

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

October 21, 2025

[REDACTED]  
THE PRESBYTERIAN HOMES IN THE PRESBY OF LAKE ERIE  
[REDACTED]  
[REDACTED]

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

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/12/2025 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: 07/28/2026  
 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: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-2 LP Date: 05/30/1997 Issued By: Dept. of Labor & Industry

**Staffing Hours**

Resident Support Staff: Total Daily Staff: 93 Waking Staff: 70

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #: [REDACTED]  
 Reason: Complaint, Incident Exit Conference Date: 08/12/2025

**Inspection Dates and Department Representative**

08/12/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 80 Residents Served: 64

Secured Dementia Care Unit  
 In Home: Yes Area: Woodside Place Capacity: 24 Residents Served: 19

Hospice  
 Current Residents: 2

Number of Residents Who:  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 64  
 Diagnosed with Mental Illness: 29 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 29 Have Physical Disability: 2

**Inspections / Reviews**

08/12/2025 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/13/2025

09/13/2025 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 10/15/2025  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 10/15/2025

Inspections / Reviews *(continued)*

10/21/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/15/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

15b - Supervisor Plan

1. Requirements

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On [redacted] at 2:30p.m., resident [redacted] s [redacted] reported to staff of the home that staff person A was verbally abusive to resident [redacted]. The home suspended staff person A on [redacted]; however, staff person A returned to work on [redacted].

Plan of Correction

Accept [redacted] - 09/13/2025)

In response to the violation, the PCHA will ensure strict compliance by requiring that any direct care staff member with an allegation of abuse remains either suspended or placed under a supervision plan. Beginning, September 15th, 2025, PCHA or designee will conduct real-time audits of all team members under suspension to ensure they are not reinstated prior to receiving official clearance from DHS.

Licensee's Proposed Overall Completion Date: 10/10/2025

Implemented [redacted] - 10/21/2025)

42c - Treatment of Residents

2. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On multiple dates and times from [redacted] resident [redacted] rang [redacted] call bell for assistance with toileting. Staff person A responded to resident [redacted] requests in a negative manner, causing the resident to feel [redacted] was being degraded and scolded for having accidents.

Plan of Correction

Accept [redacted] - 09/13/2025)

On June 26, 2025, Staff Person A was immediately suspended following the receipt of an allegation. The investigation was conducted and completed by PCHA.

Effective September 15, 2025, PCHA or its designee will begin conducting private interviews with two residents each week for four consecutive weeks to ensure residents are being treated with dignity and respect. This process will continue until no deficiencies are identified.

Beginning October 15, 2025, PCHA or its designee will conduct resident interviews twice per month. Any deficiencies identified will be addressed and corrected immediately, with all findings documented and reviewed for quality assurance.

By October 10, 2025, all nursing team members will be required to complete mandatory training through the Relias platform. This training will cover Abuse, Neglect, and Exploitation, as well as Preventing, Recognizing, and Reporting Abuse. An overview and audit of the education will be reviewed during the Nursing Risk Management Meeting, with October 10, 2025, set as the completion deadline.

Licensee's Proposed Overall Completion Date: 10/10/2025

Implemented [redacted] - 10/21/2025)