



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to MILLCREEK MANOR

LEGAL ENTITY

To operate PARKSIDE SUITES/PARKSIDE AT NORTH EAST

NAME OF FACILITY OR AGENCY

Located at 2 GIBSON STREET, NORTH EAST, PA 16428

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 52
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from November 3, 2015 until November 3, 2016,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 446560

Robert E. Robinson
ISSUING OFFICER

[Signature]
DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 03 2015

Ms. Melanie Titzel, Director of Operations
Millcreek Manor
5535 Peach Street
Erie, Pennsylvania 16509

RE: Parkside Suites/Parkside at North East
2 Gibson Street
North East, Pennsylvania 16428
License #: 446560

Dear Ms. Titzel:

As a result of the Department of Human Services' licensing inspection on August 19, 2015 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones".

Matthew J. Jones
Director

Enclosures
License
License Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

| | | |
|---|-----------------------|--|
| PCH Name: PARKSIDE SUITES PARKSIDE AT NORTH EAST | | License Number: 44656 |
| Address: 2 GIBSON STREET, NORTH EAST, PA 16428 | | County: Erie |
| Administrator: Ashely Parmenter | | Region: WEST |
| Legal Entity Name: MILLCREEK MANOR | | |
| Legal Entity Address: 5535 PEACH STREET, ERIE, PA 16509 | | |
| Certificate(s) of Occupancy C2-A2-DO 10/18/1988 Comm. of PA Dept. L&I | | OCT 03 2015 WEST REGIONAL OFFICE Human Services Licensing |
| Staffing Hours | | |
| Resident Support: 0 | Total Daily Staff: 14 | Waking Staff: 11 |
| Type of Inspection: Full | BHA Docket Number: | Notice: Unannounced |
| Reason(s) for Inspection(s) Provisional | | |
| On-Site Inspections Dates and Department Representatives On-Site 08/19/2015: Hultquist, Cliff; Breuer, Patricia | | |
| Off-Site Inspection Dates and Inspectors, if Applicable | | |
| Other Details | | |
| Partial or Full Triggers: N/A | | Random Indicators: N/A |
| Resident Demographic Data as of Inspection Dates | | |
| Licensed Capacity: 52 Number of Residents Served: 14 Secured Dementia Care Unit in Home: NO Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 1 | | Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 13 Have Mental Illness: 3 Have an Intellectual Disability: 1 Have a Mobility Need: 0 Have a Physical Disability: 0 |

Violation Report: 44656 - 08/19/2015 - Hultquist, Cliff
PCH Name: PARKSIDE SUITES PARKSIDE AT NORTH EAST

REGIONAL INSPECTION OFFICE
PHARMACY SERVICES LICENSING

1. REGULATION 55 Pa.Code §2600
2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION
Resident #1's August 2015 medication administration record (MAR) does not include initials of the staff person administering the following prescribed medications at 8:00 p.m. on 8/18/15:
- MAPAP - 325mg tablet
- Namenda - 10mg tablet
- Minocycline - 50mg tablet
- Naproxen Sodium - 220mg tablet

Resident #2's August 2015 MAR does not include initials of the staff person administering the 8:00 p.m. dose of Mirtazapine - 15mg on 8/10/15.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed * Please see page 2 of 2 for Plan of Correction. sm 10/14/15

① IMMEDIATELY FOLLOWING INSPECTION VERIFICATION WAS OBTAINED FROM STAFF THAT MEDS WERE GIVEN. MAR WAS INITIALED BY STAFF NOTING LATE ENTRY.

② TO PREVENT THIS VIOLATION FROM TAKING PLACE IN THE FUTURE A LOG WILL BE USED BETWEEN SHIFTS REQUIRING MAR AUDIT AND SIGN OR BY BOTH SHIFTS

③ STAFF HAVE BEEN EDUCATED OF NEW PROCESS

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) Ashley Parmenter, LPA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Ashley Parmenter, LPA Date 10/01/15

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 10-14-15 (Date)

The above plan of correction was approved by Smp (Initials)

Plan of correction implementation status as of 10-14-15 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress Smp
- Partially Implemented - Inadequate Progress
- Not Implemented

RECEIVED

OCT 01 2015

Violation Report: 44666 - 08/19/2015 - Hultquist, Cliff
PCH Name: PARKSIDE SUITES PARKSIDE AT NORTH EAST

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

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3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Immediately - The administrator or designated staff person qualified to administer medications will monitor the administration of resident medication at least weekly to ensure all medication administration documentation is completed at the time of administration. *SAR 10-14-15*

Within 30 days of receipt of the plan of correction, all staff persons qualified to administer medications will be educated on the proper procedures for medication administration, to include documentation of medication administration at the time of administration. *SAR 10-14-15*

| | | | |
|----------------------|-----------------------------------|--|--|
| Repeat Violation: No | Date(s) of Previous Violation(s): | | |
|----------------------|-----------------------------------|--|--|

Signature of Legal Entity Representative
(Required on EVERY Page) *A Ashley Parmenter, LCN*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Ashley Parmenter, LCN* Date *10/01/15*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of _____
(Date)

Plan of correction implementation status as of _____
(Date)

The above plan of correction was approved by _____
(initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented