

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

July 2, 2026

[REDACTED] DIRECTOR  
MILLCREEK MANOR  
[REDACTED]

RE: LECOM PARKSIDE AT GLENWOOD  
41 WEST GORE ROAD  
ERIE, PA, 16509  
LICENSE/COC#: 45384

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/02/2026, 04/03/2026, 04/02/2026 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: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal, Complaint, Incident* Exit Conference Date: *04/06/2026*

**Inspection Dates and Department Representative**

04/02/2026 - On-Site: [REDACTED]  
 04/03/2026 - On-Site: [REDACTED]  
 04/02/2026 - Off-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: *6*

**Hospice**  
 Current Residents: *1*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *72*  
 Diagnosed with Mental Illness: *4* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *18* Have Physical Disability: *2*

**Inspections / Reviews**

04/02/2026 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/08/2026*

Inspections / Reviews (*continued*)

## 05/21/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/05/2026

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 05/28/2026

## 05/29/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/05/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/16/2026

## 07/02/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/05/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Care Facility Carbon Monoxide Alarms Standards Act, enacted 06/23/16, requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from, any fossil-fuel burning device or appliance. On 4/2/26, the home did not have a carbon monoxide alarm installed for the kitchen's natural gas stove.

Plan of Correction

Accept ( [redacted] ) - 05/29/2026)

Carbon Monoxide detector was placed in the kitchen on 4.2.26 by the Maintenance Director  
Maintenance Director will be trained by 5/8/26 on regulation 2600.18 and Care Facility Carbon Monoxide Alarms Standards Act by the PCHA.  
Maintenance Director will verify that all other areas required to have Carbon Monoxide Detectors are in place by 5/11/26 and will submit report to the Administrator. A monthly check of all Carbon Monoxide detectors will be added to TELS (Maintenance Software) by the Maintenance Director starting June 1, 2026.

Licensee's Proposed Overall Completion Date: 06/12/2026

Implemented ( [redacted] ) - 07/02/2026)

85a - Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 4/2/26 at 11:43a.m., the bottom shelf of the refrigerator in the home's Secure Dementia Care Unit was covered with what appeared to be a sheet of wax paper stained with food spillage.

Plan of Correction

Accept ( [redacted] ) - 05/29/2026)

The refrigerator in SDU was cleaned by Housekeeping Supervisor on 4/2/26.  
At the staff meeting on Thursday, May 7, 2026, staff will be trained on regulation 2600.85.a that Sanitary Conditions are always maintained by the PCHA.  
For the next four weeks, starting May 5, 2026, once weekly, the Administrator will complete checks of different areas of the facility to ensure that it is clean.

Licensee's Proposed Overall Completion Date: 06/05/2026

Implemented ( [redacted] ) - 07/02/2026)

88a - Surfaces

3. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

## 88a - Surfaces (continued)

**Description of Violation**

On 4/2/26 at 11:44a.m., the interior door of the main refrigerator in the Secure Dementia Care Unit was in disrepair, exposing multiple sharp shards of broken plastic, posing a skin tear hazard.

**Plan of Correction**

Accept (█) - 05/29/2026

The refrigerator in SDU was repaired on 4/2/26 by the Maintenance Director. A new refrigerator has been purchased on 4/27/26 and replaced the current refrigerator on 5/11/26.

At the staff meeting on Thursday, May 7, 2026, staff will be trained on regulation 2600.88.a that all items are in good repair and free of hazards by the PCHA.

For the next four weeks, starting May 5, 2026, once weekly, the Administrator will complete walk throughs of facility with maintenance director to ensure there are no items that need repaired.

Licensee's Proposed Overall Completion Date: 06/05/2026

Implemented (█) - 07/02/2026

## 102i - Soap Dispenser

**4. Requirements**

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

**Description of Violation**

On 4/2/26, there was no soap in the bathroom of bedroom #127.

On 4/2/26, there was no soap in the bathroom of bedroom #218.

