



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

JAN 22 2019

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 annual inspection on October 16, 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.

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,

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: 44656
Address: 2 GIBSON STREET, NORTH EAST, PA 16428		County: Erie
Administrator: LeeAnn Pukylo		Region: WEST
Legal Entity Name: MILLCREEK MANOR		
Legal Entity Address: 5535 PEACH STREET, ERIE, PA 16509		
<b>Certificate(s) of Occupancy</b> C2/A2/DO                      S1/I2 10/18/1989                    4/16/18 L&I                                NORTH EAST BOROUGH		
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 33	Waking Staff: 25
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 10/16/2018: McConnell, Deb; Spagna, Lauren		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>  <div align="center">                     RECEIVED                      DEC 12 2018                      WEST REGION FIELD OFFICE                      Human Services Licensing                 </div>		
<b>Other Details</b>		
Partial or Full Triggers:	Random Indicators:	
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 70 Number of Residents Served: 23 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: 3	<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 22 Have Mental Illness: 19 Have an Intellectual Disability: 1 Have a Mobility Need: 10 Have a Physical Disability: 0	

*Kristin Schuler 12-12-2018*

Violation Report: 44856 - 10/16/2018 - McConnell, Deb  
 PCH Name: PARKSIDE SUITES PARKSIDE AT NORTH EAST

**1. REGULATION 55 Pa.Code §2800**

2600.23(a) - A home shall provide each resident with assistance with activities of daily living as indicated in the resident's assessment and support plan.

**2a. DESCRIPTION OF VIOLATION**

The assessment, dated 2/1/18 and support plan, dated 3/13/18, for resident #1, indicated the resident required hourly checks for supervision due to safety. However, the staffing check list indicated on multiple days, including the following, the resident was not routinely checked every hour as required in the assessment and support plan.

- \* 3/19/18 - 2:00 a.m., 2:00 a.m., 4:00 a.m., 6:15 a.m., 7:45 a.m., 8:45 a.m., 10:45 a.m., 12:00 p.m.
- \* 3/29/18 - 1:00 p.m., 3:00 p.m., 3:45 p.m., 5:10 p.m.
- \* 3/31/18 - 1:30 p.m., 2:00 p.m., 4:00 p.m.

**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 Page 2A of 18

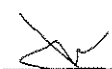
Repeat Violation: No	Date(s) of Previous Violation(s):	
----------------------	-----------------------------------	--

Signature of Legal Entity Representative (Required on EVERY Page)	
--	--

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
PCHA Kristen Behrlem	12-12-2018

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

The above plan of correction is approved as of 12/19/18  
(Date)

The above plan of correction was approved by   
(Initials)

Plan of correction implementation status as of 12/19/18  
(Date)

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

2 of 18

A home shall provide each resident with assistance with activities of daily living as indicated in the resident's assessment and support plan

The Administrator/Coordinator of Nursing will audit the resident checks document 3xs time a week for three months or until three consecution months of 100% compliance is achieved to ensure staff compliance with the resident's assessment and support plan regarding checks. Staff will be educated.

Completion January 28, 2019

See audit sheet

A handwritten signature in black ink, consisting of several loops and a long horizontal stroke.

12/19/18

Violation Report: 44856 - 10/16/2018 - McConnell, Deb  
PCH Name: PARKSIDE SUITES PARKSIDE AT NORTH EAST

1. REGULATION 53 Pa.Code §2600  
2600.102(h) - Toilet paper shall be provided for every toilet.

2a. DESCRIPTION OF VIOLATION  
On 10/16/18, at 10:30 a.m., there was no toilet paper in the bathroom in bedroom #119.

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 page 3A of 18

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)

PCH A. Jensen-Moennig

Date: 12-12-2018

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

The above plan of correction is approved as of 12/19/18  
(Date)

Plan of correction implementation status as of 12/19/18  
(Date)

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

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

3 of 18

Toilet Paper will be provided for every toilet

The housekeeping staff will provide each resident with 2 extra rolls of toilet paper weekly during their routine room cleaning. The administrator will perform a random audit of 5 bathrooms per week to ensure all residents have toilet paper. Audit will be conducted until 100% compliance for three months or until three consecutive months of compliance is achieved. Education will be provided.

Completion January 28, 2019

See audit sheet

A handwritten signature in black ink, consisting of several loops and a long horizontal stroke.

