

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

April 8, 2026

[REDACTED]  
INTEGRACARE ERIE LLC  
[REDACTED]

C/O INTEGRACARE CORP  
[REDACTED]

RE: THE RESIDENCE AT PRESQUE ISLE  
BAY  
1012 WEST BAYFRONT PARKWAY  
ERIE, PA, 16507  
LICENSE/COC#: 45350

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/22/2025, 01/05/2026 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: THE RESIDENCE AT PRESQUE ISLE BAY License #: 45350 License Expiration: 07/14/2026
Address: 1012 WEST BAYFRONT PARKWAY, ERIE, PA 16507
County: ERIE Region: WESTERN

Administrator

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

Legal Entity

Name: INTEGRACARE ERIE LLC
Address: [Redacted]
Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Type: I-2 Date: 09/02/2010 Issued By: City of Erie

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 91 Waking Staff: 68

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Complaint, Incident Exit Conference Date: 01/02/2026

Inspection Dates and Department Representative

12/22/2025 - On-Site: [Redacted]
01/05/2026 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: 138 Residents Served: 68
Secured Dementia Care Unit
In Home: Yes Area: 1st Floor Capacity: 22 Residents Served: 14
Hospice
Current Residents: 6
Number of Residents Who:
Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 68
Diagnosed with Mental Illness: 11 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 23 Have Physical Disability: 0

Inspections / Reviews

12/22/2025 Partial
Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 02/23/2026
03/03/2026 - POC Submission
Submitted By: [Redacted] Date Submitted: 03/24/2026
Reviewer: [Redacted] Follow-Up Type: Document Submission Follow-Up Date: 03/24/2026

Inspections / Reviews *(continued)*

04/08/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/24/2026

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

Resident [redacted] was admitted to the Secure Dementia Care Unit on [redacted] with a diagnosis of moderately severe [redacted] with altered mental status. On [redacted] at approximately 7:10 PM, resident [redacted] struck resident [redacted] across the cheek with sufficient force to be heard approximately 40 feet down the hallway, leaving a visible red handprint on resident [redacted] face. During the same incident, resident [redacted] was standing in [redacted] doorway when Resident [redacted] grabbed Resident [redacted]s walker. When Resident [redacted] raised [redacted] arm, resident [redacted] struck resident [redacted] in the nose. Resident [redacted]s nose was observed to be red and congested following the incident.

Additionally, on [redacted] at approximately 6:00 PM, resident [redacted] was observed grabbing resident [redacted] by both the upper and lower arm, grabbing and shaking [redacted] neck, and slapping [redacted] in the face until Staff Person D intervened. A gripping imprint was observed on resident [redacted]s arm; however, no bruising was noted at the time. A red mark was observed by Staff Person C on resident [redacted]s face. During the same incident on [redacted] resident [redacted] grabbed the arm of resident [redacted], leaving a red mark on [redacted] arm. Resident [redacted] was observed to be very upset, crying, pacing anxiously, and remaining in [redacted] bedroom for an extended period following the incident, stating [redacted] was scared to leave [redacted] room.

Plan of Correction

Accept [redacted] - 03/03/2026)

1. Violation of 2600.42.b

Violation Description

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

**42b - Abuse (continued)**

Details: Resident [REDACTED] was admitted to the Secure Dementia Care Unit on [REDACTED] with a diagnosis of moderately severe [REDACTED] with altered mental status. On [REDACTED] at approximately 7:10 PM, resident [REDACTED] struck resident [REDACTED] across the cheek with sufficient force to be heard approximately 40 feet down the hallway, leaving a visible red handprint on resident [REDACTED]'s face. During the same incident, resident #4 was standing in [REDACTED] doorway when Resident [REDACTED] grabbed Resident #4's walker. When Resident #4 raised [REDACTED] arm, resident [REDACTED] struck resident #4 in the nose. Resident #4's nose was observed to be red and congested following the incident. Additionally, on [REDACTED] at approximately 6:00 PM, resident [REDACTED] was observed grabbing resident [REDACTED] by both the upper and lower arm, grabbing and shaking [REDACTED] neck, and slapping [REDACTED] in the face until Staff Person D intervened. A gripping imprint was observed on resident [REDACTED]'s arm; however, no bruising was noted at the time. A red mark was observed by Staff Person C on resident [REDACTED]'s face. During the same incident on [REDACTED], resident [REDACTED] grabbed the arm of resident #3, leaving a red mark on [REDACTED] arm. Resident #3 was observed to be very upset, crying, pacing anxiously, and remaining in [REDACTED] bedroom for an extended period following the incident, stating [REDACTED] was scared to leave [REDACTED] room.

