

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

March 31, 2026

[REDACTED]
PENNSYLVANIA SOLDIERS AND SAILORS HOME
[REDACTED]

P.O. BOX 6239
[REDACTED]

RE: PENNSYLVANIA SOLDIERS AND
SAILORS HOME
560 E. 3RD STREET
ERIE, PA, 16507
LICENSE/COC#: 44829

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/05/2026, 02/06/2026 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: PENNSYLVANIA SOLDIERS AND SAILORS HOME **License #:** 44829 **License Expiration:** 02/19/2027
Address: 560 E. 3RD STREET, ERIE, PA 16507
County: ERIE **Region:** WESTERN

Administrator

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

Legal Entity

Name: PENNSYLVANIA SOLDIERS AND SAILORS HOME
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: Other **Date:** 09/15/1997 **Issued By:** Dept. of Labor & Industry

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 45 **Waking Staff:** 34

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal, Complaint, Incident **Exit Conference Date:** 02/06/2026

Inspection Dates and Department Representative

02/05/2026 - On-Site: [REDACTED]
02/06/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: 100 **Residents Served:** 43
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:** 43
Diagnosed with Mental Illness: 33 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 2 **Have Physical Disability:** 1

Inspections / Reviews

02/05/2026 Full
Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 03/07/2026

03/16/2026 - POC Submission
Submitted By: [REDACTED] **Date Submitted:** 03/18/2026
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 03/19/2026

Inspections / Reviews *(continued)*

03/31/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/18/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract dated [redacted] for resident [redacted] was not signed by the resident.

Plan of Correction

Accept [redacted] 03/16/2026)

- 1. On 2/9/26 the personal care home administrator conducted a sweep of all resident charts to ensure all contracts were signed by the resident. (Element 1)
- 2. Administration completed education on 2/10/26 with Admissions staff, social work staff and revenue staff that the contract shall be signed by the PCU Administrator/Designee, the resident and the payer if different from the resident, and co-signed by the designated person, if any, if the resident agrees. (Element 2)
- 3. Contracts of all new residents will be checked by the Personal Care Home Administrator starting 2/10/26 for proper signatures once a week for 4 weeks with 100% compliance. (Element 3)
- 4. Findings were addressed and submitted to the Quality Assurance Risk Management Coordinator for review and intervention as needed on 2/26/26.

Licensee's Proposed Overall Completion Date: 03/16/2026

Implemented ([redacted] - 03/31/2026)

85e - Trash Outside Home

2. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

On [redacted] at 10:29a.m., the home's dumpster lid was open exposing garbage.

Plan of Correction

Accept [redacted] 03/16/2026)

- 1. On 2/5/26 the Institutional Fire Safety Specialist closed the lid of the dumpster while surveyor was on site. (Element 1)
- 2. On 2/6/26 the facility and grounds director contacted Waste management to inquire about an alternative dumpster. (Element 2)
- 3. On 2/13/26 the registered nurse instructor initiated education to all staff regarding lids/doors on dumpsters must remain in the closed position when not in immediate use. (Element 3)
- 4. Auditing of trash coverage is being closed is being conducted by Quality Assurance Specialist once a week for four weeks starting 2/9/26. (Element 4)
- 5. Findings were addressed and submitted to the Quality Assurance Risk Management Coordinator for review and intervention as needed on 2/26/26. (Element 5)

85e Trash Outside Home (continued)

Licensee's Proposed Overall Completion Date: 03/16/2026

Implemented [redacted] - 03/31/2026)

101j7 - Lighting/Operable Lamp

3. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

On [redacted] at 10:44a.m., resident [redacted] did not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept [redacted] - 03/16/2026)

- 1. The personal care home administrator met with resident [redacted] and moved the lamp to bedside 2/6/26 while surveyor onsite. (Element 1)
- 2. On 2/9/26 maintenance completed a sweep of all PCU resident rooms to ensure a lamp was present at bedside. (Element 2)
- 3. Resident 2 was educated regarding lamp regulation on 2/6/26. (Element 3) Staff that participate in environmental rounds including housekeeping, security, social work, maintenance, quality assurance and personal care home administrator were educated on lamp placement by administration on 2/10/26. (Element 4)
- 4. Auditing lamp placement of 25% of resident rooms is being conducted by the personal care home administrator once a week for four weeks starting 2/10/26. (Element 5).
- 5. Findings were addressed and submitted to the Quality Assurance Risk Management Coordinator for review and intervention as needed on 2/26/26. (Element 6)

Licensee's Proposed Overall Completion Date: 03/16/2026

Implemented [redacted] - 03/31/2026)

187d - Follow Prescriber's Orders

4. Requirements

2600.

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

Description of Violation

Resident [redacted] is prescribed [redacted] 4 times daily both eyes. However, on [redacted] resident [redacted] was administered [redacted]

Plan of Correction

Accept [redacted] - 03/16/2026)

- 1. Medication error submitted to DHS for resident [redacted] on 2/5/26. (Element 1)
- 2. On 2/09/26 the Chief Pharmacist conducted a sweep of all residents utilizing lubricant eye dropperettes to ensure all prescriptions matched the directions of the prescriber. (Element 2)

187d Follow Prescriber's Orders (continued)

3. Chief pharmacist educated pharmacy staff 2/9/26. (Element 3) Nursing education initiated 02/05/26 and completed 02/20/26. (element 4)
4. Auditing being conducted on lubricant eye dropperettes once weekly for four weeks by the Quality Assurance Specialist at 100% compliance starting 2/26/26. (Element 5)
5. Findings were addressed and submitted to the Quality Assurance Risk Management Coordinator for review and intervention as needed on 2/26/26. (Element 6)

Licensee's Proposed Overall Completion Date: 03/16/2026

Implemented [REDACTED] - 03/31/2026)