10/2025)

All staff and residents were relocated to other facilities due to major renovations and updates. When regaining operation, the administrator will ensure fire safety inspection and fire drill will be conducted annually by a fire safety expert. Administrator will audit fire drill log first Wednesday of each month for 6 months then quarterly thereafter. Attached is current fire drill with fire department conducted on 10/27/2025.

Licensee's Proposed Overall Completion Date: 11/26/2025

Implemented [redacted] - 12/10/2025)

132d Evacuation

7. Requirements

2600.

132d - Evacuation (continued)

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home does not have documentation of the internal fire safe areas as designated by a fire safety expert.

Plan of Correction

Accept [redacted] - 12/10/2025)

All staff and residents were relocated to other facilities due to major renovations and updates. The administrator will contact fire safety expert for written documentation of the internal fire safe designated areas.

Licensee's Proposed Overall Completion Date: 12/05/2025

Implemented ([redacted] - 12/10/2025)

141a 1-10 Medical Evaluation Information

8. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident [redacted] initial medical evaluation, dated [redacted], did not indicate the resident's height, weight, pulse rate, blood pressure, or temperature.

Plan of Correction

Accept [redacted] 12/10/2025)

All staff and residents were relocated to other facilities due to major renovations and updates. When regaining operation, the administrator will work with the physician to have all fields of the DME complete and accurate. Administrator will audit as DME is received.

Licensee's Proposed Overall Completion Date: 11/26/2025

Implemented [redacted] - 12/10/2025)

141b1 - Annual Medical Evaluation

9. Requirements

141b1 Annual Medical Evaluation (continued)

2600.

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

Description of Violation

Resident [redacted] annual medical evaluation, dated [redacted], does not include a determination that the resident's needs can be met safely at the Personal Care Home.

Plan of Correction

Accept [redacted] - 12/10/2025)

All staff and residents were relocated to other facilities due to major renovations and updates. When regaining operation, the administrator will work with the physician to have all fields of the DME complete and accurate. Administrator will audit as DME is received.

Licensee's Proposed Overall Completion Date: 11/26/2025

Implemented [redacted] - 12/10/2025)

182b Prescription Medication

10. Requirements

2600.

182.b. Prescription medication that is not self administered by a resident shall be administered by one of the following:

Description of Violation

At 9:00 p.m. on [redacted], and [redacted], staff person A administered Insulin to resident [redacted]. Staff person A is not a physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse, licensed paramedic, a graduate of an approved nursing program, a student nurse of an approved nursing program, or a staff person who has completed the Department-approved medication administration training program.

Plan of Correction

Accept [redacted] - 12/10/2025)

All staff and residents were relocated to other facilities due to major renovations and updates. When regaining operation, staff person A medication administration training program was completed on 2/21/2023 attached is supportive documents.

Licensee's Proposed Overall Completion Date: 11/26/2025

Implemented [redacted] - 12/10/2025)

183d Prescription Current

11. 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

On [redacted], take 1 tablet by mouth at bedtime as needed, prescribed for resident [redacted] was on the home's medication cart; however, this medication was not included on the resident's MAR and there was no current order for this medication.

183d - Prescription Current (continued)

Plan of Correction

Accept [REDACTED] - 12/10/2025)

All staff and residents were relocated to other facilities due to major renovations and updates. When regaining operation, the administrator and the Med Tech will audit the medication carts weekly for 1 month bi-weekly for 1 month then monthly thereafter to ensure that medications that are not prescribed of have been discontinued are removed and properly disposed of.

Licensee's Proposed Overall Completion Date: 11/26/2025

Implemented [REDACTED] - 12/10/2025)

184a - Resident's Meds Labeled

12. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

Resident [REDACTED] is prescribed [REDACTED], give 1 tablet by mouth 3 times a day for HTN; however, the pharmacy label indicates [REDACTED], give 2 tablets by mouth 3 times daily.