**Short Term Actions****1. Immediate Resident Safety Assurance**

1.1 Action Plan: Ensure all residents are safe and protected from further harm or abuse.

**1.2 Steps:**

- No Immediate action can be taken due to the relocation of Resident [REDACTED] to another facility. Move out date was 12/20/25

1.3 Responsible Party: Executive Operations Officer or designee

1.4 Time line: 12/20/25

**2. Staff Training and Response Enhancement**

2.1 Action Plan: Equip staff with the skills to recognize, respond, and de-escalate aggressive behaviors effectively.

**2.2 Steps:**

- Implement a training session focused on recognizing signs of aggression and de-escalation techniques with the current wellness team.
- Review and reinforce the facility's protocol on handling aggressive behaviors regularly with all staff members.
- Documentation to be kept on file.

2.3 Responsible Party: Resident Wellness Director (or designee)

2.4 Time line: 2/27/26

**3. Incident Documentation and Immediate Investigation**

3.1 Action Plan: Ensure thorough documentation and investigation of the incident to prevent recurrence.

**3.2 Steps:**

- Document any resident incidents comprehensively, including witness statements and any physical evidence.
- Conduct training with all MAs and LPNs on the proper documentation process and reporting timeframe in accordance with DHS 2600 regulations for a personal care home.
- Documentation to be kept on file.

3.3 Responsible Party: Resident Wellness Director(or designee)

3.4 Time line: 2/27/26

**Licensee's Proposed Overall Completion Date: 02/27/2026**

## 42b - Abuse (continued)

Implemented [REDACTED] 04/08/2026)

## 88a - Surfaces

## 2. 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 [REDACTED], at approximately 8:30 PM, a sprinkler system malfunction occurred in the ceiling above the Florida Room on the 3rd floor, resulting in a pipe burst and significant water damage to multiple areas of the facility. As of [REDACTED], the home failed to maintain the physical site in good repair and free from hazards, as evidenced by the following:

Ceiling panels in the Primary Kitchen had been removed due to water damage and had not been replaced.

Resident Room [REDACTED] sustained extensive water damage and required complete demolition to the studs.

The bathroom ceiling in Resident Room [REDACTED] had been removed due to water damage and had not been replaced.

Baseboards in Resident Rooms [REDACTED] and [REDACTED] were unattached and had not been reinstalled.

The Florida Room on the 3rd floor required full demolition and replacement due to severe water damage.

**Plan of Correction**

Accept [REDACTED] - 03/03/2026)

2. Violation of 2600.88.a

*Violation Description*

*Code Definition: Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.*

*Details: On December 10, 2025, at approximately 8:30 PM, a sprinkler system malfunction occurred in the ceiling above the Florida Room on the 3rd floor, resulting in a pipe burst and significant water damage to multiple areas of the facility. As of January 5, 2026, the home failed to maintain the physical site in good repair and free from hazards, as evidenced by the following: Ceiling panels in the Primary Kitchen had been removed due to water damage and had not been replaced. Resident Room 222 sustained extensive water damage and required complete demolition to the studs. The bathroom ceiling in Resident Room 221 had been removed due to water damage and had not been replaced. Baseboards in Resident Rooms 321 and 322 were unattached and had not been reinstalled. The Florida Room on the 3rd floor required full demolition and replacement due to severe water damage.*

*Short Term Actions*

## 1. Immediate Repair and Securing of Damaged Areas

1.1 Action Plan: Ensure resident and staff safety by immediately repairing and securing water-damaged areas.

## 1.2 Steps:

- Assess the extent of water damage in all affected rooms including Primary Kitchen, Resident Rooms 221, 222, 321, 322, and the Florida Room.
- Contract repair services to begin immediate repair and replacement of damaged ceilings, walls, and floors in affected areas.
- Ensure all affected resident rooms are secured and residents are safely relocated until repairs are completed.

