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

August 4, 2026

[redacted]
SARAH A REED RETIREMENT CENTER
[redacted]

RE: SARAH REED SENIOR LIVING
227 WEST 22ND STREET
ERIE, PA, 16502
LICENSE/COC#: 44761

[redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/17/2026 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: *SARAH REED SENIOR LIVING* **License #**: *44761* **License Expiration**: *05/03/2026*

Address: *227 WEST 22ND STREET, ERIE, PA 16502*

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

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *SARAH A REED RETIREMENT CENTER*

Address: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *10/11/1994* **Issued By**: *Dept. of Labor & Industry*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *87* **Waking Staff**: *65*

Inspection Information

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

Reason: *Incident* **Exit Conference Date**: *06/17/2026*

Inspection Dates and Department Representative

06/17/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100* **Residents Served**: *68*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *1st Floor* **Capacity**: *25* **Residents Served**: *19*

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *68*

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

Have Mobility Need: *19* **Have Physical Disability**: *0*

Inspections / Reviews

06/17/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/20/2026*

07/28/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *08/04/2026*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *08/04/2026*

Inspections / Reviews *(continued)*

08/04/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *08/04/2026*

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

23a - Activities of Daily Living Assistance

1. Requirements

2600.
23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident [redacted] initial assessment and support plan dated [redacted] and the resident's significant change assessment and support plan dated [redacted], indicate that the resident requires no assistance with supervision in the home or when in familiar surroundings, but needs attendance in unfamiliar places. On [redacted], resident [redacted] left the building alone and walked approximately one block, including crossing a busy street where [redacted] fell on the sidewalk sustaining a [redacted] to [redacted] a closed [redacted] and [redacted]

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

On 5/23/2026, LPN assessed resident and sent [redacted] to emergency room for futher evaluation. PCP and POA were notified by LPN. Resident returned to facility on the same day with no new medication changes. CRNP advised to ice resident's wrist PRN. On that same day upon return from emergency room. safety checks were increased from Q 2 hours to Q 1 hour by staff. Due to exacerbation of [redacted], resident was admitted to secured dementia unit on 6/30/2026 where resident will be more closely supervised for safety and care needs.

Licensee's Proposed Overall Completion Date: *07/20/2026*

Implemented [redacted] 08/04/2026)