12/19/18

Violation Report: 44656 - 10/18/2018 - McConnell, Deb  
 PCH Name: PARKSIDE SUITES PARKSIDE AT NORTH EAST

**1. REGULATION 55 Pa.Code §2600**

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

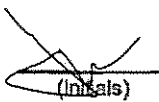
**2a. DESCRIPTION OF VIOLATION**

At approximately 10:00 a.m., the temperature measured 15 degrees Fahrenheit in the 3 door freezer in the kitchen. At approximately 4:15 p.m., the temperature measured 12 degrees Fahrenheit.

**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 Page 4A of 18

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)			Date
PCIA Kristen Bennett			12-12-2018
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
The above plan of correction is approved as of <u>12/19/18</u> (Date)		Plan of correction Implementation status as of <u>12/19/18</u> (Date)	
The above plan of correction was approved by  (Initials)		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

LFA

**FOOD REQUIRING REFRIERATION SHALL BE STORED AT OR BELOW 40 DEGREE F. Frozen food shall be kept at or below 0 degrees F Thermometers are required In refrigerators and freezers. Education will be provided.**

**A new freezer was purchase and dally freezer temperature will be recorded to monitor compliance**

**Staff will be educated If the freezer is over 0 to notify the administrator**

**See attached receipt and photo.**

Immediately - Temperatures of all refrigerators and freezers will be measured and recorded daily.

At least monthly - The administrator or designee will review refrigerator and freezer temperature logs to ensure food is stored at safe temperatures. -- JRW 12/19/18



12/19/18

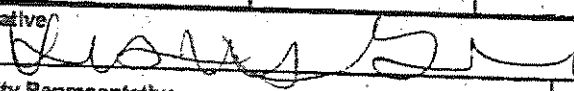
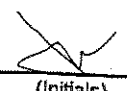
Violation Report: 44656 - 10/16/2018 - McConnell, Deb  
 PCH Name: PARKSIDE SUITES PARKSIDE AT NORTH EAST

**1. REGULATION 55 Pa.Code §2600**  
 2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

**2a. DESCRIPTION OF VIOLATION**  
 The fire drill record for the drill conducted on 1/29/18 does not include A.M. or P.M.

**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 Page 5A of 18

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)		Date
Kristin Behmer PCHA		12-12-2018
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>		
The above plan of correction is approved as of <u>12/19/18</u> (Date)		Plan of correction implementation status as of <u>12/19/18</u> (Date)
The above plan of correction was approved by  (Initials)		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

5 of 18

A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of resident in the home at the time of the drill, the number of residents evacuated the number of staff persons participating problems encountered and whether the fire alarm or smoke detector was operational. Education will be provided by reviewing the policy updates.

The Fire Drill and Fire Alarms policy was amended to require A.M. or P.M. documentation in the Fire Drill Log. The Fire Drill Log will be audited monthly by administrator.

See audit sheet.



12/19/18

Violation Report: 44656 - 10/18/2018 - McConnell, Deb  
PCH Name: PARKSIDE SUITES PARKSIDE AT NORTH EAST

**1. REGULATION 55 Pa.Code §2600**  
2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

**2a. DESCRIPTION OF VIOLATION**  
The home's safe evacuation time established by a fire safety expert on 5/10/18, was 10 minutes and 0 seconds. However, on 9/27/18, at 6:45 a.m., the residents evacuated in 13 minutes and 11 seconds and on 9/28/18, at 6:40 a.m. residents evacuated in 10 minutes and 19 seconds.

**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 Page 6A of 18

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Kristen Gehlert*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *DCHA Director*      Date *12-12-2018*

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

The above plan of correction is approved as of 12/19/18  
(Date)

Plan of correction implementation status as of 12/19/18  
(Date)

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

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

6 OR 18

Resident shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert with the period specified in written within the past year by a fire safety expert

The Fire Safety Expert evaluated the building and required a 15 minutes evacuation time rather than a 10-minute evacuation time

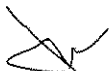
Completion 1/29/19

See attached letter.

By February 28, 2019 - The administrator will observe one fire drill.

Immediately and at least monthly thereafter - The administrator will review the fire drill log to ensure the evacuation time is being met.

-- JRW 12/19/18



12/19/18

Violation Report: 44656 - 10/16/2018 - McConnell, Dab  
 PCH Name: PARKSIDE SUITES PARKSIDE AT NORTH EAST

1. REGULATION 55 Pa.Code §2800  
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.


2a. DESCRIPTION OF VIOLATION

The home has not held a fire drill during sleeping hours every 6 months. The last sleeping hours fire drill was conducted on 4/18/18, at 10:45 p.m. The sleeping hours fire drill prior to 4/18/18 was conducted on 4/20/17, at 10:47 p.m.