**Plan of Correction**

Accept (█) - 05/29/2026

There was soap dispensers placed in room # 127 and room # 218 on 4/2/26 by the maintenance director.

At the staff meeting on Thursday, May 7, 2026, staff will be trained on regulation 2600.102.i that a soap dispenser shall be provided within reach of each bathroom sink by the PCHA.

For the next four weeks, starting May 5, 2026, the Administrator will complete random checks of 5 rooms per week, to ensure soap dispensers are present in resident bathrooms.

Licensee's Proposed Overall Completion Date: 06/05/2026

Implemented (█) - 07/02/2026

## 103c - Food Protected

**5. Requirements**

2600.

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

**Description of Violation**

On 4/2/26 at 11:10a.m. there were two uncovered dishes of ice cream stored in the main kitchen ice cream freezer.

**103c - Food Protected (continued)**

On 4/2/26 at 11:43a.m. there was an uncovered plate of food stored in the main Secure Dementia Care Unit refrigerator.

On 4/2/26 at 11:44a.m. there was an uncovered glass of what appeared to be milk in the main Secure Dementia Care Unit refrigerator.

**Plan of Correction**

Accept (█) - 05/29/2026

Items that were uncovered were removed from refrigerators on 4/2/26 by the housekeeping supervisor.

At the staff meeting on Thursday, May 7, 2026, staff will be trained on regulation 2600.103.c that food shall be protected from contamination while being stored, prepared, transported and served by the PCHA.

For the next four weeks, starting May 5, 2026, the Dietary Manager will complete weekly checks of refrigerators and freezers to ensure all food is covered. Weekly reports will be submitted to administrator.

Licensee's Proposed Overall Completion Date: 06/05/2026

Implemented (█) - 07/02/2026

**103g - Storing Food****6. Requirements**

2600.

103.g. Food shall be stored in closed or sealed containers.

**Description of Violation**

On 4/2/26, there was a 1/4 full, opened and unsealed bag of rice crispy cereal in the main kitchen's dry food storage area.

On 4/2/26, there was a 1/2 full, opened and unsealed bag of frozen fries in the main kitchen's walk-in freezer.

**Plan of Correction**

Accept (█) - 05/29/2026

Items that were unsealed were discarded on 4/2/26 by the housekeeping supervisor.

At the staff meeting on Thursday, May 7, 2026, staff will be trained on regulation 2600.103.g that food shall be stored in closed or sealed containers by the PCHA.

For the next four weeks, starting May 5, 2026, the Dietary Manager will complete weekly checks of storage areas, including refrigerators and freezers to ensure all food is in sealed containers. Weekly reports will be submitted to administrator.

Licensee's Proposed Overall Completion Date: 06/05/2026

Implemented (█) - 07/02/2026

**103i - Outdated Food****7. Requirements**

2600.

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

103i - Outdated Food (continued)

**Description of Violation**

On 4/2/26, there were areas of what appeared to be green mold in a bag containing 2 hot dog buns on the bread rack in the main kitchen.

**Plan of Correction**

Accept (█ - 05/29/2026)

Moldy hot dog buns were discarded on 4/2/26 and all other breads were checked by the Culinary Director and Dietary Aides

At the staff meeting on Thursday, May 7, 2026, staff will be trained on regulation 2600.103.i that outdated or spoiled food or dented cans may not be used by the PCHA.

For the next four weeks, starting May 5, 2026, the Dietary Manager will complete weekly checks of food in kitchen to ensure that there is no moldy items and no dented cans. Weekly reports will be submitted to administrator.

Licensee's Proposed Overall Completion Date: 06/05/2026

Implemented (█ - 07/02/2026)

105e - Clean Linen Storage

**8. Requirements**

2600.

105.e. Clean linens and towels shall be stored in an area separate from soiled linen and clothing.

**Description of Violation**

On 4/2/26 at 10:48a.m. there was a pile of dirty laundry on the floor in the laundry room. Above the pile of dirty clothes was a hanging rack of clean clothes.

