

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

September 24, 2026

[REDACTED], PARALEGAL
ERIE SNF OPERATIONS LLC
[REDACTED]
[REDACTED]

RE: NIGHTINGALE LIFE CENTER
607 EAST 26TH STREET
ERIE, PA, 16504
LICENSE/COC#: 45274

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/08/2026, 07/09/2026 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,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: NIGHTINGALE LIFE CENTER

License #: 45274

License Expiration: 09/15/2026

Address: 607 EAST 26TH STREET, ERIE, PA 16504

County: ERIE

Region: WESTERN

Administrator

Name:

Phone:

Email:

Legal Entity

Name: ERIE SNF OPERATIONS LLC

Address:

Phone:

Email:

Certificate(s) of Occupancy

Type: C-2 LP

Date: 12/30/1986

Issued By: Dept. of Labor & Industry

Type: C-2 LP

Date: 09/22/1987

Issued By: Dept. of Labor & Industry

Type: Other

Date: 11/09/1987

Issued By: Dept. of Labor & Industry

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 20

Waking Staff: 15

Inspection Information

Type: Full

Notice: Unannounced

BHA Docket #:

Reason: Renewal

Exit Conference Date: 07/09/2026

Inspection Dates and Department Representative

07/08/2026 - On-Site:

07/09/2026 - On-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 117

Residents Served: 16

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: 16

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 4

Have Physical Disability: 0

Inspections / Reviews

07/08/2026 Full

Lead Inspector:

Follow-Up Type: POC Submission

Follow-Up Date: 08/09/2026

Inspections / Reviews (*continued*)

08/20/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/24/2026

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 08/27/2026

09/24/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/24/2026

Reviewer: [REDACTED]

Follow Up Type: Bypass Document
Submission

09/24/2026 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/24/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

65g - Annual Training Content

1. 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.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff person A and staff person 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 the 2025 training year.

Staff person A, staff person B, staff person C, and staff person D did not receive training in the following training topics during the 2025 training year:

- * *Emergency preparedness procedures and recognition and response to crises and emergency situations*
- * *Resident rights*
- * *The Older Adult Protective Services Act*
- * *Falls and accident prevention*

Plan of Correction

Accept () - 09/24/2026)

Re-education for staff member A,B,C,D and rest of DCS on Emergency preparedness procedures and recognition and response to crises and emergency situations, Resident rights, The Older Adult Protective Services Act, Falls and accident prevention and fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert started 7/10/26 and completed 7/13/26 by facility Educator/staff person trained by a fire safety expert. New education platform(SNF Clinic) was added and will start 8/15/26. On SNF Clinic facility can add existing education or manually create required education for all staff including SNF side.. All required DHS required education will be added to SNF Clinic (including education completed by June 8th for 2026)starting 8/15/26 and need to be completed by 12/31/26. Education will be added by facility educator or designee. Facility annually Fire Safety education completed by a fire safety expert or by a staff person trained by a fire safety expert is scheduled for October 14th with 4 different sessions scheduled on that day.

2. Facility educator/PCHA or designee will audit monthly completed education compliance starting 8/15/2026 and completing by 12/31/26.

3.Education Compliance will be reviewed monthly at QAPI/ Quality Management meeting starting 8/6/26 and completed by 12/31/26

Licensee's Proposed Overall Completion Date: 08/31/2026

Implemented () - 09/24/2026)

86b - Bathroom

2. Requirements

2600.

86b - Bathroom (continued)

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

On 7/8/26 at 10:35 a.m., the common bathroom next to resident bedroom #248 did not have an operable window or ventilation fan.

Plan of Correction**Accept () - 09/24/2026)**

- 1. Exhaust Fan was checked by maintenance director on 7/10/26 and completed by 7/10/26 that exhaust damper was closed. Exhaust damper was opened and is functioning properly.*
- 2. Maintenance director or designee will do daily audits for facility exhaust fans for one week, than 3 times a week, than 2 times a week than monthly starting 7/10/26 and completed by 12/31/26.*
- 3. Exhaust fan audit will be reviewed monthly at QAPI/ Quality Management meeting starting 8/6/26 and completed by 12/31/26*

Licensee's Proposed Overall Completion Date: 08/31/2026

Implemented () - 09/24/2026)**103e - Left Overs****3. Requirements**

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

On 7/8/26 at 10:52 a.m., there was an undated tray of scrambled eggs and an undated tray of cooked bacon in the walk-in refrigerator.

On 7/8/26 at 10:54 a.m., there was an undated bag of approximately twelve frozen waffles in the walk-in freezer.

