



MAILING DATE: May 20, 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 inspection on December 12, 2018 and January 3, 2019, of the above facility, the citations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "Jason Williams". The signature is fluid and cursive, written over a light blue horizontal line.

Jason Williams
Human Services Licensing Supervisor

Enclosure
Violation Report

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

PCH Name: PARKSIDE SUITES PARKSIDE AT NORTH EAST		License Number: 44856
Address: 2 GIBSON STREET, NORTH EAST, PA 16428		County: Erie
Administrator: Kristen Gohrlain		Region: WEST
Legal Entity Name: MILLCREEK MANOR		
Legal Entity Address: 5535 PEACH STREET, ERIE, PA 16509		
Certificate(s) of Occupancy S1/12 04/16/2018 L & I		
Staffing Hours Resident Support: 0	Total Daily Staff: 33	Working Staff: 25
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 12/12/2018: Gillette, Lori 01/03/2019: Gillette, Lori		
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: 28 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: 0	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 27 Have Mental Illness: 0 Have an Intellectual Disability: 1 Have a Mobility Need: 5 Have a Physical Disability: 0	

Dr. Patricia Kelly 11/19

RECEIVED

MAY 14 2019

Violation Report: 44656 - 12/12/2018 - Gillette, Lori
PCH Name: PARKSIDE SUITES PARKSIDE AT NORTH EAST

1. REGULATION 55 Pa.Code §2600

2600.63(d) - A staff person who is trained in first aid or certified in obstructed airway techniques or CPR shall provide those services in accordance with their training, unless the resident has a "do not resuscitate" order.

2a. DESCRIPTION OF VIOLATION

On 11/22/2018, at approximately 3:55am, resident #1 fell to the floor in her bedroom and was unresponsive. Resident #2, who was also in the room, alerted staff person A of the situation. Staff persons A and B came to the room and staff person A took resident #1's vitals and found the resident breathing with a weak pulse. Staff person B stayed in the room with resident #1 and resident #2 while staff person A left the room and contacted Emergency services at 3:57am. Staff person A called staff person C, who directed staff person A to check resident #1's vitals again. Staff A again took resident #1's vitals and was unable to find a pulse. Staff person A, who is trained in CPR, did not perform CPR on resident #1. Resident #1 does not have a "Do not resuscitate" order. Resident #1 did not receive CPR until first responders arrived at 4:12am. Resident #1 was then transported via ambulance to Millcreek Community Hospital.

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 2

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

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

The above plan of correction is approved as of 5/16/19 (Date)

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

Plan of correction implementation status as of 5/16/19 (Date)

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

[Handwritten signature] 5/14/19

RECEIVED

MAY 14 2019

WEST REGION FIELD OFFICE
Human Services Licensing

PLAN OF CORRECTION

WHAT SPECIFIC CHANGE WILL BE MADE

Staff will be educated regarding the administration of CPR.
A new POLST for Personal Care Policy will be implemented.

WHO WILL MAKE THE CHANGE WHEN WILL THE CHANGE BE MADE

The Director of Senior Living Communities, The Community Director, and the Director of Nursing will implement the change by May 15, 2019.

WHAT SYSTEM HAVE YOU IMPLEMENTED TO BE SURE THE THAT THE SAME VIOLATION WILL NOT OCCUR AGAIN

A monthly audit will be conducted by the Director of Nursing to ensure all new staff are educated and newly admitted residents have documentation regarding their POLST.
Audits will continue until three months of 100% compliance is achieved.

Michael Chen 5/14/19

JW 5/16/19