

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

September 24, 2025

[REDACTED] PARALEGAL
ERIE SNF OPERATIONS LLC
[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 07/01/2025, 07/02/2025 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: NIGHTINGALE LIFE CENTER License #: 45274 License Expiration: 09/15/2025
 Address: 607 EAST 26TH STREET, ERIE, PA 16504
 County: ERIE Region: WESTERN

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: ERIE SNF OPERATIONS LLC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP	Date: 12/30/1986	Issued By: Dept L&I
Type: C-2 LP	Date: 09/22/1987	Issued By: Dept L&I
Type: Other	Date: 11/09/1987	Issued By: Dept L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 19 Waking Staff: 14

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 07/02/2025

Inspection Dates and Department Representative

07/01/2025 - On-Site: [REDACTED]
 07/02/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 117 Residents Served: 14

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: 14
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 5 Have Physical Disability: 0

Inspections / Reviews

07/01/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/29/2025

Inspections / Reviews (*continued*)

08/12/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/23/2025

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 08/19/2025

08/19/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/23/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 09/15/2025

09/24/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/23/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

65f - Training Topics

1. 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

The following direct care staff persons did not receive annual training in the training year 2024 in the topic safe management techniques:

Staff person A, hired [REDACTED]
 Staff person B, hired [REDACTED]
 Staff person C, hired [REDACTED]

Plan of Correction

Accept [REDACTED] - 08/19/2025)

1. Education on Safe management techniques started on 7/7/25 to all direct Care Staff by RN, Educator and completed by 7/15/25
2. Starting 7/7/25 a checklist will be included for all DCS with all required training topics for the year and monitored monthly by an Educator or designee and completed by 12/31/25 .
3. Yearly required education will be reviewed quarterly on QAPI/ Risk Management meetings starting 7/31/25 and completed by 12/31/25.

Licensee's Proposed Overall Completion Date: 12/31/2025

Implemented [REDACTED] - 09/24/2025)

65i - Training Record

2. Requirements

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

On 7/2/25, Direct care staff person A, hired [REDACTED], 2024 training record for the training topic medication self-administration was missing the date of the training and the length of the course.

On 7/2/25, Direct care staff person A, hired [REDACTED] 2024 training record for the training topic instruction on meeting the needs of the residents, completed 4/26/24, was the length of the course.

On 7/2/25, Direct care staff person B, hired [REDACTED] 2024 training record for the training topic medication self-administration was missing the date of the training and the length of the course.

65i - Training Record (continued)

On 7/2/25, Direct care staff person B, hired [REDACTED] 2024 training record for the training topic instruction on meeting the needs of the residents, completed 4/14/24, was the length of the course.

On 7/2/25, Direct care staff person C, hired [REDACTED] 2024 training record for the training topic medication self-administration. Completed 3/7/24, and instruction on meeting the needs of the residents, completed 4/24/24, were missing the length of each course.

Plan of Correction

Accept ([REDACTED] - 08/19/2025)

1. A new sign in sheet was created that includes Name of staff trained, staff title, staff signature, date, source, name of course, length of course, Educator name print and signature. All DCS re-educated on Medication self administration started 7/8/25 completed 7/17/25 and Meeting the needs of the resident started 7/8/25 completed 7/17/25. Sign in sheet created and education completed by RN Educator.
2. Starting 7/8/25 educator or designee will review monthly if all education requirements are met and continue monthly checks until 12/31/25
3. Starting 7/31/25 Education requirements will be reviewed on QAPI/ Risk Management meetings quarterly and completed by 12/31/25

Licensee's Proposed Overall Completion Date: 12/31/2025

Implemented ([REDACTED] - 09/24/2025)

88a - Surfaces

3. Requirements

- 2600.
- 88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 7/1/25, at approximately 10:22 a.m., there was a section of plaster cracked damaged, measured approximately 10 in x 2 in, in the right rear corner of the ceiling located at the St Joseph's chapel exit.

Plan of Correction

Accept ([REDACTED] - 08/19/2025)

1. Maintenance started with repaired damage ceiling area on 7/2/25 and completed by 7/10/25
2. Monthly facility inspection rounds with documented checklist starting 7/5/25 will be complete by maintenance by end of each month and reviewed by PCHA monthly until 12/31/25
3. Starting 7/31/25 all facility audit reports will be reviewed on quarterly "Safety Meeting/Risk Management meeting" and continue until 12/31/25

Licensee's Proposed Overall Completion Date: 12/31/2025

Implemented ([REDACTED] - 09/24/2025)

105g - Lint Removal and Duct Cleaning

4. Requirements

- 2600.