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 Page 7A of 18

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

Signature of Legal Entity Representative (Required on EVERY Page)	
--	--

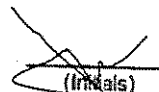
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Kristen Germain	12-12-2018

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

The above plan of correction is approved as of 12/19/18  
 (Date)

Plan of correction implementation status as of 12/19/18  
 (Date)

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

The above plan of correction was approved by   
 (Initials)

7 or 18

A fire drill shall be held during sleeping hours once every 6 months

A detailed fire drill schedule was established to include at least 2 sleeping hours drills.

See attached fire drill schedule and fire drill log

Completion 1/29/19

An unannounced sleeping hours fire drill is scheduled for January 2019.

-- JRW 12/19/18

A handwritten signature in black ink, appearing to be 'JRW', located at the bottom left of the page.

12/19/18

Violation Report: 44656 - 10/16/2018 - McConnell, Deb  
 PCH Name: PARKSIDE SUITES PARKSIDE AT NORTH EAST

**1. REGULATION 55 Pa.Code §2600**  
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

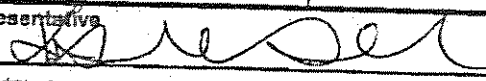

**2a. DESCRIPTION OF VIOLATION**

The medical evaluation for resident #1 was signed by the medical professional on 6/27/18, however, the date the resident was evaluated in-person was blank.

The medical evaluation for resident #2, dated 11/21/17, was not signed by the medical professional until 3/1/18.

**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.

Page 8A of 18

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)			Date
PCIA Kristen Behrens			12-12-2018
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
The above plan of correction is approved as of		12/19/18 (Date)	Plan of correction implementation status as of 12/19/18 (Date)
The above plan of correction was approved by		 (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

8/18

A resident shall have a medical evaluation at least annually

DME documents will be audited monthly from those DME's that are due in the upcoming month to ensure timeliness of documentation. A tickler will be developed to ensure the timeline of documentation requirements. Audits will be documented on an audit sheet.

Completion sheet January 28, 2019

See audit sheet

Immediately - The administrator or designated staff person will review all completed medical evaluation forms to ensure they are completed in their entirety. If any information is missing, the physician will be contacted to complete the document. -- JRW 12/19/18



12/19/18

Violation Report: 44656 - 10/16/2018 - McConnell, Deb  
 PCH Name: PARKSIDE SUITES PARKSIDE AT NORTH EAST

**1. REGULATION 55 Pa.Code §2600**

2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

**2a. DESCRIPTION OF VIOLATION**

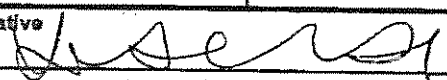
At approximately 2:10 p.m., an opened vile of Novolog Insulin was in the medication cart for resident #3. This medication was discontinued. Resident is currently prescribed Lantus insulin.

**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 Page 9A of 18

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) 

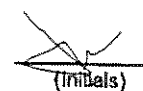
Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) PCHA Kristen Gehlen Date 12-12-2018

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

The above plan of correction is approved as of 12/19/18  
 (Date)

Plan of correction implementation status as of 12/19/18  
 (Date)

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

The above plan of correction was approved by   
 (Initials)

9 OF 18

2600.183

Prescription Medications, OTC medications and CAM that are discontinued shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations.

When prescription medication, OTC medication, or CAM is discontinued it will be destroyed OR returned in a proper manner. The Coordinator or Nursing will audit 50% of discontinued medication for compliance weekly for three months or three consecutive months of 100% compliance is achieved.

Completion 1/28/19

See audit sheet

A handwritten signature in black ink, consisting of several overlapping loops and a long horizontal stroke at the bottom.

12/19/18

Violation Report: 44656 - 10/18/2018 - McConnell, Deb  
 PCH Name: PARKSIDE SUITES PARKSIDE AT NORTH EAST

**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**

The label for resident #2's Advance Eye Relief/Dry Eye did not include the resident's name and instruction for administration; only indicated "up to 4x daily".

Resident #4 is prescribed Phenobarbital 16.2mg, 1 tablet twice daily; however the medication label indicates Phenobarbital 16.2mg 1/2 tablet twice daily.