Plan of Correction**Accept () - 09/24/2026)**

- 1. leftover food was wasted immediately by dietary manager on 7/8/26. Verbal education given immediately to present staff. Written education was started 7/8/26 and completed 7/9/26 by dietary manager.*
- 2. Leftover food audit started 7/10 by dietary manager or designee and will be completed by 12/31/26. AM/PM shift daily x one week, than 3x week x one week random shift, than 2x week x 2 weeks random shift, than monthly.*
- 3. Leftover food audit will be reviewed monthly at QAPI/ Quality Management meeting starting 8/6/26 and completed by 12/31/26*

Licensee's Proposed Overall Completion Date: 08/31/2026

Implemented () - 09/24/2026)**132c - Fire Drill Records****4. Requirements**

2600.

132c - Fire Drill Records (continued)

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the fire drills conducted on 12/19/25 and 2/24/26 does not include an evacuation time.

The fire drill record for the fire drills conducted on 3/27/26, 5/11/26, and 6/16/26 does not include the evacuation routes used.

The fire drill record for the fire drills conducted on 4/25/26, 5/11/26, and 6/16/26 does not include the number of residents residing in the home or the number of residents evacuated during the fire drill.

The fire drill record for the fire drills conducted on 5/11/26, 6/16/26, 6/25/26, and 4/25/26 does not include a.m., or p.m. designation.

Plan of Correction

Accept () - 09/24/2026)

1. Reeducation on written fire drill record for maintenance staff started 7/10/26 and completed 7/14/26 by PCHA.
2. Starting 7/10/26 - 2 fire drills for/per month of July and August will be conducted and than monthly. PCHA or designee will audit fire drills records starting 7/10/26 and complete by 12/31/26.
3. Fire drill records audit will be reviewed monthly at QAPI/ Quality Management meeting starting 8/6/26 and completed by 12/31/26.

Licensee's Proposed Overall Completion Date: 08/31/2026

Implemented () - 09/24/2026)

144c1 - Smoking Area Guidelines**5. Requirements**

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

The home indicates it is a non-smoking facility, however, on 7/8/26 at 11:00 a.m., there were multiple smoked cigarette butts on the ground approximately 10 feet from the home's trash compactor.

Plan of Correction

Accept () - 09/24/2026)

1. Area was immediately cleaned by maintenance staff. Re-education on facility smoking facility policy for DCS started 7/10/26 and completed 7/12/26 by PCHA. For all other staff policy was send By HR director on facility payroll platform starting 7/9/2026 completed by 7/17/26. New education platform starts 8/15/26 smoking policy education will be conducted monthly until 12/31/26.
2. Facility ground audit will be conducted by PCHA or designee starting 7/10/26 and completed by 12/31/26 4x day xdaily x one week, than 3x day x3days x one week, than 2x day x2days x one week , than daily x 3 days , than monthly.

144c1 Smoking Area Guidelines (continued)

3. Facility grounds audit will be reviewed monthly at QAPI/ Quality Management meeting starting 8/6/26 and completed by 12/31/26 .

Licensee's Proposed Overall Completion Date: 08/31/2026

Implemented () - 09/24/2026)

185a - Implement Storage Procedures**6. 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

On 7/6/26 at 3:43 p.m., resident #1's glucometer indicated a blood glucose reading of 93. However, the resident's July 2026 medication administration record indicated a blood glucose reading of 3.

Plan of Correction

Accept () - 09/24/2026)

1. Surveyor on site checked other residents glucometer (only 2 resident uses glucometers) and all readings were correct. Education on Glucometer for Med techs started 7/10/26 and completed 7/10/26 by PCHA.

2. Glucometer reading audit will be completed daily x one week, then 3/week x one week, then 2/week x one week, then once/week x one week, then monthly by PCHA . Audit will start 7/10/26 and completed by 12/31/26.

3. Glucometer audit will be reviewed monthly at QAPI/ Quality Management meeting starting 8/6/26 and completed by 12/31/26 .

Licensee's Proposed Overall Completion Date: 08/31/2026

Implemented () - 09/24/2026)

225c - Additional Assessment**7. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

The assessment for resident #2, dated () does not include the diagnoses of ()

() as indicated on the resident's medical evaluation, dated ()

Plan of Correction

Accept () - 09/24/2026)

1. New RASP for that resident was completed on 7/10/26 by PCHA. Audit was conducted on all other RASP 4 RASP completed by surveyor on site and other 12 by PCHA. No additional documentation identified.

225c - Additional Assessment (continued)

2. For all future RASP double review will be conducted by PCHA or designee starting 7/10/26 and completed by 12/31/26.

3. RASP audit will be reviewed monthly at QAPI/ Quality Management meeting starting 8/6/26 and completed by 12/31/26 .

Licensee's Proposed Overall Completion Date: 08/31/2026

Implemented ([REDACTED] - 09/24/2026)