

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395996	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/31/2026
NAME OF PROVIDER OR SUPPLIER Manchester Commons of Presbyterian Seniorcare		STREET ADDRESS, CITY, STATE, ZIP CODE 6351 West Lake Road Erie, PA 16505	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of clinical records and Minimum Data Set (MDS - federally mandated standardized assessment conducted at specific intervals to plan resident care), and staff interview, it was determined that the facility failed to ensure that the MDS assessments accurately reflected the status for one of 19 residents reviewed (Resident R67). Findings include: Resident R67's clinical record revealed an admission date of 4/24/26, with diagnoses including protein calorie malnutrition, pressure ulcer right buttock stage three (wound with full thickness tissue loss), diabetes mellitus and high blood pressure. Resident R67's clinical record revealed assessment documentation provided by the contracted wound care specialist as follows: -6/02/26, Right Buttock is a Deep Tissue Pressure Injury (DTI) persistent non-blanchable deep red, maroon or purple discoloration Pressure ulcer measured 3.9 cm [centimeters] X 3.2 cm X 0.1 cm, condition the wound is deteriorating. -6/17/26, follow-up assessment DTI wound to the Right Buttock. Resident with numerous hospital admission with most recent from 6/4/26- 6/12/26. Right Buttock is a Stage Three Pressure Ulcer measured 0.3 cm X 1.0 cm X 0.1 cm, condition the wound is improving. Review of Resident R67's Discharge Return Anticipated MDS dated [DATE], under Section M0100, Skin Conditions revealed it was coded as having no pressure ulcers and under Section M0300, C. Stage Three Skin Conditions revealed it was coded as having zero. Review of Resident R67's Significant Change MDS dated [DATE], under Section M0100, Skin Conditions revealed it was coded as having no pressure ulcers and under Section M0300, C. Stage Three Skin Conditions revealed it was coded as having zero. During an interview on 7/30/26, at 2:00 p.m. the Director of Nursing confirmed that the wound staging on the above MDS' for Resident R67 were coded incorrectly. 28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa. Code 211.5(f)(ii)(iv)(ix) Medical records		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
--	-------	-----------