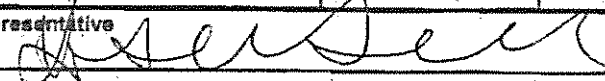
**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

*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 Page 10A of 18

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/24/2017
-----------------------	-----------------------------------	------------

Signature of Legal Entity Representative  
 (Required on EVERY Page)



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

PCH Administrator Kristen Behnen


Date: 12-12-2018

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

The above plan of correction is approved as of 12/19/18  
 (Date)

Plan of correction implementation status as of 12/19/18  
 (Date)

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

The above plan of correction was approved by   
 (Initials)

CSA

10 of 18

2600.18 The original container for prescription medications shall be labeled with a pharmacy label that includes the following

- The resident name
- The name of the medication
- The date the prescription was issued
- The prescribed dosage and instructions for administration
- The name and title of the prescriber

All the proper information will be included on the medication label. The Coordinator of Nursing will monitor new medication labels three times a week for accuracy for three months or until 100% compliance is achieved. Documentation will be kept. -- JRW 12/19/18

Completion 1/28/19

See audit sheet

Immediately - All staff who administer medications will be reeducated on proper medication administration procedures, including checking the medication labels against the medication administration record (MAR) for every resident for every medication administration. Documentation will be kept. -- JRW 12/19/18

 12/19/18

Violation Report: 44656 - 10/18/2018 - McConnell, Deb  
 PCH Name: PARKSIDE SUITES PARKSIDE AT NORTH EAST

**1. REGULATION 55 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**

The October 2018 medication administration record (MAR) for resident #1 did not include the diagnosis or purpose for APAP (Acetaminophen), Memantine and Morphine.

The October 2018 MAR for resident #2 did not include the diagnosis or purpose for the Advance Eye Relief/Dry Eye.

Resident #2 is prescribed Banophen 25mg, 2 capsules once daily. However, the October 2018 MAR indicates Banophen 25mg, 2 capsules daily as needed.

Resident #4's October 2018 MAR indicates Acetaminophen 500mg, 2 tablets every 4-6 hours as needed. However, the medication was discontinued on 7/10/18.

**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 Page 11A of 18

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/24/2017
-----------------------	-----------------------------------	------------

Signature of Legal Entity Representative  
 (Required on EVERY Page)



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

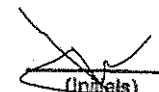
PCH Kristin Gehl Date 12-19-2018

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

The above plan of correction is approved as of 12/19/18  
 (Date)

Plan of correction implementation status as of 12/19/18  
 (Date)

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

The above plan of correction was approved by   
 (Initials)

Page 11 of 18

A medication record shall be kept including the following for each resident for whom medications are administered.

Resident's Name

Drug Allergies

Name of medication

Strength

Dosage form

Dose

Route of administration

Frequency of administration

Administration times

Duration of therapy, if applicable

Special precautions, if applicable

Diagnosis or purpose for the medication, including pre re nata (PRN)

Date and time of medication administration

Name and initials of the staff person administering the medication

MAR will be monitored prior to the beginning of the month for accuracy by the nurse related to all medications for all the above and discontinued medications shall be marked discontinued in a timely manner. Audits will continue for 3 months of 100% compliance or until three consecutive months of compliance is achieved.

Completion 1/28/19

See audit sheet



12/19/18

Violation Report: 44656 - 10/16/2018 - McConnell, Deb  
 PCH Name: PARKSIDE SUITES PARKSIDE AT NORTH EAST

**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 is prescribed Cephalexin, 500mg, 1 capsule every 12 hrs for 7 days, starting 10/11/18. However, the staff person who administered the medication on 10/13/18 and 10/18/18, at 8:00 p.m. did not initial the MAR indicating the medication was administered.

Resident #2 is prescribed Banophen, 25mg, 2 capsules daily, Melatonin, 3mg, 1 tablet at bedtime and Trazodone, 50mg, 3 tabs at bedtime. However, the staff person who administered the medications did not initial the MAR indicating the medication was administered.

- \* Banophen - 10/1/18 at 8:00 p.m.
- \* Melatonin - 10/1/18 at 9:00 p.m.
- \* Trazodon - 10/1/18 at 9:00 p.m.

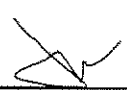
Resident #4 is prescribed Aspirin, 81mg 1 tablet daily, Benzoyl LIQ Wash, once daily and Cerovite Tab Senior, 1 tablet daily. However, the staff person who administered the medications did not initial the MAR indicating the medication was administered.

