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

June 12, 2026

MILLCREEK MANOR

RE: REGENCY SUITES/REGENCY AT SOUTH SHORE
322 WASHINGTON PLACE
ERIE, PA, 16505
LICENSE/COC#: 44657

,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/09/2026 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,

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *REGENCY SUITES/REGENCY AT SOUTH SHORE* **License #**: *44657* **License Expiration**: *11/03/2026*

Address: *322 WASHINGTON PLACE, ERIE, PA 16505*

County: *ERIE* **Region**: *WESTERN*

Administrator

Name: **Phone**: **Email**:

Legal Entity

Name: *MILLCREEK MANOR*

Address:

Phone: **Email**:

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *04/08/1993* **Issued By**: *L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *67* **Waking Staff**: *50*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Complaint, Incident* **Exit Conference Date**: *04/09/2026*

Inspection Dates and Department Representative

04/09/2026 - On-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *70* **Residents Served**: *67*

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**: *67*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *1*

Have Mobility Need: *0* **Have Physical Disability**: *1*

Inspections / Reviews

04/09/2026 Partial

Lead Inspector: **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *05/02/2026*

05/05/2026 - POC Submission

Submitted By: **Date Submitted**: *06/11/2026*

Reviewer: **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *06/05/2026*

Inspections / Reviews *(continued)*

06/12/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *06/11/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

16c - Written Incident Report

1. Requirements

2600.
16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted], resident [redacted] wrapped a garbage bag around [redacted] head and person and placed himself on the floor and began convulsing about the area. This behavior was accompanied by sporadic episodes of resident [redacted] overturning multiple sitting chairs in the immediate area. Resident [redacted] was transported to UPMC Hammett Hospital where [redacted] was, ultimately admitted with a diagnosis of [redacted]. Resident [redacted] was discharged returning to the home on [redacted] However, the home failed to report the incident to the department.

Plan of Correction ***Accept [redacted] - 05/05/2026)***

1. Immediate Corrective Action for Resident [redacted]
Resident [redacted] was safely transported to UPMC Hamot and received medical treatment on 12/31/2025.
Upon return to the home on 1/2/26, the resident was reassessed
Address behavioral risks, supervision needs, and safety interventions.
Nursing Staff were immediately re-educated on4/9/2026 by [redacted] LPN PCHA identifying and reporting reportable incidents.

2. Identification of Other Residents Who May Have Been Affected
A retrospective review of all incident reports, hospital transfers, and behavioral events from the past 30 days was conducted.
All residents were assessed for unreported reportable incidents.
No additional unreported incidents were identified (or modify if any were found and reported).

3. Systemic Changes to Prevent Recurrence
The home revised its incident reporting policy, and events requiring emergency intervention
All direct care staff and supervisors completed documented in-service training on:Reportable incidents under PA regulations
Timelines and procedures for reporting to the Department by May 30th 2026
The Administrator [redacted] LPN PCHA or designee is now responsible for reviewing all incidents daily to ensure timely reporting.
A secondary oversight step was added: no incident is closed until reporting requirements are verified.

4. Monitoring for Continued Compliance
The administrator [redacted] LPN PCHA/designee will:Review all incident reports daily for 30 days, then weekly for 60 days
Audit hospital transfers and behavioral incidents to ensure proper reporting
Results of audits will be documented and corrective action taken immediately if gaps are identified.
Compliance will be discussed at monthly quality assurance meetings. First Q and A meeting was 4/29/2026

5. Completion Date
All staff training completed by: April 15th 2026 Plan of correction will continue on monitoring until June 19th 2026 and then ongoing.

16c Written Incident Report *(continued)*

Licensee's Proposed Overall Completion Date: *05/30/2026*

Implemented - 06/12/2026)

187c - Refusal of Medication

2. Requirements

2600.
187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

Resident was prescribed Give, one tablet by mouth one time a day. On , the resident refused the administration of this medication. However, the prescribing physician was not notified by the home.