**Plan of Correction**

Accept (█ - 05/29/2026)

The dirty and clean laundry was separated on 4/2/26. A room was set up for laundry to use for clean laundry by the Maintenance Director and Housekeeping Supervisor.

At the staff meeting on Thursday, May 7, 2026, staff will be trained on regulation 2600.105.e that clean laundry and dirty laundry will be separated by the PCHA.

For the next four weeks, starting May 5, 2026, the Administrator will complete weekly checks of the laundry area to ensure clean and dirty laundry is separated.

Licensee's Proposed Overall Completion Date: 06/05/2026

Implemented (█ - 07/02/2026)

132a Monthly Fire Drill

9. Requirements

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

An unannounced fire drill was not held during the months of September 2025 and November 2025.

Plan of Correction

Accept (█ - 05/29/2026)

Maintenance Director will be trained by the PCHA by Thursday, May 7, 2026, on █ responsibility to ensure that fire drills are completed monthly.

Fire drills will be placed into maintenance software, TELS, as a work order to be completed by the 20th of each month by the Maintenance Director by June 1, 2026.

The Administrator will check TELS to ensure that the work order for fire drills is completed, if not will be completed ASAP and by last day of month.

Licensee's Proposed Overall Completion Date: 06/05/2026

Implemented (█ - 07/02/2026)

162c Menus Posted

10. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's menu for the current week was posted. However, the future week's menu was not posted.

Plan of Correction

Accept (█ - 05/29/2026)

Menus for the next two weeks were posted on 4/2/26 by the PCHA.

Dietary Manager will be trained on regulation 2600.162.c to ensure she understands █ responsibility to post future week's menu by 5/8/26 by the PCHA.

Administrator will check weekly, starting May 5, 2026, for the next four weeks, to ensure next week's menu is posted in the dining room.

Licensee's Proposed Overall Completion Date: 06/05/2026

Implemented (█ - 07/02/2026)

183b Meds and Syringes Locked

11. Requirements

2600.

**183b - Meds and Syringes Locked (continued)**

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

**Description of Violation**

*On 4/2/26 at 10:40a.m., there was a tube of unopened Triad Wound Paste unlocked, unattended, and accessible in the bathroom of resident #1's bedroom.*

**Plan of Correction**

Accept (█) - 05/29/2026

*Tube of Triad Wound Paste was removed from resident's room on 4/2/26 by the med tech.*

*At the staff meeting on Thursday, May 7, 2026, staff will be trained on regulation 2600.183.b that Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked by the PCHA and DON.*

*LPN Supervisor will complete random checks of 5 rooms per week, for the next four weeks, to ensure no unlocked medications are in resident rooms starting 5/5/26.*

**Licensee's Proposed Overall Completion Date: 06/05/2026**

Implemented (█) - 07/02/2026

**184b - Labeling OTC/CAM****12. Requirements**

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

**Description of Violation**

*Resident #2 is prescribed Tylenol Oral Tablet 325mg, give 2 tablets by mouth every 6 hours as needed. The medication was not labeled with the resident's name.*

*Resident #3 is prescribed Humalog Kwikpen Subcutaneous Solution Pen Injector 100unit/ml. Inject 12 units subcutaneously in the morning, for T1DM give 12 units after breakfast if patient eats solid food (hold if not eating) add 2 units as ordered if patient has solid food and Boost. However, the medication label indicates inject 14 units subcutaneously in the morning, for T1DM give 14 units after breakfast if patient eats, hold if not eating solid food. If patient has both breakfast and Boost give a total of 16 units after meals.*

**Plan of Correction**

Accept (█) - 05/29/2026

*The DON corrected the label for Resident #3's medications on 4/2/26.*

*Resident #2's Tylenol was labeled on 4/2/26 by the DON.*

*At the staff meeting on Thursday, May 7, 2026, the med techs staff will be trained on regulation 2600.184.b that OTC medications and CAM will be labeled with resident's name by the PCHA and DON.*

