

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

September 9, 2026

[REDACTED], EXECUTIVE DIRECTOR
THE PRESBYTERIAN HOMES IN THE PRESBY OF LAKE ERIE
6351 WEST LAKE ROAD
ERIE, PA, 16505

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/24/2026, 06/25/2026 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:** 07/28/2027

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: 6351 WEST LAKE ROAD, ERIE, PA, 16505

Phone: [REDACTED]

Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP

Date: 05/30/2026

Issued By: Dept. of Labor & Industry

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 94

Waking Staff: 71

Inspection Information

Type: Full

Notice: Unannounced

BHA Docket #:

Reason: Renewal, Complaint, Incident

Exit Conference Date: 06/25/2026

Inspection Dates and Department Representative

06/24/2026 - On-Site: [REDACTED]

06/25/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 80

Residents Served: 61

Secured Dementia Care Unit

In Home: Yes

Area: Woodside Place

Capacity: 24

Residents Served: 20

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 61

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 33

Have Physical Disability: 2

Inspections / Reviews

06/24/2026 Full

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 07/25/2026

Inspections / Reviews (*continued*)

08/05/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/31/2026

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 08/12/2026

08/13/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/31/2026

Reviewer: [REDACTED]

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

09/09/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/31/2026

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

The initial assessment and support plan, dated [REDACTED] for resident #1, indicates the resident has a severe problem with the ability to safely use poisonous materials and requires assistance as staff are to ensure poisonous materials are kept out of reach and locked up. However, on 6/24/25 resident #1 did not receive this assistance as required, as there was an unlocked 4 oz. tube of Sensodyne toothpaste on the resident's bedside table with a label stating, 'If more than used for brushing is accidentally swallowed, get medical help or contact a Poison Control Center right away.'

Plan of Correction

Accept ([REDACTED]) - 08/05/2026

On 6/25/2026, The Sensodyne toothpaste was removed from the resident's room. Beginning, July 27th 2026, PCHA or designee will conduct two audits for two resident's charts weekly for five consecutive weeks until deficiency free to ensure that the resident's assessment and support plan is being followed as expected. After this, beginning August 31st, 2026, PCHA Designee will conduct audit twice a month to ensure the resident plan is being followed. All nursing will be educated on the importance of following the resident assessment and support plan. PCHA will provide education, and audits will be reviewed at the nursing risk management meetings by August 28th, which will be date of completion.

Licensee's Proposed Overall Completion Date: 08/28/2026

Implemented ([REDACTED]) - 09/09/2026

65f - Training Topics

2. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person B did not receive training in the following training topics during training year 1/1/25 - 12/31/25:

** Medication self-administration training.*

** Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.*

65f - Training Topics (continued)

Plan of Correction**Accept () - 08/05/2026**

Staff person B will complete the education for medication self-administration training and instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool medical evaluation and support plan for training year 2026 by August 28th, 2026.

Beginning July 27th, 2026, PCHA will conduct an audit on two nursing team members monthly to ensure that they have been completing the necessary training plan for 2026. By August 28th, 2026, All team members will be educated on the importance of completing annual education. By December 31st, 2026, all nursing team members should complete the necessary training by end of year.

Licensee's Proposed Overall Completion Date: 08/28/2026

Implemented () - 09/09/2026

65g - Annual Training Content

3. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
3. Resident rights.
5. Falls and accident prevention.

Description of Violation

Staff person A and B did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert during training year 2025.

Staff person A did not receive training in resident rights and falls and accident prevention during training year 2025.

Plan of Correction**Accept () - 08/05/2026**

PCHA was able to schedule training for staff from a fire safety expert on August 11th, 2026. The staff person A is no longer employed with Manchester Commons and staff person B will be included in the training and all other nursing, ancillary team members who work on Personal Care will be educated on fire safety. Beginning July 27th, 2026, PCHA will conduct a monthly audit until end of 2026 on all nursing team members and ancillary staff who work on Personal care to ensure they have been trained by a fire safety expert. By August 28th, 2026, nursing team members and ancillary staff who work on Personal care will have received the fire safety education by a fire safety expert to meet the requirement.

Licensee's Proposed Overall Completion Date: 08/28/2026

Implemented () - 09/09/2026

82c - Locking Poisonous Materials

4. Requirements

2600.

82c Locking Poisonous Materials (continued)

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

On 6/24/25, there was an unlocked 4 oz. tube of Sensodyne toothpaste on resident #1's bedside table with a label stating, 'If more than used for brushing is accidentally swallowed, get medical help or contact a Poison Control Center right away. Resident #1 has been assessed as being unsafe around poisonous materials.

Plan of Correction

Accept () - 08/05/2026)

On 6/25/2026, The Sensodyne toothpaste was removed from the resident's room. Beginning, July 27th 2026, PCHA or designee will conduct two audits for two residents' s room weekly for five consecutive weeks until deficiency free to ensure all items are locked and inaccessible to residents. After this, beginning August 31st,2026, PCHA Designee will conduct audit twice a month on secure dementia unit to ensure all poisonous materials are locked. All nursing staff will be educated to keep poisonous materials locked and inaccessible. PCHA will provide education, and audits will be reviewed at the nursing risk management meetings by August 28th, which will be date of completion.

Licensee's Proposed Overall Completion Date: 08/28/2026

Implemented () - 09/09/2026)

101j7 - Lighting/Operable Lamp**5. Requirements**

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

On 6/24/26 at 11:00a.m., resident #2 did not have access to an operable source of light that can be turned on/off at bedside.

