

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

September 1, 2026

[REDACTED]
MILLCREEK MANOR
[REDACTED]
[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 05/13/2026, 06/15/2026 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: 92

Waking Staff: 69

Inspection Information

Type: Partial

Notice: Unannounced

BHA Docket #:

Reason: Complaint, Incident

Exit Conference Date: 05/13/2026

Inspection Dates and Department Representative

05/13/2026 - On-Site: [REDACTED]

06/15/2026 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 144

Residents Served: 74

Secured Dementia Care Unit

In Home: Yes

Area: 2nd Floor

Capacity: 16

Residents Served: 6

Hospice

Current Residents: 6

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 74

Diagnosed with Mental Illness: 7

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 18

Have Physical Disability: 2

Inspections / Reviews

05/13/2026 Partial

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 07/17/2026

07/28/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/28/2026

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 08/31/2026

Inspections / Reviews (*continued*)

09/01/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/28/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Resident ■■■'s resident assessment and support plan (RASP), dated ■■■ indicates a diagnosis of dementia and ■■■ needs extensive supervision in the home and cannot be left unattended.

Resident ■■■ RASP, dated ■■■ indicates ■■■ suffers from a ■■■ with cognitive deficits and requires some supervision in the home. ■■■ tries to wander and wears a wander guard. Resident ■■■'s progress notes indicate a history of physical and verbal aggression towards staff as well as verbal aggression towards other residents. ■■■ often wanders the halls, attempting to open doors and often enters other resident bedrooms.

On ■■■ at approximately 6:30a.m., resident ■■■ came out of ■■■ bedroom and reported to staff person A that resident ■■■ entered ■■■ bedroom. ■■■ stated ■■■ got out of bed to get resident ■■■ out of ■■■ room and resident ■■■ pushed ■■■ causing ■■■ to fall onto the floor and hit ■■■ head. Resident ■■■ sustained right arm pain and head pain and was sent to the hospital where ■■■ was diagnosed with a ■■■ of ■■■ right arm. Resident ■■■ indicates ■■■ is in pain due to ■■■ injury and is afraid of resident ■■■

Plan of Correction

Accept (■■■ - 07/28/2026)

Care plan was updated for Resident ■■■ on 5/7/26 to reflect ■■■ going into other's rooms and how staff are to address

Meeting was held with Resident ■■■s ■■■ and ■■■ to discuss concerns with ■■■ and ■■■ continual decline. The MA51 and PASR were completed by the DON and submitted to GECAC for review and assessment for level of care. GECAC will be here on 6/25/26 for assessment. A lease violation was also give to Resident ■■■ on and ■■■ POA due to entering another residents room and causing injury to the resident.

Resident ■■■ level of care was reassessed on 7/8/26 by the DON and due to ■■■ cognitive decline, ■■■ moved into the Secure Memory Care Unit on 7/8/26 until a Skilled Facility placement has been found. A 30 day letter was issued to Resident ■■■ and ■■■ POA on 7/13/26. Agency trainer will conduct CPI training for the staff at Glenwood by August 30, 2026

Licensee's Proposed Overall Completion Date: 08/30/2026

Implemented (■■■ - 09/01/2026)

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 ■■■ is prescribed ■■■, give 1 capsule orally 3 times a day for IBS. Resident ■■■ May 2026 medication administration record (MAR) record does not include the initials of the staff person who administered this medication on 5/3/26 at 6:00a.m. and 5/4/26 at 6:00a.m.

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

Resident [REDACTED] is prescribed Aquaphor External Ointment, apply to chapped lips and chin every day and evening for dry chapped skin. Resident # [REDACTED] May 2026 MAR does not include the initials of the staff person who administered this medication on [REDACTED] at 7:00a.m.

Plan of Correction**Accept [REDACTED] - 07/28/2026)**

DON will run report from April 1, 2026 until June 29, 2026 and will have assigned staff sign off on medications they administered.

Med Techs will be trained at the staff meeting on July 2, 2026 to ensure they understand their responsibility to sign off medications and also regulation 187a.

DON/ADON, for the next 4 weeks starting July 6, 2026, will run daily reports to ensure medications are signed for. Any missing documentation will be corrected within 24 hours by the med tech and Med tech immediately re trained by the DON/ADON.

Licensee's Proposed Overall Completion Date: 08/03/2026

Implemented [REDACTED] - 09/01/2026)