

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

May 28, 2026

[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 02/25/2026, 03/03/2026 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: 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: Dept. of Labor & Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 90 Waking Staff: 68

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Complaint, Incident Exit Conference Date: 03/03/2026

Inspection Dates and Department Representative

02/25/2026 - On-Site: [REDACTED]
03/03/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity:	144	Residents Served:	72
Secured Dementia Care Unit			
In Home:	Yes	Area:	2ND FLOOR
Capacity:	16	Residents Served:	12
Hospice			
Current Residents:	1		
Number of Residents Who:			
Receive Supplemental Security Income:	12	Are 60 Years of Age or Older:	72
Diagnosed with Mental Illness:	7	Diagnosed with Intellectual Disability:	0
Have Mobility Need:	18	Have Physical Disability:	2

Inspections / Reviews

02/25/2026 Partial
Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/03/2026

04/08/2026 - POC Submission
Submitted By: [REDACTED] Date Submitted: 04/28/2026
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 05/05/2026

Inspections / Reviews *(continued)*

05/28/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/28/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The residence shall immediately report suspected abuse of a home served in the resident's in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted] between 5:30a.m. and 6:00a.m. staff person A arrived at the home to begin [redacted] shift and heard resident yelling from [redacted] apartment. Staff person A entered the apartment of resident [redacted] and observed staff person B providing incontinence care. Staff person A stayed in the room with staff person B and the resident because staff person B was visibly frustrated and staff person A observed staff person B roughly pick up resident [redacted] from the bottom edge of [redacted] bed and put [redacted] back on the edge of the bed in an unsafe position. Staff person A heard staff person B say the resident was irritating [redacted] This incident was observed by staff person A. This incident was reported to staff person C. However, this allegation of abuse was not reported to the local Area Agency on Aging.

Plan of Correction

Accept [redacted] - 04/08/2026)

Staff were trained on their responsibility to report abuse immediately to their supervisor at the staff meeting on March 5, 2026

At the staff meeting on Thursday, April 2, 2026, staff will be presented a scenario in which there is an abuse situation and will need to respond to how to report.

For the next four weeks, starting 3/30/26, 4 staff a week will be given a multiple-choice test as to what to do in case of abuse. Should staff not be able to respond correctly, they will be retrained.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented [redacted] 05/28/2026)

42c - Treatment of Residents

2. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [redacted] between 5:30a.m. and 6:00a.m. staff person A arrived at the home to begin [redacted] shift and heard resident yelling from [redacted] apartment. Staff person A entered the apartment of resident [redacted] and observed staff person B providing incontinence care. Staff person A stayed in the room with staff person B and the resident because staff person B was visibly frustrated and staff person A observed staff person B roughly pick up resident # [redacted] from the bottom edge of [redacted] bed and put [redacted] back on the edge of the bed in an unsafe position. Staff person A heard staff person B say the resident was irritating [redacted]

Plan of Correction

Accept [redacted] - 04/08/2026)

Staff were trained on Thursday, February 5, 2026 on resident rights and treating residents with dignity and respect.

At the staff meeting on Thursday, April 2, 2026, staff will be presented a scenario in which a resident is not treated with respect and how will present to group how they would respond to the situations.

For the next four weeks, starting March 30, 2026, the Administrator will complete observations at various times of

42c Treatment of Residents (continued)

day to ensure all residents are being treated with dignity and respect.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented (█ - 05/28/2026)

121a - Unobstructed Egress**3. Requirements**

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On █ at 9:41a.m. a 2nd floor exit door to the stairwell was obstructed with caution tape strewn across the front of the door.

Plan of Correction

Accept (█ - 04/08/2026)

Caution tape was immediately removed from stairway.

Maintenance director was trained in responsibility to ensure that all egress routes are clear from debris and unobstructed on March 25, 2026.

For the next four weeks, starting March 30, 2026, the maintenance director will inspect each exit to ensure unobstructed.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented (█ - 05/28/2026)

187d - Follow Prescriber's Orders**4. Requirements**

2600.

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

Description of Violation

Resident █ is prescribed blood pressure checks twice daily. However, the resident's blood pressure was not taken the morning of █ & █ and the evening of █

Resident █ is prescribed █, twice daily for HTN. However, the resident was not administered the morning dose of this medication on █ and █ and █ was not administered the evening dose of this medication on █.

Plan of Correction

Accept (█ - 04/08/2026)

Resident █ medication orders were reviewed immediately to ensure that medications were available.

By April 2, 2026, all med techs will be trained on their responsibility to give medications as ordered. If medication is

187d - Follow Prescriber's Orders (continued)

not available, report the missing medication to DON or ADON.

For the next 4 weeks, starting March 30, 2026, DON and ADON will each check 5 residents MAR to ensure medications were given as ordered. Should medication be missed, the DON

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented (█ - 05/28/2026)

231b - Medical Evaluation**5. Requirements**

2600.

231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident █ was admitted to the Secure Dementia Care Unit (SDCU) on █. Resident # █ Documentation of Medical Evaluation, dated █ indicates █ requires dementia related care in a secure area, however, on █ resident █ was moved to an apartment in an unsecure area of the home.

Resident █ was admitted to the Secure Dementia Care Unit (SDCU) on █. Resident █ Documentation of Medical Evaluation, dated █, indicates █ requires dementia related care in a secure area. However, on █ resident █ was moved to an apartment in an unsecure area of the home.

Plan of Correction

Accept (█ - 04/08/2026)

Resident █ and Resident █ DMEs were updated to reflect the move from the SDU.

The Administrator, DON and ADON reviewed regulation 2600.231.b so that they understand the responsibility to ensure that a resident's DME reflects a resident's current needs.

By April 15, 2026, DON and ADON will review a total of 20 resident DME's to ensure that they accurately reflect resident needs, if not the DME will be updated.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented (█ 05/28/2026)