On 6/24/26 at 11:15a.m., resident #3 did not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept () - 08/05/2026)

On June 24th, 2026 , maintenance was able to place a source of light near the bedside of resident #2 and resident #3. Beginning July 27th, 2025, PCHA or designee will conduct audits on two resident rooms for five consecutive weeks until deficiency free to ensure that an operable source of lighting can be turned on at bedside. After this, beginning August 31st, 2026, PCHA or designee will conduct audit once a month to ensure compliance. By August 28th, 2026, all nursing team members will be educated on alerting the PCHA or Assistant PCHA if there is not a source of lighting close to residents' bedside. Education and audits will be reviewed at the nursing risk management meetings by August 28th, 2026.

Licensee's Proposed Overall Completion Date: 08/28/2026

Implemented () - 09/09/2026)

123c - Evacuation Diagrams**6. Requirements**

2600.

123c - Evacuation Diagrams (continued)

123.c. For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

Description of Violation

The home's current evacuation diagrams posted do not accurately reflect the current exits.

Plan of Correction

Accept () - 08/13/2026

On July 20th, 2026 Maintenance Director updated the evacuation diagram. However, due to recent change of EXIT doors, the original diagram would accurately reflect the current exits. On August 12th, 2026, Maintenance Director updated the evacuation diagram again to ensure we are in compliance. Beginning August 12th, 2026, PCHA or designee will begin to perform audit once a week for five weeks consecutively until deficiency free to ensure that home's current evacuation diagrams posted and accurately reflect the current exits. After this, beginning September 10th, 2026, PCHA or designee will conduct audit once a month to ensure compliance. All nursing team members will be educated on ensuring that the diagrams accurately reflect the current exits. PCHA will provide education, and audits will be reviewed at the nursing risk management meetings by August 28th, 2026, which will be date of completion.

Licensee's Proposed Overall Completion Date: 08/28/2026

Implemented () - 09/09/2026

133.1 - Exit Signs**7. Requirements**

2600.

133.1. Exit Signs - The following requirements apply for a home serving nine or more residents: Signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

Description of Violation

There is an exit sign over the common courtyard exit door, however this goes to a gated, common courtyard and is not an emergency exit.

Plan of Correction

Accept () - 08/13/2026

After further review, it was decided that we would not be able to properly evacuate residents out of that door. On 8/12/2026, PCHA removed the EXIT Signage off the door and the other door to the courtyard - both labeled as "NOT AN EXIT". Beginning August 12th, 2026, PCHA or designee will begin to perform audit once a week for five weeks consecutively until deficiency free to ensure the door still has sign placed as NOT AN EXIT. After this, beginning September 10th 2026, PCHA or designee will conduct audit once a month to ensure compliance. All nursing team members will be educated on ensuring that non-exit doors are labeled with NOT AN EXIT sign. PCHA will provide education, and audits will be reviewed at the nursing risk management meetings by August 28th, 2026, which will be date of completion.

Licensee's Proposed Overall Completion Date: 08/28/2026

Implemented () - 09/09/2026

183d - Prescription Current**8. Requirements**

183d - Prescription Current (*continued*)

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 5/12/26 resident #1 was prescribed Refresh Tears Ophthalmic Solution, instill 2 drops in right eye every 4 hours as needed for 5 days. However, the medication was discontinued on 5/17/26 but it was still in the home's medication cart.

On 1/28/26 resident #4 was prescribed Glutose 15 40% Oral Gel, give 30 grams (2 tubes) by mouth every 15 minutes as needed for Hypoglycemia. However, this medication was in the medication cart and there was no current order for this medication, and it was not on the resident's medication administration record.

Plan of Correction

Accept () - 08/05/2026)

On 06/25/2026, resident #1 refresh tears were removed from the cart and resident #4 Glutose was also removed from the cart. Beginning July 22nd, 2026, PCHA or designee will begin to perform audit on two resident physician orders for five weeks consecutively until deficiency free to ensure that resident's medication has an active order. After this, beginning August 31st, 2026, PCHA or designee will conduct audit on two resident's physician orders monthly for one quarter to ensure compliance. All nursing team members will be educated on ensuring that only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home. PCHA will provide education, and audits will be reviewed at the nursing risk management meetings by August 28th, 2026, which will be date of completion.

Licensee's Proposed Overall Completion Date: 08/28/2026

Implemented () - 09/09/2026)

187d - Follow Prescriber's Orders

9. Requirements

2600.

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

Description of Violation

On 5/10/26 resident #5 was prescribed Lidocaine 4% patch, apply topically to right shoulder once daily for moderate pain related to joint stiffness, on in the morning, off at bedtime. However, the home was administering a 5% patch to the resident.

Plan of Correction

Accept () - 08/13/2026)

On 6/26/2026, the order was changed to reflect Lidocaine 5% patch; instead of 4%. Beginning July 27th, 2026, PCHA or designee will begin to perform medication audits on two residents for five weeks consecutively until deficiency free – this would be to ensure that all prescribers orders are being followed. After this, beginning August 31st, 2026, PCHA or designee will conduct medication audit on two residents for one quarter to ensure compliance. All nursing team members will be educated following the prescriber's orders. PCHA will provide education, and audits will be reviewed at the nursing risk management meetings by August 28th, 2026, which will be date of completion. Yes- the order was changed to reflect 5% rather than 4%.

Licensee's Proposed Overall Completion Date: 08/28/2026

Implemented () - 09/09/2026)