- \* Aspirin - 10/12/18 at 5:00 p.m.
- \* Benzoyl Wash- 10/1/18 and 10/4/18 at 7:00 a.m.
- \* Cerovite Tab Senior - 10/12/18 at 5:00 p.m.

**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 Page 12A of 18

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)		Date
Kristen Behnen PCAA		12-12-2018
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>		
The above plan of correction is approved as of	12/19/18 (Date)	Plan of correction implementation status as of 12/19/18 (Date)
The above plan of correction was approved by	 (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Page 12 of 18

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

A shift change MAR audit form and process was implemented and will be audited monthly for 100% compliance or three consecutive months of 100% compliance is achieved

Completion 1/28/18

Immediately - All staff who administer medications will be reeducated on proper medication procedures, including documentation. Documentation will be kept. -- JRW 12/19/18

A handwritten signature in black ink, consisting of several overlapping loops and a long horizontal stroke extending to the right.

12/19/18

Violation Report: 44656 - 10/16/2018 - McConnell, Deb  
 PCH Name: PARKSIDE SUITES PARKSIDE AT NORTH EAST

1. REGULATION 55 Pa.Code §2600  
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION  
 Resident #3 is prescribed Aspirin EC 325mg, 1 tablet daily, Lantus 100, inject 200 units twice a day, and Sertraline HCl 100mg, 1 tablet daily. The resident did not receive the medications on the following dates as the medications were not available in the home.

- \* Aspirin EC - 10/6/18 through 10/16/18
- \* Lantus 100 - 10/13/18, 10/14/18 and 10/15/18 at 8:00 a.m. and 8:00 p.m.
- \* Sertraline HCL - 10/1/18, 10/2/18 and 10/3/18

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 Page 13A of 18

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)      Date

PCA Kristin Behnke      12-12-2018

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

The above plan of correction is approved as of <u>12/19/18</u> (Date)	Plan of correction implementation status as of <u>12/19/18</u> (Date)
The above plan of correction was approved by _____ (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Page 13 of 18

The home shall follow the directions of the prescriber

Nursing staff will randomly audit 5 patient charts 3 times a week to ensure needed medications are ordered. Audits will take place for three months of 100% compliance or continue until 3 months of consecutive compliance is achieved.

Completion 1/28/19

See audit sheet

Immediately - The administrator or designee will review medication ordering procedures to ensure all resident medications are available at all times.

Immediately - All staff who administer medications will be educated on medication ordering procedures. Documentation will be kept.

Immediately and at least monthly thereafter - The administrator or designee will complete a medication audit of all residents to ensure all resident medications are available in the home. Documentation will be kept. -- JRW 12/19/18

A handwritten signature in black ink, consisting of several overlapping loops and a long horizontal stroke extending to the right.

12/18/19

Violation Report: 44856 - 10/16/2018 - McConnell, Deb  
 PCH Name: PARKSIDE SUITES PARKSIDE AT NORTH EAST

**1. REGULATION 55 Pa.Code §2600**

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

**2a. DESCRIPTION OF VIOLATION**

The pre-admission screening form for resident #1, dated 3/13/18, did not include if the resident could safely use and avoid poisonous materials. This area was blank.

The pre-admission screening form for resident #3, dated 8/14/18, did not include a determination that the home could meet the service needs of the resident. This area was blank.

**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 Page 14A of 18


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

Signature of Legal Entity Representative (Required on EVERY Page)	<i>Kristen Behnein</i>
--	------------------------

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	<i>PCH Administrator</i>	Date	<i>12-12-2018</i>
---	--------------------------	------	-------------------

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

The above plan of correction is approved as of 12/19/18  
(Date)

The above plan of correction was approved by   
(Initials)

Plan of correction implementation status as of 12/19/18  
(Date)

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

Page 14 or 18

A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form the needs of the resident can be met by the services provided by the home.

The preadmission screening will be reviewed by the Administrator and the Nursing Coordinator prior to being placed in the chart for all new admissions. All new admissions will be audited for 3 months of 100% compliance or continue until three consecutive months of compliance are achieved.

Completion 1/28/19

See audit form.

A handwritten signature in black ink, consisting of several overlapping loops and lines, positioned to the left of the date.

12/19/18

Violation Report: 44856 - 10/16/2018 - McConnell, Deb  
 PCH Name: PARKSIDE SUITES PARKSIDE AT NORTH EAST

**1. REGULATION 55 Pa.Code §2600**  
 2600.225(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 #3 was not dated to the date it was finalized. This area was blank. The assessment does not address the resident's history of wandering, inappropriate sexual touching and crawling into other residents' beds as indicated in the pre-assessment, dated 8/14/18.

