

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

July 8, 2025

[REDACTED], COO
INTEGRACARE ERIE LLC
[REDACTED]
[REDACTED]

RE: THE RESIDENCE AT PRESQUE ISLE
BAY
1012 WEST BAYFRONT PARKWAY
ERIE, PA, 16507
LICENSE/COC#: 45350

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 05/21/2025, 05/22/2025 of the above facility, no regulatory citations have been identified as a result of this inspection.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *THE RESIDENCE AT PRESQUE ISLE BAY* License #: *45350* License Expiration: *08/27/2025*
Address: *1012 WEST BAYFRONT PARKWAY, ERIE, PA 16507*
County: *ERIE* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *INTEGRACARE ERIE LLC*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *09/02/2010* Issued By: *Erie*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *86* Waking Staff: *65*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint, Provisional* Exit Conference Date: *06/10/2025*

Inspection Dates and Department Representative

05/21/2025 - On-Site: [REDACTED]
05/22/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity:	<i>138</i>	Residents Served:	<i>66</i>
Secured Dementia Care Unit			
In Home:	<i>Yes</i>	Area:	<i>1st Floor</i>
Capacity:	<i>22</i>	Residents Served:	<i>15</i>
Hospice			
Current Residents:	<i>3</i>		
Number of Residents Who:			
Receive Supplemental Security Income:	<i>0</i>	Are 60 Years of Age or Older:	<i>66</i>
Diagnosed with Mental Illness:	<i>0</i>	Diagnosed with Intellectual Disability:	<i>0</i>
Have Mobility Need:	<i>20</i>	Have Physical Disability:	<i>0</i>

Inspections / Reviews

05/21/2025 - Full
Lead Inspector: [REDACTED] Follow-Up Type: *Not Required*

NO DEFICIENCIES FOUND