Plan of Correction

Accept [REDACTED] - 12/10/2025)

All staff and residents were relocated to other facilities due to major renovations and updates. When regaining operation, the administrator and the Med Tech will audit the medication carts weekly for 1 month bi-weekly for 1 month then monthly thereafter to ensure that the original container for prescription medication labeled with the pharmacy match the MAR.

Licensee's Proposed Overall Completion Date: 11/26/2025

Implemented [REDACTED] - 12/10/2025)

185a - Implement Storage Procedures

13. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

On [REDACTED] at 7:09 a.m., resident [REDACTED] level was [REDACTED] however, the resident's September 2025 medication administration record indicated the resident's blood glucose level was [REDACTED]

On [REDACTED] at 10:50 a.m., resident [REDACTED] level was [REDACTED] however, the resident's September 2025 medication administration record indicated the resident's blood glucose level was [REDACTED]

On [REDACTED] at 4:05 p.m., resident [REDACTED] level was [REDACTED]; however, the resident's September 2025 medication administration record indicated the resident's blood glucose level was [REDACTED]

On [REDACTED] at 3:27 p.m., resident [REDACTED]'s [REDACTED] level was [REDACTED]; however, the resident's September 2025 medication administration record indicated the resident's blood glucose level was [REDACTED]

185a Implement Storage Procedures (continued)

Plan of Correction

Accept [REDACTED] - 12/10/2025)

All staff and residents were relocated to other facilities due to major renovations and updates. When regaining operation, the administrator will have staff re educated by Medication Administration train the trainer on proper and accurate documentation techniques. The administrator and the Med Tech will audit the MARS for proper documentation, weekly for 1 month bi weekly for 1 month then monthly thereafter.

Licensee's Proposed Overall Completion Date: 11/26/2025

Implemented [REDACTED] - 12/10/2025)

187d - Follow Prescriber's Orders

14. Requirements

2600.

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

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] instill 1 drop into both eyes at bedtime for [REDACTED]. However, this medication was not administered to resident [REDACTED] on [REDACTED] through [REDACTED] because the medication was not available in the home.

Plan of Correction

Accept [REDACTED] - 12/10/2025)

All staff and residents were relocated to other facilities due to major renovations and updates. When regaining operation, the administrator and the Med Tech will audit the medication carts weekly for 1 month bi weekly for 1 month then monthly thereafter to ensure that all medications prescribed are ordered and available as prescribed.

Licensee's Proposed Overall Completion Date: 11/26/2025

Implemented [REDACTED] - 12/10/2025)

225a - Assessment 15 Days

15. 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 [REDACTED] was admitted on [REDACTED] however, the resident's initial assessment was undated.

An assessment was not completed for resident [REDACTED], who was admitted to the home on [REDACTED].

Plan of Correction

Accept [REDACTED] - 12/10/2025)

All staff and residents were relocated to other facilities due to major renovations and updates. When regaining

225a - Assessment 15 Days (continued)

operation, the administrator will ensure all assessment are completed within 15 days of admission. administrator will review upcoming deadlines at least twice weekly to ensure timely completion for 3 months then a weekly report for all assessments due within the next 30 days thereafter.

Licensee's Proposed Overall Completion Date: 11/26/2025

Implemented [redacted] - 12/10/2025)

227a - Support Plan 30 Days

16. Requirements

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

The initial support plan was undated for resident [redacted] who was admitted to the home on [redacted]

An initial support plan was not completed for resident [redacted], who was admitted to the home on [redacted]

Plan of Correction

Accept [redacted] 12/10/2025)

All staff and residents were relocated to other facilities due to major renovations and updates. When regaining operation, the administrator will ensure all support plans are developed and implemented within 30 days of admission. administrator will review upcoming deadlines at least twice weekly to ensure timely completion for 3 months then a weekly report for all support plans due within the next 30 days thereafter.

Licensee's Proposed Overall Completion Date: 11/26/2025

Implemented [redacted] - 12/10/2025)