105g - Lint Removal and Duct Cleaning (continued)

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer’s instructions.

Description of Violation

On 7/1/25, at approximately 12:15 p.m., the left most industrial dryer located in the laundry room had approximately ¼ inch on lint in its lint trap. The lint was multicolored and there where white towels in the dryer.

Plan of Correction

Accept ([redacted]) - 08/19/2025)

- 1. On 7/1/25 Lint was removed immediately by laundry staff. 2-hour log implemented on 7/3/25 and posted by each dryer.
- 2. Housekeeping Manager or designee will monitor daily lint checks /logs for 2 weeks, than weekly for 4 weeks, than monthly . Started 7/3/25 until 12/31/25
- 3. Lint audit report will be reviewed quarterly at QAPI/Risk Management meeting starting 7/31/25 and completed by 12/15/25

Licensee's Proposed Overall Completion Date: 12/15/2025

Implemented ([redacted]) - 09/24/2025)

132c - Fire Drill Records

5. Requirements

2600.

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

On 7/1/25, the fire drill record since June 2024, did not include the time to evacuate in minutes and seconds, to include the following:

Date & Time	Time to Evacuate
6/27/24 10:12 a.m.	8 minutes
7/15/24 5:08 p.m.	5 minutes
7/25/24 8:53 a.m.	7 minutes
8/7/24 11:00 a.m.	7 minutes
9/11/24 11:20 p.m.	6 minutes
10/22/24 10:14 a.m.	6 minutes
11/8/24 3:35 a.m.	7 minutes
12/17/24 11:45 p.m.	8 minutes
1/31/25 11:31 a.m.	7 minutes
2/17/25 7:05 p.m.	8 minutes
3/20/25 6:45 a.m.	6 minutes
4/25/25 1:00 p.m.	7 minutes
5/28/25 10:47 a.m.	7 minutes

132c - Fire Drill Records (continued)

Plan of Correction

Accept (█) - 08/19/2025

1. Maintenance manager retrained on fire drill requirements starting 7/3/25 by PCHA and completed 7/3/25
2. Fire drill conducted on 7/7/25 by maintenance with minutes and seconds included. Fire drill log starting 7/8/25 will be reviewed monthly by PCHA until 12/31/25.
3. Fire drill audit will be reviewed quarterly at QAPI/Risk Management meeting starting 7/31/25 until 12/31/25

Licensee's Proposed Overall Completion Date: 12/31/2025

Implemented (█) - 09/24/2025

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 7/2/25, GenTeal pm ophthalmic ointment, apply small amount to right eye 4 times daily, prescribed to resident #1 was in the medication cart; however, this medication is not a current order and is not listed on the July 2025 medication administration record (MAR).

Plan of Correction

Accept (█) - 08/19/2025

1. Starting 7/2/25 Medication disposed immediately per facility protocol. Order reviewed with Physician and new order implemented on 7/2/25.
2. Cart audit log implemented, and first audit started 7/5/25 and completed by 7/6/25 by Med tech on duty. Cart audit log will be completed by Med tech/Nurse on duty weekly until 12/31/25
3. PCHA or designee will review and conduct audits on 5 random residents Bi-weekly starting 7/7/25 until 12/31/25

Licensee's Proposed Overall Completion Date: 12/31/2025

Implemented (█) - 09/24/2025

187d - Follow Prescriber's Orders

7. Requirements

2600.

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

Description of Violation

On 7/2/25, resident #2 was prescribed Aspirin 81mg chewable tablets, 1 tablet by mouth one time a day; however, the medication in the medication cart being administered daily, to include 7/1/25 and 7/2/25, was Aspirin 81mg EC, 1 tablet by mouth daily.

On 7/2/25, resident #1 was prescribed Refresh PM Ophthalmic ointment, instill 1 strip in right eye 3 times daily; however, the home was administering GenTeal pm ophthalmic ointment. The Refresh PM was not available in the medication cart for administration.

Plan of Correction

Accept (█) - 08/19/2025

1. Both orders reviewed with physician on 7/2/25 and new orders implemented immediately on 7/2/25

187d - Follow Prescriber's Orders (continued)

2. Medication audit on all residents started and completed on 7/6/25 by Med tech on duty. Medication audit will be completed by Met tech/ Nurse on duty weekly until 12/31/25
3. PCHA or designee will review and conduct medication audits on 5 random residents Bi-weekly starting 7/7/25 until 12/31/25

Licensee's Proposed Overall Completion Date: 12/31/2025

Implemented ([REDACTED] - 09/24/2025)