**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 Page 15A of 18


Repeat Violation: No	Data(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)

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

The above plan of correction is approved as of 12/19/18  
 (Date)

The above plan of correction was approved by   
 (Initials)

Plan of correction implementation status as of 12/19/18  
 (Date)

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

15 or 18

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.

The administrator or designee will monitor all new admission assessments to ensure they are completed within the 15-day time frame and insure all documented diagnosis and behaviors are included in place of care. Audits will continue for three months of 100% compliance or continue until 3 months of consecutive compliance is achieved

Completion date 1/28/19

See audit sheet

Immediately - All staff who complete support plans will be reeducated on completion of the document and updating the document when the resident's needs change. Documentation will be kept. -- JRW 12/19/18

A handwritten signature in black ink, consisting of several overlapping loops and a long horizontal stroke at the bottom.

12/19/18

**Violation Report: 44656 - 10/16/2018 - McConnell, Deb**  
**PCH Name: PARKSIDE SUITES PARKSIDE AT NORTH EAST**


**1. REGULATION 55 Pa.Code §2600**  
 2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

**2a. DESCRIPTION OF VIOLATION**  
 Resident #1 was admitted on 2/3/18, however the support plan was not finalized until 3/13/18.  
 The assessment for resident #3 was not dated as to the date it was finalized. This area was blank.

**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 Page 16A of 18

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) Kristen Behner PCHA Date 12-12-2018

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

The above plan of correction is approved as of <u>12/19/18</u> (Date)  The above plan of correction was approved by  (Initials)	Plan of correction implementation status as of <u>12/19/18</u> (Date)  <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
--	---

16 OF 18

A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Support plan will be audited on all new admissions by an Administrator and Nurse monthly and as need due to significant changes for three months of 100 % compliance or until three consecutive months of 100% compliance is achieved.

Completion 1/28/19

See audit sheet.

Immediately - All staff who complete support plans will be reeducated on completion of the document, including required timeframes. Documentation will be kept. -- JRW 12/19/18

A handwritten signature in black ink, appearing to be 'JRW', located at the bottom left of the page.

12/19/18

Violation Report: 44656 - 10/16/2018 - McConnell, Deb  
 PCH Name: PARKSIDE SUITES PARKSIDE AT NORTH EAST

**1. REGULATION 55 Pa.Code §2600**

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

**2a. DESCRIPTION OF VIOLATION**

The support plan for resident #1, dated 3/13/18, was not updated to address the resident's change from a 1-person assist in transfers to a 2-person assist as indicated in staff interviews and written nursing instructions.

The support plan for resident #2, dated 1/5/18, does not address the resident's need for an enabler bar.

**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 Page 17A of 18


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) Kristen Gehner PC HA Date 12-12-2018

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

The above plan of correction is approved as of 12/19/18  
 (Date)

The above plan of correction was approved by   
 (Initials)

Plan of correction implementation status as of 12/19/18  
 (Date)

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

17 OR 18

Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

All support plans will be updated to address the resident's current care needs and monitored monthly and as changes occur for three months or three consecutive months 100% compliance achieved.

Completion 1/28/19

Same audit sheet as 16 or 18

Immediately - All staff who complete support plans will be reeducated on completion of the document and updating the document when the resident's needs change. Documentation will be kept. -- JRW 12/19/18



12/19/18

Violation Report: 44656 - 10/16/2018 - McConnell, Deb  
 PCH Name: PARKSIDE SUITES PARKSIDE AT NORTH EAST

**1. REGULATION 55 Pa.Code §2600**  
 2600.227(h) - If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

**2a. DESCRIPTION OF VIOLATION**  
 The support plan for resident #1, dated 3/13/18, was not signed by the resident and did not make a notation regarding the resident's inability or refusal to sign.

**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 page 18A of 18

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)			Date
PCHA Kristen Gehlen			12-12-2018

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

The above plan of correction is approved as of <u>12/19/18</u> (Date)	Plan of correction implementation status as of <u>12/19/18</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

18 OF 18

If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented. Audits will continue for 3 months of 100% compliance or continue until 3 months of 100% compliance is achieved.

Completion 1//28/19

Same audit sheet as 16 of 18

A handwritten signature in black ink, consisting of several overlapping loops and a long horizontal stroke at the bottom.

12/19/18