1.3 Responsible Party: Safety and Maintenance Engineer or designee

1.4 Time line: 2/23/26

**88a - Surfaces (continued)****2. Comprehensive Inspection and Documentation**

2.1 Action Plan: Document all damages and outline a repair timeline to prevent recurrence.

**2.2 Steps:**

- Conduct a thorough inspection of all damages throughout the facility.
- Create detailed documentation, including photographs, of all affected areas.
- Develop a comprehensive repair timeline and communicate it to affected residents.

2.3 Responsible Party: Safety and Maintenance Engineer(or designee)

2.4 Time line: 2/27/26

**Long Term Actions****1. Implement Preventative Maintenance Program**

1.1 Action Plan: Prevent future occurrences of similar hazards and damages.

**1.2 Steps:**

- Review current maintenance schedules and practices for sprinkler systems and building infrastructure.
- Develop a preventative maintenance program with scheduled checks and timely repairs of the building's infrastructure.
- Conduct training sessions for Safety and Maintenance Engineer to ensure proactive identification and resolution of potential hazards.

1.3 Responsible Party: Executive Operations Officer(or designee)

1.4 Time line: 2/27/26

**2. Enhance Staff Training and Communication Protocols**

2.1 Action Plan: Improve staff response and communication in the event of facility hazards or emergencies.

**2.2 Steps:**

- Conduct a review of existing emergency protocols related to facility hazards.
- Develop training programs for staff covering emergency response to building-related hazards.
- Implement regular drills and communication updates to ensure all staff understand and can execute emergency procedures efficiently.

2.3 Responsible Party: Safety and Maintenance Engineer(or designee)

2.4 Time line: 2/27/26

**Licensee's Proposed Overall Completion Date: 02/27/2026**

**Implemented (██████ 04/08/2026)**

**201 - Positive Interventions****3. Requirements**

2600.

201. Safe Management Techniques - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

**Description of Violation**

Resident ██████ was admitted to the Secure Dementia Care Unit on ██████ with a diagnosis of moderately severe ██████ with altered mental status. On ██████ at approximately 7:10 PM, resident ██████ struck resident ██████

**201 - Positive Interventions (continued)**

across the cheek with sufficient force to be heard approximately 40 feet down the hallway, leaving a visible red handprint on resident [REDACTED]'s face. During the same incident, resident #4 was standing in [REDACTED] doorway when Resident [REDACTED] grabbed Resident #4's walker. When Resident #4 raised [REDACTED] arm, resident [REDACTED] struck resident #4 in the nose. Resident #4's nose was observed to be red and congested following the incident.

Additionally, on [REDACTED] at approximately 6:00 PM, resident [REDACTED] was observed grabbing resident [REDACTED] by both the upper and lower arm, grabbing and shaking [REDACTED] neck, and slapping [REDACTED] in the face until Staff Person D intervened. A gripping imprint was observed on resident [REDACTED]'s arm; however, no bruising was noted at the time. A red mark was observed by Staff Person C on resident [REDACTED]'s face. During the same incident on [REDACTED], resident [REDACTED] grabbed the arm of resident #3, leaving a red mark on [REDACTED] arm. Resident #3 was observed to be very upset, crying, pacing anxiously, and remaining in [REDACTED] bedroom for an extended period following the incident, stating [REDACTED] was scared to leave [REDACTED] room.

The home did not implement sufficient positive interventions to modify or eliminate the physically aggressive behaviors of resident [REDACTED]

**Plan of Correction**

Accept [REDACTED] - 03/03/2026)

**3. Violation of 2600.201****Violation Description**

*Code Definition: The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself or others.*