*LPN Supervisor will complete a random check of 5 residents OTC and CAM, for the next four weeks, to ensure medications are labeled starting 5/5/26*

## 184b Labeling OTC/CAM (continued)

Licensee's Proposed Overall Completion Date: 06/05/2026

Implemented ( ) - 07/02/2026

## 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**

*Resident #1 is prescribed Acetaminophen Oral Tablet 325mg, give 2 tablets by mouth every 6 hours as needed. However, this medication was not available in the home on 4/2/26.*

*The home's policy for Accountability for Medication and Controlled Substances indicates, "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. The home will document the receipt of controlled substances and prescription medications. The nurse or med tech will sign a receipt when receiving all medication and a copy of the receipt will be kept on file."*

*Resident #2 was admitted to the home on ( ) and is prescribed Diazepam Oral Tablet 5mg, give 1 tablet every 12 hours as needed. The home did not document the receipt or the amount of this controlled medication upon ( ) admission. Additionally, the home's policy for Accountability for Medication and Controlled Substances indicates, "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. The home will have a process to investigate and account for missing medications and medication errors. For controlled medication, a review of the receipts, the medication administration record, the end of shift count of record, the contents of the medication and staff interviews with the Director of Nursing and the Administrator. Resident #2 was admit to the home on ( ) and is prescribed Diazepam Oral Tablet 5mg, give 1 tablet every 12 hours as needed. The home did not document the administration of this controlled medication on an end of shift count of record.*

*Resident #3 had multiple glucometers with blood sugar readings that appeared to belong only to ( ) Several of these glucometers were not labeled with the resident's name.*

**Plan of Correction**

Directed ( ) - 05/29/2026

*Resident #2's medication was placed on the control drug sheet by the ADON on 4/2/26.*

*Resident #3's glucometer has been labeled and any other glucometer belonging to ( ) also labeled by the DON on 5/5/26*

*Med Techs will be trained on agency policy "Accountability for Medication and Controlled Substance on May 7, 2026 by the DON and PCHA.*

*LPN Supervisor will verify weekly for the next four weeks starting May 4, 2026, that any controlled substance is listed on controlled sheet and is being counted. Any discrepancies will be reported immediately to the DON and corrections made. Reports will be submitted to the Administrator weekly. DON will verify that each resident that requires a glucometer has their own to use and it is labeled. Report to be submitted to the Administrator by May 15, 2026.*

**185a - Implement Storage Procedures (continued)***Proposed Overall Completion Date: 06/05/2026***Directed:***By 6/1/26, the administrator or designee will ensure Acetaminophen Oral Tablet 325mg prescribed for resident #1 is present in the home.***█ 5/29/26***Directed Completion Date: 06/05/2026**Implemented (█ - 07/02/2026)***187d - Follow Prescriber's Orders****14. Requirements**

2600.

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

**Description of Violation***Resident #2 is prescribed Miralax Powder 17gm/scoop, give 1 scoop by mouth 1 time a day. However, this medication was not administered to the resident on 4/2/26 because the medication was not available in the home.**Resident #2 is prescribed Colace Oral Capsule 100mg, give 1 capsule by mouth 2 times a day. However, this medication was not administered to the resident on 4/2/26 because the medication was not available in the home.**Resident #2 is prescribed Senna Oral Tablet 8.6mg, give 2 tablets by mouth 1 time a day. However, this medication was not administered to the resident on 4/2/26 because the medication was not available in the home.***Plan of Correction***Accept (█ - 05/29/2026)**Resident #2's medications were received on April 4, 2026.**Med Techs will be trained on what to do if a resident's medications are not available on May 7, 2026 by the DON and PCHA.**LPN Supervisor will conduct a random audit of 5 residents' medications starting May 5, 2026 for the next 4 weeks to ensure all medications are available. If there are any not available, █ will report immediately to DON. DON will follow up to see where medication is and what the issue was. Report will be submitted weekly to the Administrator.**Licensee's Proposed Overall Completion Date: 06/05/2026**Implemented (█ - 07/02/2026)*

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 #2 was admitted on [REDACTED] however, the resident's assessment was not completed until [REDACTED]

Resident #4 was admitted on [REDACTED]; however, the resident's assessment was not completed until [REDACTED]

Plan of Correction

Accept ([REDACTED] - 05/29/2026)

Resident #2 and #4 assessments have been completed.

