



Pennsylvania
Department of Human Services

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: APRIL 28, 2026

Creek Senior Care LLC



RE: The Bridges at Bent Creek 2100
Bent Creek Boulevard
Mechanicsburg, Pennsylvania 17050
Certificate #: 333550

Dear Creek Senior Care LLC:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspection on April 13, 2026 of the above facility, that is operating pending an appeal, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Licensing Inspection Summary were found.

Correction of these violations in accordance with the specified plan of correction is required. Failure to correct these violations may result in further licensing enforcement action.

Sincerely,

A handwritten signature in cursive script that reads "Juliet Marsala".

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

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

Facility Information

Name: *THE BRIDGES AT BENT CREEK* License #: *33355* License Expiration: *09/12/2025*
Address: *2100 BENT CREEK BOULEVARD, MECHANICSBURG, PA 17050*
County: *CUMBERLAND* Region: *CENTRAL*

Administrator

Name: [REDACTED]

Legal Entity

Name: *CREEK SENIOR CARE LLC*
Address: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *01/03/2001* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *105* Waking Staff: *79*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Monitoring* Exit Conference Date: *04/13/2026*

Inspection Dates and Department Representative

04/13/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *130* Residents Served: *70*

Secured Dementia Care Unit

In Home: *Yes* Area: *Lilac Tree* Capacity: *31* Residents Served: *15*

Hospice

Current Residents: *12*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *72*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *35* Have Physical Disability: *0*

Inspections / Reviews

04/13/2026 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *Exception*

185a - Implement Storage Procedures

1. 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 Glycolax PV/238GM, dissolve one capful (17GM) with 4.8OZ of fluid and take by mouth every day as needed for constipation. On 4/13/26 at 3:45 PM this medication was not available in the home.

Resident #2 is prescribed Nystatin-Triamcinolone Cream, apply topically to affected area twice daily as needed for rash. On 4/13/25 at 3:45 PM this medication was not available in the home.

Plan of Correction

Directed (█) - 04/22/2026)

- *The medications for Residents #1 and #2 will be ordered by the home and be made available for administration by 5/13/26.*
- *Education will be provided to all staff who administer medications on ensuring medications remain available for administration at all times by the home by 5/13/26.*
- *The administrator or designee will complete an initial audit on all resident medications to ensure each prescribed medication, including PRN's, are available in the home for administration by 5/13/26.*
- *Beginning 5/13/26, the administrator or designee will complete weekly audits on all resident medications to ensure the medications are available for administration for a minimum of 3 months and will continue monthly thereafter.*
- *Documentation of completed education and audits will be kept by the home and available for review by the Department.*

Directed Completion Date: 05/13/2026

187b - Date/Time of Medication Admin.

2. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #3 was prescribed Doxycycline Hyclate 100 mg, take 1 tablet by mouth every 12 hours for 5 days, beginning 3/31/26. Resident #3's March and April 2026 Medication Administration Records indicated the medications were administered; however, Resident #3 did not receive this medication on 3/31/26 and 4/2/26 during the scheduled 8:00 PM administration time.

Repeated Violation - 10/29/25, et al.

Plan of Correction

Directed (█) - 04/22/2026)

- *All staff who administer medications will be trained in proper documentation practices in accordance with regulation 2600.187(b) by the home's administrator or designee by 5/13/26.*
- *Beginning 5/13/26, the administrator or designee will conduct weekly audits on resident Medication Administration Records.*

187b - Date/Time of Medication Admin. (continued)

- Documentation of completed audits and education will be kept by the home and available for review by the Department.

Directed Completion Date: 05/13/2026

187d - Follow Prescriber's Orders**3. Requirements**

2600.

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

Description of Violation

Resident #3 was prescribed Doxycycline Hyclate 100 mg, take 1 tablet by mouth every 12 hours for 5 days, beginning [REDACTED]/26. However, Resident #3 was not administered this medication on 3/31/26 and 4/2/26 at the scheduled 8:00 PM administration time.

Repeated Violation - 10/29/25, et al., 8/25/25. et al., 6/17/25, et al.

