

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396072	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/18/2025
NAME OF PROVIDER OR SUPPLIER Millcreek Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 5535 Peach Street Erie, PA 16509	

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)
<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>Based on review of facility policy and clinical records, and staff interview, it was determined that the facility failed to ensure that a resident was free from significant medication errors for one of seven residents reviewed (Resident R1). Findings include: Review of a current facility policy entitled Management of Hypoglycemia revealed that nursing staff must notify the physician if the resident has signs of hypoglycemia [low blood sugar] that are not resolved by following the facility protocol for hypoglycemia management. Resident R1's clinical record revealed an admission date of 12/07/21, with diagnoses that included diabetes (condition of improper blood sugar/insulin levels), pancreatectomy (removal of the pancreas), and Hodgkin's lymphoma (cancer of the immune system). Resident R1's clinical record revealed a physician's order dated 8/22/25, for Lispro (type of insulin) 100 Units/ml (milliliter) inject 3 units subcutaneous (sq - injected into the tissue between the skin and muscle) three times daily (9:00 a.m. 1:00 p.m. and 6:00 p.m.) for diabetes. Hold if BS (blood sugar) is below 270 [milligrams/deciliter (mg/dL)]. Resident R1's October 2025, Medication Administration Record (MAR) revealed that Resident R1 had a BS of 257 mg/dL on 10/6/25 at 1:00 p.m. and BS of 157 mg/dl on 10/6/25 at 6:00 p.m. and staff administered the Lispro 3 units, which should have been held according to physician's orders. Lispro insulin was administered and not in accordance with physician's orders when Resident R1 was administered 3 units of Lispro when his/her BS was below 270 mg/dL on the above date and times and should have been held. During an interview on 10/13/25, at approximately 11:55 a. m. the Director of Nursing confirmed that Resident R1's Lispro insulin was administered on 10/6/25 at 1:00 p. m. and on 10/6/25 at 6:00 p.m. when it was ordered to be held. 28 Pa. Code 211.12(d)(1)(5) Nursing services 28 Pa. Code 211.10(c) Resident care policies</p>

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
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