## 201 Positive Interventions (continued)

Details: Resident [REDACTED] was admitted to the Secure Dementia Care Unit on 9/9/25 with a diagnosis of moderately severe [REDACTED] with altered mental status. On 11/8/25 at approximately 7:10 PM, resident [REDACTED] struck resident [REDACTED] across the cheek with sufficient force to be heard approximately 40 feet down the hallway, leaving a visible red handprint on resident [REDACTED]'s face. During the same incident, resident #4 was standing in [REDACTED] doorway when Resident [REDACTED] grabbed Resident #4's walker. When Resident #4 raised [REDACTED] arm, resident [REDACTED] struck resident #4 in the nose. Resident #4's nose was observed to be red and congested following the incident. Additionally, on 11/30/25 at approximately 6:00 PM, resident [REDACTED] was observed grabbing resident [REDACTED] by both the upper and lower arm, grabbing and shaking [REDACTED] neck, and slapping [REDACTED] in the face until Staff Person D intervened. A gripping imprint was observed on resident [REDACTED]'s arm; however, no bruising was noted at the time. A red mark was observed by Staff Person C on resident [REDACTED]'s face. During the same incident on 11/30/25, resident [REDACTED] grabbed the arm of resident #3, leaving a red mark on [REDACTED] arm. Resident #3 was observed to be very upset, crying, pacing anxiously, and remaining in [REDACTED] bedroom for an extended period following the incident, stating [REDACTED] was scared to leave [REDACTED] room. The home did not implement sufficient positive interventions to modify or eliminate the physically aggressive behaviors of resident [REDACTED].

### Short Term Actions

#### 1. Immediate Behavior Management

1.1 Action Plan: To immediately address and mitigate the aggressive behaviors exhibited by Resident [REDACTED]

#### 1.2 Steps:

- No Immediate action can be taken due to the relocation of Resident [REDACTED] to another facility. Move out date was 12/20/25

1.3 Responsible Party: Executive Operations Officer or designee

1.4 Time line: 12/20/25

#### 2. Staff Training on Positive Behavioral Interventions

2.1 Action Plan: Ensure all staff are equipped with techniques for positive intervention to manage aggressive behaviors.

#### 2.2 Steps:

- Organize a mandatory training session on positive behavioral interventions and aggression de escalation techniques for all wellness staff members.
- Distribute training materials and guidelines to staff members to reinforce learning.
- Documentation to be kept on file.

2.3 Responsible Party: Resident Wellness Director(or designee)

2.4 Time line: 2/27/26

#### 3. Incident Review and Communication Improvement

3.1 Action Plan: Strengthen communication channels and procedures to address and report incidents promptly.

#### 3.2 Steps:

- Conduct training to review the incidents and identify areas needing immediate changes with the Resident Wellness Director.
- Implement a reporting procedure that ensures timely communication of incidents to all relevant parties.
- Update all care plans for residents involved to reflect current conditions and strategies.

3.3 Responsible Party: Executive Operations Officer(or designee)

**201 Positive Interventions (continued)**

3.4 Time line: 2/27/26

Licensee's Proposed Overall Completion Date: 02/27/2026

Implemented [REDACTED] - 04/08/2026)

**223a - Description of Service****4. Requirements**

2600.

223.a. The home shall have a current written description of services and activities that the home provides including the following:

1. The scope and general description of the services and activities that the home provides.
2. The criteria for admission and discharge.
3. Specific services that the home does not provide, but will arrange or coordinate.

**Description of Violation**

The facility's Description of Services, effective [REDACTED], states: "We do not knowingly accept residents who are dangerous to themselves or others, or a resident who is at high risk for health or safety complications which cannot be adequately and safely managed in our less restrictive environments." Despite this stated limitation, the home admitted and retained Resident [REDACTED] whose [REDACTED] identified the resident as being at risk of injury to self and others.

**Plan of Correction**

Accept [REDACTED] - 03/03/2026)

**4. Violation of 2600.223.a****Violation Description**

*Code Definition:* The home shall have a current written description of services and activities that the home provides, including: the scope and general description of the services and activities that the home provides; the criteria for admission and discharge; and specific services that the home does not provide but will arrange or coordinate.

*Details:* The facility's Description of Services, effective April 1, 2025, states: "We do not knowingly accept residents who are dangerous to themselves or others, or a resident who is at high risk for health or safety complications which cannot be adequately and safely managed in our less restrictive environments." Despite this stated limitation, the home admitted and retained Resident [REDACTED] whose Neurological Evaluation identified the resident as being at risk of injury to self and others.

