

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

March 23, 2026

[REDACTED], GENERAL COUNSEL  
ASBURY ATLANTIC INC  
2323 EDINBORO ROAD  
ERIE, PA, 16509

RE: SPRINGHILL SENIOR LIVING  
COMMUNITY  
2323 EDINBORO ROAD  
ERIE, PA, 16509  
LICENSE/COC#: 42555

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/29/2026 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: *SPRINGHILL SENIOR LIVING COMMUNITY* License #: *42555* License Expiration: *02/28/2027*  
 Address: *2323 EDINBORO ROAD, ERIE, PA 16509*  
 County: *ERIE* Region: *WESTERN*

**Administrator**

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

**Legal Entity**

Name: *ASBURY ATLANTIC INC*  
 Address: *2323 EDINBORO ROAD, ERIE, PA, 16509*  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *10/04/1990* Issued By: *D&L*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *39* Waking Staff: *29*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *01/29/2026*

**Inspection Dates and Department Representative**

01/29/2026 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *44* Residents Served: *33*

**Secured Dementia Care Unit**

In Home: *No* Area: Capacity: Residents Served:

**Hospice**

Current Residents: *1*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *33*  
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *6* Have Physical Disability: *0*

**Inspections / Reviews**

**01/29/2026 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/21/2026*

**02/23/2026 - POC Submission**

Submitted By: [REDACTED] Date Submitted: *03/20/2026*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/03/2026*

Inspections / Reviews *(continued)*

02/24/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/20/2026

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 03/21/2026

03/23/2026 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/20/2026

Reviewer: [REDACTED]

Follow-Up Type: Not Required

103c - Food Protected

2. Requirements

2600.

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

Description of Violation

At 11:13 a.m., there was a 1/3 full container of uncovered blueberries approximately located in the home's central refrigeration / kohler unit.

Plan of Correction

Accept ( [REDACTED] ) - 02/24/2026)

The blueberries in the central refrigeration/kohler unit were covered on 1/29/26 following the kitchen tour.

Dietary staff members will receive education from the Director of Dining on proper storage of food items under refrigeration. This will be completed by 3/1/26.

The Dietary manager or designee will audit the facility's refrigerators for uncovered items twice daily for two weeks, daily for four weeks and then weekly to monitor compliance. The monitoring tool will be reviewed by the Director of Dining for compliance. The monitoring tool will be reviewed at the quarterly Quality Assurance meeting.

Licensee's Proposed Overall Completion Date: 03/17/2026

Implemented ( [REDACTED] ) - 03/23/2026)

103d - Storing Food Off Floor

3. Requirements

2600.

103.d. Food shall be stored off the floor.

Description of Violation

At 11:08 a.m., there were multiple boxes making direct contact with the floor of the home's walk-in freezer, to include a box of diced carrots and a 5-gallon container of Hershey's Premium Ice Cream.

Plan of Correction

Accept ( [REDACTED] ) - 02/24/2026)

The boxes that were on the floor in the walk-in freezer were put away on 1/29/26 following the kitchen tour.

Dietary staff members will receive education from the Director of Dining on the importance of not storing items on the floor and putting new deliveries away onto shelves by 3/1/2026.

The Dietary manager or designee will audit the facility's walk-in freezer to ensure there are not items on the floor twice daily for two weeks, daily for four weeks and then weekly to monitor compliance. The monitoring tool will be reviewed by the Director of Dining for compliance. The monitoring tool will be reviewed at the quarterly Quality Assurance meeting.

Licensee's Proposed Overall Completion Date: 03/17/2026

Implemented ( [REDACTED] ) - 03/23/2026)

103i - Outdated Food

4. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

103i - Outdated Food (continued)

Description of Violation

At 11:04 a.m., there was a dented can of Chicken of the Sea Chunk Lite Tuna, located in the main kitchen's dry food storage area.

Plan of Correction

Accept ( ) - 02/24/2026)

The dented can of tuna was disposed of on 1/29/2026 following the kitchen tour.

Dietary staff members will receive education from the Director of Dining on the importance of not using dented cans by 3/1/2026.

The Dietary manager or designee will audit the facility's storeroom for dented cans twice daily for two weeks, daily for four weeks and then weekly to monitor compliance. The monitoring tool will be reviewed by the Director of Dining for compliance. The monitoring tool will be reviewed at the quarterly Quality Assurance meeting.

Licensee's Proposed Overall Completion Date: 03/17/2026

Implemented ( ) - 03/23/2026)

185a - Implement Storage Procedures

6. 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

Resident #1 was prescribed Insulin Lispro 100 unit/ml inject as per sliding scale: if 201 – 250 = 2 units if blood glucose sugar are consistently less than 70 or greater than 250, notify provider and administer insulin per sliding scale as, 251 – 300 = 4 units, 301 – 350 = 6 units, 351 – 400 = 8 units, 401 – 450 = 10 units, if greater than 451 call md. There were multiple blood glucose readings indicated on the resident's January 2026, Medication Administration Record to include blood glucose readings on 1/2/26, of 106, 1/2/26, of 160, and on 1/3/26, of 138. However, these blood glucose measurements are not indicated on the resident's Dexcom Glucometer.

Plan of Correction

Accept ( ) - 02/24/2026)

The log for Resident #1's Dexcom Glucometer was downloaded and shown to the surveyors prior to exit on 1/29/2026.

Resident #1's log will now be downloaded every two weeks beginning 1/29/2026 so that it is available for comparison to the MAR. The log for one other resident with a Dexcom has also been downloaded and placed on the chart on 1/30/2026.

For any new admissions with a continuous blood glucose meter (CBGM), the LPN supervisor will gain access to the resident's CBGM and regularly download the logs every two weeks. Upon downloading, the LPN supervisor will compare 10 values to the CBGM logs to ensure that the CBGM readings match the MAR. This will be reviewed at the quarterly Quality Assurance meeting.

Licensee's Proposed Overall Completion Date: 03/17/2026

Implemented ( ) - 03/23/2026)

224a - Preadmission Screen Form

7. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #2's pre-admission screening, dated [REDACTED], is incomplete, part III: Determination is blank.

Plan of Correction

Accept ([REDACTED] - 02/24/2026)

The Preadmission Screening for Resident #2 was updated on 1/30/26.

The Preadmission Screen was reviewed by the Director of Health Services and LPN supervisor, the two individuals who complete the screening, on 1/30/2026.

The LPN Clinical Coordinator or designee will check the Preadmission Screening for all new admissions to OakView prior to their move-in date. Any errors will be brought to the attention of the person completing the form and corrected. This will be reviewed at the quarterly Quality Assurance meeting.

Licensee's Proposed Overall Completion Date: 03/17/2026

Implemented ([REDACTED] - 03/23/2026)