Plan of Correction

Directed [REDACTED] - 04/22/2026)

- On 4/3/26, the home completed and submitted a reportable incident to the Department for the medication error.
- On 4/3/26, the resident's physician was notified of the medication error.
- The administrator or designee will provide education to the appropriate clinical staff and staff who administer medication on the home's policy and procedures on administering medications as prescribed and 2600.187(d) by 5/13/26.
- Beginning no later than 5/13/26, the administrator or designee will complete a weekly audit of at least 25% of the current resident census Medication Administration Records to ensure medications are administered as prescribed by the physician.
- Documentation of completed education and audits will be kept by the home and available for review by the Department.

Directed Completion Date: 05/13/2026

225c - Additional Assessment**4. 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 #5's most recent assessment, completed on [REDACTED]/26, indicated the resident has no behavioral or cognitive needs related to hallucinations. However, medical records indicate Resident #5 experiences persistent auditory hallucinations. The resident's assessment has not been updated to reflect the resident's needs in the area of hallucinations.

Resident #5's most recent assessment, completed on [REDACTED]/26, indicated the resident requires some physical assistance with eating and staff are to cut up food, open food packages and provide encouragement to select menu items. Resident #5 was noted on the assessment to have no dietary needs. However, on [REDACTED]/26, Resident #5 was evaluated

225c - Additional Assessment (continued)

by Occupational Therapy due to "reports of increased difficulty with self-feeding over last few weeks" and "now requires full assist to self-feed or using hands/unable to manage utensils". Resident #5 was recommended to utilize adaptive equipment to include weighted/build up grip utensils. Staff were also educated on the resident's positioning needs during mealtimes as the resident has decreased ability to position self during self-feeding and how to provide hand over hand assistance to maximize participation during meals. Resident #5's assessment was not updated to reflect the changes in need.

Repeated Violation – 9/17/25 et al., 8/25/25 et al., 6/17/25 et al.

Plan of Correction**Directed** [REDACTED] - 04/22/2026

- Resident #5's assessment will be updated to reflect the resident's auditory hallucinations, eating and dietary needs by 5/13/26.
- The administrator or designee will complete an initial audit on all other resident assessments to ensure resident assessments accurately reflect each resident's need by 5/13/26.
- The administrator or designee will provide education to all applicable staff members, to include direct care, medication technicians, licensed staff, and those staff members responsible for updating resident assessments on 2600.225(c) and when to notify designated staff on observed changes to the resident's assessed area of need. Education will be completed no later than 5/13/26.
- Beginning no later than 5/13/26, all resident assessments will be audited quarterly to ensure the residents needs are accurate and current.
- Documentation of completed education and audits will be kept by the home and available for review by the Department.

Directed Completion Date: 05/13/2026

227d - Support Plan Medical/Dental**5. 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

Resident #4's support plan, dated [REDACTED]/26, does not include the use of the resident's quad cane.

The support plan for Resident #1, dated [REDACTED]/26, indicated the resident utilizes an enabler bar for mobility. However, the support plan does not include identification of the specific device, the specific need for the device, any risks associated with the device, the resident's ability to use the device safely, or if a cover is required to meet FDA guidelines.

Repeated Violation - 8/25/25, et al.

227d - Support Plan Medical/Dental (continued)

Plan of Correction**Directed [REDACTED] - 04/22/2026)**

- *The administrator or designee will update the support plans for Residents #1 and #4 by 5/13/26.*
- *The administrator or designee will provide education to all staff members responsible for updating resident support plans on the requirement to include the following on resident support plans when residents utilize a bedside mobility device by 5/13/26:*
 - *The specific need for the device*
 - *The intended use and any risks associated with the use*
 - *The resident's ability to use the device safely for the purpose it was intended*
 - *Identification of the specific device to be used and whether a cover is required to meet FDA guidelines*
- *The administrator or designee will complete an initial audit on all remaining resident support plans by 5/13/26.*
- *Beginning 5/13/26, the administrator or designee will complete quarterly audits on all resident support plans to ensure required documentation is accurate and specified.*
- *Documentation of completed education and audits will be kept by the home and available for review by the Department.*

Directed Completion Date: 05/13/2026