STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	396072	A. Building B. Wing	03/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Millcreek Manor	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)
F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. Based on review of facility policy and staff and resident interviews, it was determined that the facility failed to ensure resident's privacy rights by opening residents' mail/delivered packages without resident consent for one of one residents reviewed (Resident R1). Findings include: A facility policy entitled Mail/Package Screening revealed that delivered items would be opened by the facility upon written consent from the resident. The policy also made reference to residents' right to send and promptly receive unopened mail and other letters, packages and other materials delivered to the resident, including those delivered through a means other than a postal service. During an interview on March 28, 2026, from approximately 10:00 am through 11:30 a.m. Resident R1 revealed that facility staff, at the direction of a previous administrative staff person, were opening packages delivered to the resident without his/her consent, and that the previous staff person explained that since the packages were not always delivered by the U.S. Postal Service he/she did not have the right to receive deliveries unopened. During interview on March 28, 2026, at approximately 12:10 p.m., the Nursing Home Administrator confirmed that Resident R1's deliveries were opened previously without the resident's knowledge or permission. 28 Pa. Code 201.14(a) Responsibility of licensee

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on review of clinical records, resident and staff interview, it was determined that the facility failed to ensure that physician's orders were followed for one of one residents reviewed (Resident R1). Findings include: Resident R1's clinical record revealed an admission date of 5/19/25, with diagnoses that included bladder cancer, diabetes, pain, high blood pressure and muscle wasting. Resident R1's clinical record revealed physician's orders, dated 1/26/26, that the resident was scheduled for a colonoscopy on 3/18/26, and directed that the resident's Aspirin be held for five days prior to the procedure. During an interview on 3/28/26, from approximately 10:00 a.m., through 11:30 a.m. Resident R1 revealed that the colonoscopy procedure scheduled to be done on 3/18/26, had to be canceled because the facility nursing staff failed to hold the daily Aspirin and continued to administer the medication daily up to the day of the scheduled procedure. During interview on 3/28/26, at approximately 12:15 a.m., the Nursing Home Administrator confirmed that the physician's orders were not followed and nursing staff did not hold Resident R1's Aspirin prior to the scheduled colonoscopy procedure and as a result the procedure had to be canceled 28 Pa. Code 211.12(d)(3)(5) Nursing services 28 Pa. Code 201.18(b)(2) Management