



pennsylvania
DEPARTMENT OF HUMAN SERVICES

FEB 08 2017

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' annual licensing inspection on September 29, 2016 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.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: PARKSIDE SUITES PARKSIDE AT NORTH EAST		License Number: 44668
Address: 2 GIBSON STREET, NORTH EAST, PA 16428		County: Erie
Administrator: Ashley Parmenter		Region: WEST
Legal Entity Name: MILLCREEK MANOR		
Legal Entity Address: 5535 PEACH STREET, ERIE, PA 16509		
Certificate(s) of Occupancy C-2 LP 10/18/1989 L&I		RECEIVED NOV 14 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 16	Working Staff: 12
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 09/29/2016: Bedford, Katie; Bartlett, Patricia		
Off-Site Inspection Dates and Inspectors, If Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 52 Number of Residents Served: 9 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: 0 Number of Hospice Residents in past year: 1		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 8 Have Mental Illness: 0 Have an Intellectual Disability: 1 Have a Mobility Need: 7 Have a Physical Disability: 0

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Page 2 of 7

Violation Report: 44656 - 09/29/2016 - Bedford, Kalle
PCH Name: PARKSIDE SUITES PARKSIDE AT NORTH EAST

WEST VIRGINIA FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION

The first aid kit in the first floor nursing station does not include scissors.

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.

The administrator will place a list of supplies to be kept in the first aid kit. Staff will check the first aid kit weekly sign off that the required contents were present. The administrator will check the first aid kit monthly and sign off on the list as well.

Scissors were added to the first aid kit on 9/29/16. J.W. 11/22/16

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

Signature of Legal Entity Representative
(Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Arshay Parmenter, CPN/ Admin* Date *11/11/16*

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

The above plan of correction is approved as of 11/22/16
(Date)

Plan of correction implementation status as of 11/22/16
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *J.W.*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by J.W.
(Initials)

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Violation Report: 44868 - 09/29/2016 - Bedford, Katie
PCH Name: PARKSIDE SUITES PARKSIDE AT NORTH EAST

EAST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2600

2800.107(b) - The home shall have written emergency procedures that include the following:

- (1) Contact information for each resident's designated person.
- (2) The home's plan to provide the emergency medical information for each resident that ensures confidentiality.
- (3) Contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents.
- (4) Means of transportation in the event that relocation is required.
- (5) Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs.
- (6) Alternate means of meeting resident needs in the event of a utility outage.

2a. DESCRIPTION OF VIOLATION

The home's written emergency procedures do not include the telephone numbers for local and State emergency management agencies.

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.

preparedness
7/21/16
11/22/16

Phones numbers for local and state emergency management have been added to the emergency medical plan. The director/administrator will update the phone numbers if or when they change. A yearly audit will be done to verify numbers.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Ashley Parmenter, CN / Admin

Date

11/11/16

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

The above plan of correction is approved as of

11/22/16
(Date)

Plan of correction implementation status as of

11/22/16
(Date)

- Fully Implemented *PN.*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

PN.
(Initials)

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Violation Report: 44056 - 09/29/2016 - Bedford, Katie
PCH Name: PARKSIDE SUITES PARKSIDE AT NORTH EAST

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600

2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

2a. DESCRIPTION OF VIOLATION

The home currently serves seven residents with mobility needs; however, the home's most recent notification to the local fire department, dated March 10, 2016, indicates that there are no residents with mobility needs served by the home.

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.

When Parkside receives a resident who is not independently mobile we will (management) immediately notify the fire department.

*We would like to dispute this violation. All residents are independently mobile or minimal mobile. Each person listed as minimal is noted to use a walker, cane, scooter, or other mobility device independently. They are also able to transfer independently. We do not have any residents who require mobility help to evacuate. The only time we would have an immobile resident is when a resident goes on hospice.

The home is currently serving 0 residents with mobility needs. *WV. 11/22/16*

The administrator or designated staff person will immediately notify the local fire department in writing upon the admission of a new resident with mobility needs or the health status change of a current resident resulting in a mobility need defined as an individual who is unable to move from one location to another, has difficulty in understanding and carrying out instructions without the continued full assistance of other individuals or is incapable of independently operating an ambulation device to exit a building. *WV. 11/22/16*

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

Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Ashley Kormaner LRN/Admin*

Date *11/11/16*

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The above plan of correction is approved as of 11/22/16
(Date)

Plan of correction implementation status as of 11/22/16
(Date)

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

The above plan of correction was approved by [Signature]
(Initials)

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Violation Report: 44658 - 09/29/2016 - Bedford, Katie
PCH Name: PARKSIDE SUITES PARKSIDE AT NORTH EAST

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800
2800.130(h) - The home's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.

2a. DESCRIPTION OF VIOLATION
The home's emergency procedures do not indicate what fire watch procedures will be implemented when a smoke detector or fire alarm is inoperable.

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.

We have added to the inoperable smoke detector or fire alarm policy that 15 minute resident and building checks will be implemented during the time that the alarms are inoperable.

Within 30 days of receipt of the plan of correction: all staff persons will receive education on the home's policy and procedures for when a smoke detector or fire alarm system becomes inoperable. JW, 11/22/16

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

Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Ashley Parmenter* Date *11/11/16*

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The above plan of correction is approved as of 11/22/16
(Date)

Plan of correction implementation status as of 11/22/16
(Date)

The above plan of correction was approved by JW.
(Initials)

- Fully Implemented *JW.*
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Violation Report: 44656 - 09/29/2016 - Bedford, Kalle
PCH Name: PARKSIDE SUITES PARKSIDE AT NORTH EAST

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 66 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered;

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Loperamide 1 mg/7.5 ml - take 2 ml by mouth as needed; however, the resident's September medication administration record (MAR) indicates the strength of this medication as 1 mg/5 ml.

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.

When MARs are delivered from the pharmacy the nurse on duty will review the MARs to ensure they are printed correctly.

Resident #1's MAR was updated with the current order for Loperamide. *pd 11/22/16*
Within 15 days of receipt of the plan of correction: a designated staff person, qualified to administer medications, will conduct an initial and then monthly audit of residents' current medication orders and MARs to ensure each resident's MAR is complete and contains all of the information required by 2600.187a. *pd 11/22/16*

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Ashley Pankster LPN/Admin* Date *11/11/16*

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The above plan of correction is approved as of 11/22/16 (Date)

Plan of correction implementation status as of 11/22/16 (Date)

The above plan of correction was approved by [Signature] (Initials)

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

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NOV 14 2016

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44868 - 09/29/2016 - Bedford, Kalle
PCH Name: PARKSIDE SUITES PARKSIDE AT NORTH EAST

1. REGULATION 55 Pa.Code §2800

2800.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

The assessment for resident #2, dated 7/21/16, does not include the diagnosis of Depression as indicated on the resident's medical evaluation, dated 8/30/16.

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.

When evaluations are received from a physician the administrator will go back through assessments to be sure that the diagnoses are current and accurate.

Resident #2's assessment was updated to include all current diagnoses. *JN. 11/22/16*
within 15 days of receipt of the plan of correction: a designated staff person will review all current resident assessments to ensure accuracy and completion, including all current diagnoses. *JN. 11/22/16*

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

Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Ashley Parmenter (PN/Admin)* Date *11/11/16*

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(Date)

Plan of correction implementation status as of 11/22/16
(Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *JN.*
(Initials)