Plan of Correction ***Accept - 05/05/2026)***

1. The facility immediately audited all Medication Administration Records (MARs) and corrected any identified documentation errors as of 4 9 2026 Staff responsible were counseled and retrained on 4 14 2026

2. A facility wide audit of all residents' MARs for the past 30 days was completed to identify any additional discrepancies by LPN DON and LPN Charge Nurse on 4 15 2026

3. To prevent recurrence, the facility has implemented a standardized MAR documentation process, including end of shift supervisory review to be done by LPN or designee and weekly audits. Binder being kept in nursing office for Administrators LPN PCHA daily review for 30 days, then weekly audits to run ongoing

4. All staff have been retrained on medication documentation requirements per 2600.187(c), by 4/16/2026 and this training will be included in new employee orientation for medication Technicians

5. The LPN Charge Nurse, LPN DON/designee will monitor compliance through weekly audits for one month and monthly thereafter.

6. Full compliance will be achieved by 5 30 2026.

Licensee's Proposed Overall Completion Date: *05/30/2026*

Implemented (06/12/2026)

187d - Follow Prescriber's Orders

3. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident was prescribed give, one tablet by mouth one time a day. However, on , the resident was not administered this medication. The medication was not available in the home.

187d - Follow Prescriber's Orders *(continued)*

Plan of Correction ***Accept - 05/05/2026)***

1. Immediate Corrective Action:
Upon discovery of the missed medication on 4/9/2026, Resident resumed receiving Quetiapine Fumarate 25 mg as prescribed on 12/27/2025 when received from the pharmacy.

2. How the Home Will Identify Other Residents Affected:
A review of all current residents' medication administration records (MARs) and medication supplies was conducted on 4/13/2026 and 4/14/2026 to ensure all prescribed medications were available and being administered as ordered. No additional discrepancies were identified.

3. Measures to Prevent Recurrence:
A medication inventory tracking system has been reinforced to ensure timely reordering of medications before depletion.
Staff have been re-educated on medication management policies, including timely medication reordering and the requirement to follow prescriber orders without interruption by LPN/DON and LPN Charge Nurse on 4/29/2026.
A designated staff person per shift LPN Charge Nurse will be responsible for checking medication availability and notifying the supervisor LPN/DON of any low or missing medications. The LPN Charge Nurse will conduct weekly audits of medication carts and MARs to ensure compliance.

4. Date of Correction:
4/16/2026

Licensee's Proposed Overall Completion Date: *05/30/2026*

Implemented 06/12/2026)

227c - Support Plan Revision

4. Requirements

2600.
227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident initial Resident Assessment and Support Plan completed on 5/1/25, indicated a personal care service need for Aggression of, "none, resident has no problems with aggression", and a personal care need for Judgment of none, resident has not had problems with judgment". However, there were multiple instances of Resident becoming verbally aggressive towards other residents and staff members and presenting with behaviors indicative of aggression and of a lacking in judgment, to include, entering other resident's rooms without permission, riding pedal bicycle through the hallways of the personal care home and on , wrapping a garbage bag around head and physical person before placing himself on the floor where began to convulse about the immediate area while engaging in sporadic episodes of overturning multiple, sitting chairs. However, there was no revision of the resident's Assessment and Support Plan made until

227c - Support Plan Revision *(continued)*

Plan of Correction ***Accept - 05/05/2026)***

1. Immediate Corrective Action for Resident
Resident s was not assessed until 3/16/2026 so no immediate action was taken for Resident

2. How the Facility Will Identify Other Residents Affected:
The facility will conduct a comprehensive audit of all current resident assessments and support plans to identify any residents who have experienced a change in condition without a corresponding timely plan revision by LPN/DON by 4/30/2026

3. Corrective Action for Other Residents:
Any identified residents with outdated or inaccurate support plans will have their assessments and support plans reviewed and revised promptly to reflect current needs and appropriate interventions by LPN/DON by 4/30/2026

4. Measures to Prevent Recurrence:
All direct care staff and supervisors completed documented in-service training on:Reportable incidents under PA regulations
Timelines and procedures for reporting to the Department by May 30th 2026
The Administrator LPN PCHA or LPN?DON is now responsible for reviewing all incidents daily to ensure timely reporting.
A secondary oversight step was added: no incident is closed until reporting requirements are verified.

5. Monitoring of Corrective Action:
The Administrator or LPN/DON will conduct monthly audits of a sample of resident records for a period of three months to ensure compliance with timely support plan revisions. Audit results will be documented and reviewed at monthly Q and A meetings and additional corrective action will be taken if noncompliance is identified.

6. Completion Date:
5/30/2026

Licensee's Proposed Overall Completion Date: *05/30/2026*

Implemented 06/12/2026)