DON was re-trained on May 8, 2026, by the PCHA on regulation 2600.225.a that all written initial assessments are completed within 15 days of admission. DON is also currently enrolled in classes to be a PCHA and will receive training on the assessment process.

A tracking system has been developed for the administrator to track all new admissions and also time frame for completion of new assessments. This will utilized for all new admissions going forward starting 5/1/26.

Licensee's Proposed Overall Completion Date: 06/05/2026

Implemented ([REDACTED] - 07/02/2026)

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

Resident #2 was admitted on [REDACTED] however, the resident's initial support plan was not completed until [REDACTED]

Plan of Correction

Accept ([REDACTED] - 05/29/2026)

Resident #2 assessment have been completed.

DON was re-trained on May 8, 2026, by the PCHA on regulation 2600.227.a that all written support plan developed and implemented within 30 days of admission to the home. DON is also currently enrolled in classes to be a PCHA and will receive training on the assessment process.

A tracking system has been developed for the administrator to track all new admissions and also time frame for completion of new assessments. This will be utilized for all new admissions going forward starting 5/1/26

Licensee's Proposed Overall Completion Date: 06/05/2026

Implemented ([REDACTED] - 07/02/2026)

227d - Support Plan Medical/Dental

17. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for resident #2, dated [REDACTED], indicates the resident is diagnosed with [REDACTED]

The resident's support plan dated [REDACTED] does not document how these needs will be met.

Plan of Correction

Accept ( [REDACTED] - 05/29/2026)

Resident #2's support plan was updated by the DON to ensure all care services and how these services will be met was addressed on 5/7/26.

DON was re-trained on May 8, 2026, by the PCHA on regulation 2600.227.d support plan Medical/Dental. DON is also currently enrolled in classes to be a PCHA and will receive training on the assessment process.

Administrator will review all new admission assessments for the next four weeks, starting May 5, 2026 to ensure support plan covers how all support needs will be achieved.

Licensee's Proposed Overall Completion Date: 06/05/2026

Implemented ( [REDACTED] - 07/02/2026)

227g -Support Plan Signatures

18. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #4's support plan, dated [REDACTED] was not signed by the resident nor does it indicate the resident was unable to participate, declined to participate, refused to sign or was unable to sign

Plan of Correction

Accept ( [REDACTED] - 05/29/2026)

Resident #4's signed [REDACTED] support plan on 4/7/26

DON was re-trained on May 8, 2026, by the PCHA on regulation 2600.227.g Support Plan Signatures. DON is also currently enrolled in classes to be a PCHA and will receive training on the assessment process.

Administrator will review all new assessments completed for the next four weeks, starting May 5, 2026 to ensure support plan is signed and dated.

Licensee's Proposed Overall Completion Date: 06/05/2026

Implemented ( [REDACTED] - 07/02/2026)

231c - Preadmission Screening

**19. Requirements**

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department’s preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

**Description of Violation**

*Resident #5 was admitted into the Secure Dementia Care Unit on [REDACTED] However, the resident's written cognitive preadmission screening was not completed.*

**Plan of Correction**

**Accept ( [REDACTED] - 05/29/2026)**

*Resident #5's pre-admission screening for the Secure Dementia unit was completed on 4/2/26.*

*DON was re-trained on May 8, 2026, by the PCHA on regulation 2600.231.c Preadmission screening.*

*Administrator will review all new admissions to the Secure Dementia Unit for the next four weeks, starting May 5, 2026 to ensure pre-screenings are completed within the 72 hours of admission.*

**Licensee's Proposed Overall Completion Date: 06/05/2026**

**Implemented ( [REDACTED] - 07/02/2026)**