

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

June 9, 2026

[REDACTED]
THE PRESBYTERIAN HOMES IN THE PRESBY OF LAKE ERIE
[REDACTED]
[REDACTED]

RE: MANCHESTER COMMONS OF
PRESBYTERIAN SENIOR CARE
6351 WEST LAKE ROAD
ERIE, PA, 16505
LICENSE/COC#: 45056

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/07/2026 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: MANCHESTER COMMONS OF PRESBYTERIAN SENIOR CARE License #: 45056 License Expiration: 07/28/2026
 Address: 6351 WEST LAKE ROAD, ERIE, PA 16505
 County: ERIE Region: WESTERN

Administrator

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

Legal Entity

Name: THE PRESBYTERIAN HOMES IN THE PRESBY OF LAKE ERIE
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 05/30/2026 Issued By: D&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 95 Waking Staff: 71

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Incident Exit Conference Date: 04/07/2026

Inspection Dates and Department Representative

04/07/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 80 Residents Served: 64

Secured Dementia Care Unit
 In Home: Yes Area: Woodside Place Capacity: 24 Residents Served: 20

Hospice
 Current Residents: 0

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 64
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 31 Have Physical Disability: 0

Inspections / Reviews

04/07/2026 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/30/2026

05/01/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 06/05/2026
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 06/05/2026

Inspections / Reviews *(continued)*

06/09/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/05/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

42c Treatment of Residents

1. Requirements

2600.

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

Description of Violation

Resident ■■■'s most recent resident Assessment and support plan completed on ■■■■. Indicated a personal care need for bladder management of, "I need some physical assistance with urinary incontinence related problems" and a plan to meet this need of "staff to provide some physical assistance with urinary incontinence related problems. And a personal care need for bowel management of, "I need some physical assistance with fecal incontinence related problems with a plan to meet this service need of, "staff to provide some assistance with fecal incontinence. related to problems. Staff to monitor for changes an update". However, on multiple dates to include, ■■■■, two staff members were required to provide the previously indicated service needs to resident ■■■ during Bowel and Bladder management services / care.

On ■■■■, at approximately 1:00 p.m., resident ■■■ became combative with staff members A and B during the provision of bowel management / Incontinent care services. Staff member A was holding the left hand of resident ■■■ to prevent ■■■ from striking staff member B. Who was attempting to change the resident's brief. At which time resident ■■■ pulled staff member B's hair with ■■■ right hand. Staff member B then placed ■■■ right hand on the resident's right shoulder / trapezoid area causing the resident to flinch and tense ■■■ person's musculature, appearing to become surprised / frightened. Resident ■■■ then spat into the face of staff member B.

Plan of Correction

Accept ■■■ - 05/01/2026)

Resident ■■■ Assessment and Support Plan was promptly updated to accurately reflect the need for two staff members to provide physical assistance with urinary and fecal incontinence care. Effective April 27, 2026, PCHA or its designee will conduct weekly audits of two residents for four consecutive weeks to assess any instances of aggression or distress involving team members or other residents. Any changes in a resident's demeanor will be documented in the RASP, and the resident will be referred for evaluation by the in-house psychologist as indicated. Effective May 18th, 2026, PCHA or its designee will conduct audits of three residents per month. Any concerns identified will be promptly addressed, with all findings documented and reviewed as part of the quality assurance process. By May 25th, 2026, all nursing team members will receive education on resident abuse and neglect, distressed reactions and strategies on how to manage and avoid violating residents respect and dignity.

Licensee's Proposed Overall Completion Date: 05/25/2026

Implemented ■■■ - 06/09/2026)

225c Additional Assessment

2. Requirements

2600.

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

2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident ■■■'s most recent resident Assessment and support plan completed on 6/24/25. Indicated a personal care need for bladder management of, "I need some physical assistance with urinary incontinence related problems" and a plan to meet this need of "staff to provide some physical assistance with urinary incontinence related problems. And a personal care need for bowel management of, "I need some physical assistance with fecal incontinence related problems with a plan to meet this service need of, "staff to provide some assistance with fecal incontinence. related to

225c Additional Assessment (continued)

problems. Staff to monitor for changes an update". However, on multiple dates to include, [REDACTED] two staff members were required to provide the previously indicated service needs to resident [REDACTED] during Bowel and Bladder management services / care.

Plan of Correction**Accept [REDACTED] 05/01/2026)**

Resident [REDACTED] Assessment and Support Plan was promptly updated to accurately reflect the need for two staff members to provide physical assistance with urinary and fecal incontinence care. Effective April 27, 2026, PCHA or its designee will conduct weekly audits of two residents for four consecutive weeks to identify any changes that should be reflected in the RASP. All significant changes in a resident's routine will be promptly documented and updated in the RASP. Beginning May 18th, 2026, PCHA or its designee will conduct monthly audits of three residents. Any concerns identified will be addressed promptly, with all findings documented and reviewed as part of the quality assurance process. By May 25th, 2026, all nursing staff will receive education on the importance of notifying management of any changes in resident transfer needs and/or the requirement for additional staff to provide care.

Licensee's Proposed Overall Completion Date: 05/25/2026

Implemented [REDACTED] - 06/09/2026)