



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: July 3, 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's Bureau of Human Services Licensing inspection on March 20, 2018, 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 that reads "Jason Williams".

Jason Williams
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

JUN 08 2018

Violation Report: 44656 - 03/20/2018 - Mulick, Cindy
PCH Name: PARKSIDE SUITES PARKSIDE AT NORTH EAST

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 3/10/18, at approximately 8:00 p.m., staff person A went into room 207, occupied by Resident #1 and Resident #2, to administer medications. Staff person A, noticed that Resident #1 required incontinence care while in bed and called staff person B to assist with this care. Staff person B came to the room and said to resident #1 that he/she didn't have time for this "shit". Also, when staff person A was going to provide resident #1 a piece of chocolate, staff person B said if resident #1 was "shitting the bed" that would just make the resident "shit" some more. Additionally, staff person B referred to resident #1 as a "fucking bitch." This was not reported to the local Area Agency on Aging until 3/14/18.

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.

see attached page 2^a of 3

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)

Reemne Parkside Community Director/Lead

Date

06/07/2018

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

The above plan of correction is approved as of

6/27/18
(Date)

Plan of correction implementation status as of

6/27/18
(Date)

The above plan of correction was approved by

[Handwritten Initials]
(Initials)

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

Plan of Correction

Violation Report: 44656003/20/18- Mulick, Cindy page 2 of 3

2600.15(a)

A verbal and written review of our policy and procedure manual will be discussed with employees one on one and to be completed within one week (June 11th, 2018). The community and personal care home administrator will discuss the importance of reporting abuse. Staff members of the home will be re-educated on policy/procedure R, NE, MS named "Reportable Incidents" outlining the importance of reporting suspected abuse immediately if suspected to AAA as stated in the first step of the procedure (LECOM Senior Living Center Policy was updated 06/06/18—attached). Staff will sign off stating they understand the policy and review (new training sheet as of 06/06/18— attached). Furthermore, these policies are reviewed during new staff orientation within their first 40 hours of employments in addition to training on: resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act, reporting of reportable incidents and conditions (the sheet used for staff training during orientation is attached)

*Mulick
6/11/18*

JUN 08 2018

Violation Report: 44666 - 03/20/2018 - Mulick, Cindy
PCH Name: PARKSIDE SUITES PARKSIDE AT NORTH EAST

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

On 3/10/18, at approximately 8:00 p.m., staff person A went into room 207, occupied by Resident #1 and Resident #2, to administer medications. Staff person A, noticed that Resident #1 required incontinence care while in bed and called staff person B to assist with this care. Staff person B came to the room and said to resident #1 that he/she didn't have time for this "shit". Also, when staff person A was going to provide resident #1 a piece of chocolate, staff person B said if resident #1 was "shitting the bed" that would just make the resident "shit" some more. Additionally, staff person B referred to resident #1 as a "fucking bitch."

Resident #1 is now anxious and having difficulty sleeping as a result of this incident.

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.

SEE attached page 3 of 3

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)

LEARNER PCH/CD/COMMUNITY DIRECTOR/PCHCD

Date

06/05/2018

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

The above plan of correction is approved as of

6/27/18
(Date)

Plan of correction implementation status as of

6/27/18
(Date)

The above plan of correction was approved by

[Handwritten Initials]
(Initials)

Fully Implemented

Partially Implemented - Adequate Progress *[Handwritten Initials]*

Partially Implemented - Inadequate Progress

Not Implemented

Plan of Correction

Violation Report: 44656003/20/18- Mulick, Cindy page 3^a of 3

2600.42(b)

In additional to the policy review, Two computer-based training videos were posted as assignments to be completed within one week (June 11th, 2018). The videos are titled as follows: "Abuse and Neglect in Health Care: What Every Health Care Professional Needs to Know" and "Abuse, Elder Justice & Caregiver Burnout". These videos serve as a mandatory compliance for polices and procedures and mini course refresher—they are taught by Dr. [REDACTED] through Collins Learning a computer-based training program. A test is given at the end of the course displaying a certificate of completion if staff answers the questions correctly. The staff communication log note is attached to this as well as two certificates from the online computer training for your record.

Lpukylo

Community director / pcha

Parkside North East

Staff person A was terminated from the home on 3/14/18. p.c. 6/14/18

[Handwritten signature]
06/16/18