**Short Term Actions****1. Immediate Assessment and Adjustment**

1.1 Action Plan: Ensure immediate safety and proper placement of Resident [REDACTED] based on their risk assessment.

**1.2 Steps:**

· No Immediate action can be taken due to the relocation of Resident [REDACTED] to another facility. Move out date was 12/20/25

1.3 Responsible Party: Executive Operations Officer(or designee)

1.4 Time line: 12/20/25

**223a Description of Service (continued)***2. Policy Review and Staff Training*

*2.1 Action Plan: Align staff understanding and facility practices with the described scope of services and admissions criteria.*

*2.2 Steps:*

- *Conduct training sessions for all wellness staff, emphasizing understanding and adherence to service description and criteria.*

*2.3 Responsible Party: Resident Wellness Director(or designee)*

*2.4 Time line: 2/27/26*

*Long Term Actions**1. Enhanced Admission Procedure*

*1.1 Action Plan: Improve the admission procedure to prevent future non compliance with service descriptions.*

*1.2 Steps:*

- *Develop a comprehensive list of criteria and risk factors that would preclude admission or necessitate discharge.*
- *Implement a structured, multi disciplinary admission to review potential residents, focusing on compliance with updated criteria.*
- *Establish periodic reviews of admitted residents to ensure continued compliance with policies and safety standards.*
- *Document and archive all admission and retention decisions to provide clear records.*

*1.3 Responsible Party: Community Relations Director(or designee)*

*1.4 Time line: 2/27/26*

*2. Ongoing Compliance Monitoring*

*2.1 Action Plan: Maintain adherence to service descriptions and improve facility wide compliance with regulations.*

*2.2 Steps:*

- *Conduct regular reviews to ensure that admissions and retention criteria are consistent with the documented Description of Services.*
- *Conduct training with the Community Relations Director on admissions procedures as well as criteria for appropriate residents.*

*2.3 Responsible Party: Executive Operations Officer(or designee)*

*2.4 Time line: 2/27/26*

**Licensee's Proposed Overall Completion Date: 02/27/2026**

**Implemented [REDACTED] - 04/08/2026)**

**225c - Additional Assessment****5. Requirements**

2600.

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

1. Annually.

225c - Additional Assessment (*continued*)

2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

**Description of Violation**

Resident [REDACTED]'s most recent assessment dated [REDACTED], does not include that the resident is at risk for injury to himself and others as indicated in Resident's [REDACTED], dated [REDACTED].

**Plan of Correction**

Accept [REDACTED] - 03/03/2026)

5. Violation of 2600.225.c

*Violation Description*

*Code Definition: The resident shall have additional assessments annually, if there is a significant change in condition prior to the annual assessment, or at the request of the Department if an update is believed to be required.*

*Details: Resident [REDACTED]'s most recent assessment dated 12/7/25, does not include that the resident is at risk for injury to himself and others as indicated in Resident's [REDACTED] Neurological Evaluation, dated 9/8/25.*

*Short Term Actions**1. Immediate Assessment Update*

*1.1 Action Plan: Ensure Resident [REDACTED]'s assessment is accurate and reflects current condition.*

*1.2 Steps:*

*· No Immediate action can be taken due to the relocation of Resident [REDACTED] to another facility. Move out date was 12/20/25*

*1.3 Responsible Party: Executive Operations Officer or designee*

*1.4 Time line: 12/20/25*

*2. Staff Training on Assessment Updates*

*2.1 Action Plan: Ensure all staff understand the importance of timely assessment updates.*

*2.2 Steps:*

*· Conduct a training session for the Resident Wellness Director on the procedure for updating resident assessments when new information presents.*

*· Encourage staff to report observed changes in resident conditions immediately for assessment review.*

*2.3 Responsible Party: Executive Operations Officer(or designee)*

*2.4 Time line: 2/27/26*

*Long Term Actions**1. Regular Assessment Audits*

*1.1 Action Plan: Maintain up-to-date and accurate resident assessments.*

*1.2 Steps:*

*· Develop an audit schedule to regularly review resident assessments for accuracy and completeness.*

*· Use audit outcomes to identify training needs and improvements.*

*· Report and update all care plans from audit results.*

*· Review quarterly or when a significant change occurs.*

*1.3 Responsible Party: Resident Wellness Director(or designee)*

*1.4 Time line: 3/13/26*

225c Additional Assessment (continued)

Licensee's Proposed Overall Completion Date: 03/13/2026

Implemented [REDACTED] - 04/08/2026)