



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

APR 26 2018

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  
Certificate #: 446560

Dear Ms. Titzel:

As a result of the Department of Human Services' annual licensing inspection on October 24, 2017, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary

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

PGH Name: PARKSIDE SUITES PARKSIDE AT NORTH EAST		License Number: 44056
Address: 2 GIBSON STREET, NORTH EAST, PA 18428		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 Dept. of L & I		<b>RECEIVED</b>  FEB 06 2018  WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 14	Waking Staff: 11
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for inspection(s)</b> Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 10/24/2017: Culter, Jan; Plaff, Vicki		
<b>Off-Site Inspection Dates and Inspectors, If Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
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: 0  Number of Hospice Residents In past year: 2	<b>Number of Residents who:</b>  Receive Supplemental Security Income: 0  Are 60 Years of Age or Older: 13  Have Mental Illness: 1  Have an Intellectual Disability: 1  Have a Mobility Need: 0  Have a Physical Disability: 0	

FEB 08 2018

Violation Report: 44656 - 10/24/2017 - Cutler, Jan  
PCH Name: PARKSIDE SUITES PARKSIDE AT NORTH EAST

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2800.25(a)(1) - Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.

2a. DESCRIPTION OF VIOLATION

Resident #1, admitted [redacted] 2016, did not have a resident-home contract completed until [redacted] 2016.

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 Director and/or the administrative assistant will audit for personal care residents for active agreements. An audit sheets has been developed to include the resident name, date, apartment number, and active contract date. This will also be double checked with in property boss which is Parkside's Online data base for leases and accounting. Please see attached sheet.

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, PCHA/LPN      Date 02/05/18

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

The above plan of correction is approved as of 2/13/18  
(Date)

Plan of correction implementation status as of 2/13/18  
(Date)

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

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

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FEB 09 2018

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 44050 - 10/24/2017 - Cutler, Jan  
PCH Name: PARKSIDE SUITES PARKSIDE AT NORTH EAST

**1. REGULATION 55 Pa.Code §2000**

2600.126(a) - A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

**2a. DESCRIPTION OF VIOLATION**

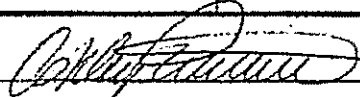
The most recent inspection of the furnace was conducted on 6/22/2015.

**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.*

Going forward the annual inspection of Parkside's furnace will be scheduled prior to the annual due date by administration. immediately following this survey the furnace inspection was Completed. <sup>on 10/25/17 MS 2/13/18</sup> Please see the attached inspection sheet.

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, PCHA/LPN      Date      02/05/18

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

The above plan of correction is approved as of 2/13/18  
(Date)

Plan of correction implementation status as of 2/13/18  
(Date)

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

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

Violation Report: 44666 - 10/24/2017 - Culter, Jan  
 PCH Name: PARKSIDE SUITES PARKSIDE AT NORTH EAST

WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #2 is prescribed the following medications; however, the pharmacy labels are incorrect as listed below:

- \* Alendronate 70 mg give one tablet by mouth every week on Monday; however, the pharmacy label indicates Alendronate 70 mg give one tablet by mouth every other week.
- \* Ventolin Inhaler use two puffs orally every 6 hours as needed; however, the pharmacy label indicates Ventolin Inhaler use two puffs orally every 4 hours as needed.
- \* Senna 8.6 mg give one tablet by mouth two times daily; however, the pharmacy label indicates Senna 8.6 mg give one tablet by mouth as needed.

One of resident #2's bottles of prescribed Pradaxa did not have a pharmacy label.

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 person receiving medications from the pharmacy delivery shall check each medication received. If there is a discrepancy between orders and the pharmacy label, the pharmacy will be contacted immediately to verify accuracy, followed by the prescriber if any changes are in question. A copy of any new orders will be requested immediately and verified before any medications are dispensed. Audit sheets have been developed and will be kept in the medication cart. The Audit Sheets will contain when the medication is received with a date and signature and will be checked against both the MAR and new pharmacy label. *Audits have been implemented.*  
*Resident #2 no longer resides in the home MS 2/13/18* *MS 2/13/18*

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Ashley Parmenter*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Ashley Parmenter, PHCA/LPN	Date 02/05/18
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 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

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

Violation Report: 44858 - 10/24/2017 - Cutler, Jan  
PCH Name: PARKSIDE SUITES PARKSIDE AT NORTH EAST

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 65 Pa.Code §2800

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's October 2017 MAR does not include the diagnosis or purpose for the following medications:

- \* Escitalopram 10 mg
- \* Nitrofurantoin 100 mg

Resident #2's October 2017 MAR does not include the diagnosis or purpose for the following medications:

- \* Hydralazine 50 mg
- \* Mucinex 600 mg
- \* Metoprolol 25 mg
- \* Methimazole 5 mg
- \* Alendronate 70 mg
- \* Atorvastatin 40 mg
- \* Pradaxa 75 mg
- \* Bumetanide 1 mg
- \* Mirtazapine 15 mg

Resident #2 is prescribed Milk of Magnesia give 30 ml by mouth daily as needed; however, the October 2017 MAR indicates Milk of Magnesia give 2-4 Tbsp one time daily.

Resident #3's October 2017 MAR does not include the diagnosis or purpose for Benzoyl Peroxide Liquid 10 %

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 MARs for residents #1 and #3 have been corrected. Resident #2 no longer resides in the home. ms 2/13/18*  
Please see attached. *See page 6 A of 7*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Ashley Parmenter*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Ashley Parmenter, PCHA/LPN Date 02/05/18

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Plan of correction implementation status as of 2/13/18 (Date)

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

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FEB 06 2018

Violation Report: 44656 - 10/24/2017 - Culler, Jan  
PCH Name: PARKSIDE SUITES PARKSIDE AT NORTH EAST

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

Resident #1's assessment, dated 8/14/2017, did not include the diagnoses of Corobral Vascular Accident, Depression, Osteoarthritis and Atrial Fibrillation as indicated on the resident's medical evaluation, dated 8/10/2017.

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

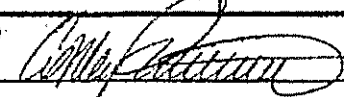
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The Nursing Coordinator will go over the assessments and DMEs by reviewing and documenting to assure that each one matches each other. <sup>prior to placing the forms in the resident's record.</sup> If there is a significant change the Nursing <sub>MS 2/13/18</sub> Coordinator will update the assessment within 24 hours. If the nursing coordinator is unavailable to make the change it will be delegated to the person (nurse or med-tech) in charge of the shift. A change of shift for has been developed to document significant changes from one shift to another, the nursing coordinator will be notified of the sheets completion. Please see attached shift change sheet.

*Resident #1's assessment has been revised to include all diagnoses listed on the resident's current medical evaluation. MS 2/13/18*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
(Required on EVERY Page)



Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Ashley Parmenter, PCHA/LPN	02/05/18

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The above plan of correction was approved by <u>MS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>MS</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented