



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SENT VIA EMAIL: jbabiak@lecomslc.org

MAILING DATE: April 21, 2020

Ms. Jaime Babiak
Director of Long Term Care 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. Babiak:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on October 18, 2019, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "Jason Williams".

Jason Williams
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *PARKSIDE SUITES/PARKSIDE AT NORTH EAST*

License Number: *44656*

Address: *2 GIBSON STREET,, NORTH EAST, PA 16428*

County: *ERIE*

Region: *WESTERN*

Administrator

Name: *Carrie Ashton*

Phone: *8148444295*

Email: *MTITZEL@LECOMSLC.ORG*

Legal Entity

Name: *MILLCREEK MANOR*

Address: *5535 PEACH STREET, ERIE, PA, 16509*

Certificate(s) of Occupancy

Type: *Other*

Date: *10/18/1989*

Issued By: *Labor & Industry*

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *55*

Waking Staff: *41*

Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

Inspection Dates and Department Representative

10/18/2019 - On-Site: Lori Gillette, Barbara Barone

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *70*

Residents Served: *35*

Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *33*

Diagnosed with Mental illness: *0*

Diagnosed with Intellectual Disability: *1*

Have Mobility Need: *20*

Have Physical Disability: *0*

3c - Post Current License

Regulations

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

The home does not have a copy of the chapter 2600 book posted in a conspicuous and public place in the home.

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.)

- CORRECTED ON SITE DURING SURVEY.
- REGS PLACED ON BULLETIN BOARD BY MAILBOXES NEAR ENTRY TO DINING ROOM.
- WILL BE CHECKED WEEKLY TO ENSURE COMPLIANCE FOR 3 CONSECUTIVE MONTHS, WILL BE CHECKED BY ADMINISTRATOR.

Legal Entity Representative

Scott Jenco
Signature

SCOTT JENCO PCHA
Printed Name and Title

2/15/2020
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 4/20/20
(Date)

Plan of correction implementation status as of 4/20/20
(Date)

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

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

42o - Associate/Communicate

Regulations

2600.

42.o. A resident has the right to freely associate, organize and communicate with others privately.

Description of Violation

Residents in the home's North unit are unable to freely access other areas of the personal care home. There are 2 keypad coded alarmed exit doors on the north unit that lead to other areas of the personal care home. Staff person A stated only 3 resident's out of the 17 resident's living on the North unit can operate the keypads. The exit doors alarm when opened without using the keypad and multiple staff stated if a resident attempts to exit, the door alarm is activated and staff immediately redirect residents back into the North unit.

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.)

- RESIDENTS ARE FREE TO NAVIGATE THROUGHOUT THE FACILITY.
 - A. ADMINISTRATOR WILL PROVIDE TRAINING/EDUCATION TO STAFF, RESIDENTS AND FAMILY REGARDING THIS REGULATION. TRAINING TO TAKE PLACE BEFORE FEBRUARY 28, 2020.
- ADMINISTRATOR, OR DESIGNEE, WILL CONDUCT 3 RESIDENT INTERVIEW PER MONTH TO ENSURE RESIDENTS ARE AWARE A OF THEIR RIGHT TO FREELY ASSOCIATE, ORGANIZE AND COMMUNICATE WITH OTHERS.

Legal Entity Representative

Signature *Scott Jenco*

SCOTT JENCO PCHA
Printed Name and Title

2/15/2020
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99 - Indoor/Outdoor Recreation

Regulations

2600.

99. Recreation Space - The home shall provide regular access to outdoor recreation space and recreational items, such as books, newspapers, magazines, puzzles, games, cards and crafts.

Description of Violation

Residents in the home's North unit do not have regular access to an outdoor recreation space. There are 2 keypad coded alarmed exit doors on the north unit that lead to other areas of the personal care home, including the outdoor space. Staff person A stated only 3 residents out of the 17 resident's living on the North unit can operate the keypads. The exit doors alarm when opened without using the keypad and multiple staff stated if a resident attempts to exit, the door alarm is activated and staff immediately redirect residents back into the North unit.

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.)

- RESIDENTS ARE FREE TO ACCESS OUTDOOR SPACE.

A. ADMINISTRATOR WILL PROVIDE TRAINING/EDUCATION TO STAFF, RESIDENTS AND FAMILY MEMBERS REGARDING THIS REGULATION. TRAINING TO TAKE PLACE BEFORE FEBRUARY 28, 2020.

- ADMINISTRATOR, OR DESIGNEE, WILL CONDUCT 3 RESIDENTS INTERVIEWS PER MONTH TO ENSURE RESIDENTS ARE AWARE OF OUTDOOR RECREATION SPACE.

Legal Entity Representative

Signature *Scott Jenco*

SCOTT JENCO PCHA
Printed Name and Title

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105g - Lint Removal and Duct Cleaning

Regulations

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 10/18/19, there was an approximate 1/4 inch accumulation of lint in the lint trap of the 3rd dryer near the window in the 3rd floor laundry room. There were no clothes in the dryer at the time.

Also, there was an approximate 1/4 inch accumulation of lint in the lint trap of dryer A in the North unit laundry room. There were no clothes in the dryer at this time.

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.)

- ADMINISTRATOR WILL CREATE A MEMO FOR STAFF TO REVIEW AS EDUCATION TO THE IMPORTANCE OF CLEANING LINT TRAPS IN EVERY DRYER AFTER EVERY USE.

- ADMINISTRATOR WILL CREATE DAILY CHECKLIST FOR STAFF TO USE EACH SHIFT. CHECKLIST INCLUDES LINE ITEM TO CLEAN DRYER LINT TRAPS AFTER EVERY USE AND ALSO LOG IN LOG BINDER.

- ADMINISTRATOR WILL ADD THIS TRAINING TOPIC TO WEEKLY "TOP OF THE WEEK" TO EDUCATE RESIDENTS AND ENSURE SAFETY.

Legal Entity Representative

Signature *Scott Jenco*

SCOTT JENCO PCHA 2/15/2020
Printed Name and Title Date

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123b - Emergency Procedures Posted

Regulations

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

The home's emergency procedures are not posted in a conspicuous and public place in the home.

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.)

- CORRECTED ON-SITE DURING SURVEY.
- EMERGENCY PROCEDURES PLACED ON BULLETIN BOARD BY MAILBOXES NEAR ENTRY TO DINING ROOM.
- WILL BE CHECKED WEEKLY BY ADMINISTRATOR FOR 3 MONTHS TO ENSURE 100% COMPLIANCE.

Legal Entity Representative

Scott Jenco
Signature

SCOTT JENCO PCMA
Printed Name and Title

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184a - Labeling OTC/CAM

Regulations

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.

Description of Violation

Resident #1's Basaglar KwikPen is stored in a box labeled with the resident's name in the medication cart; however, it does not include a pharmacy label.

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.)

- ALL MEDICATIONS THAT ARRIVE AT THE FACILITY WILL BE CHECKED FOR ALL REQUIRED LABELING BEFORE BEING PLACED IN THE MED CART.
- WEEKLY CHECKS OF THE MED CART FOR PROPER LABELING OF ALL MEDICATIONS WILL BE CONDUCTED FOR 3 MONTHS OR UNTIL 100% COMPLIANCE IS ACHIEVED.
- FOR THE KWIKPEN LISTED ABOVE, PROPER LABELING WAS CORRECTED IMMEDIATELY.

Legal Entity Representative

Scott Jenco
Signature

SCOTT
JENCO
PCNIA
Printed Name and Title

7/15/2020
Date

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187a - Medication Record

Regulations

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.

Description of Violation

The medication administration record (MAR) for resident #1 does not include Donepezil 10mg, take 1 tablet by mouth daily.

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.)

- MED REC WILL BE CONDUCTED WEEKLY BY REVIEWING THE ACTIVE MEDICATION LISTING WITH MEDICATIONS IN THE MED CART.
- (+) FREQUENCY FROM 1849 (^{page} 7 of 12)

Resident #1 is no longer a resident of the home.

JW 4/20/20

Legal Entity Representative

Scott Jenco
Signature

SCOTT JENCO
Printed Name and Title

PCAD

2/15/2020
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187a - Medication Record *(continued)*

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227d - Support Plan Medical/Dental

Regulations

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. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #4's initial support plan, dated 4/19/19, indicates resident #4 is a smoker and utilizes a nicotine patch, however the home is a non smoking facility and resident #4 is not prescribed a nicotine patch. This support plan also includes another resident's first name in place of resident #4.

Resident #3's initial support plan, dated 9/17/19, does not address how the home will provide care for the resident's stage 4 coccyx wound.

Resident #5's initial support plan, dated 9/6/19, does not address the diagnoses of vitamin deficiency, dietary calcium deficiency or sleep apnea and does not have a plan to meet these needs.

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.)

- ALL NEW SUPPORT PLANS WILL BE REVIEWED AND CHECKED BY THE DON OF DESIGNEE, TO ENSURE THE COMPLETION OF ALL NECESSARY ITEMS WEEKLY AND MISSING DATA OR SIGNATURES WILL BE CORRECTED IMMEDIATELY. ALL ASPECTS OF THE PLAN WILL BE REVIEWED TO ENSURE ALL MEDICAL, DENTAL, VISION, HEARING, MENTAL HEALTH AND OTHER BEHAVIORAL HEALTH SERVICES ARE MADE AVAILABLE TO EACH RESIDENT.
- AUDITS WILL BE CONDUCTED WEEKLY FOR 3 MONTHS UNTIL 100% COMPLIANCE FOR 3 CONSECUTIVE MONTHS.

Resident #3 and #5's support plans have been corrected. Resident #4 no longer lives in the home.

Legal Entity Representative

JW 4/20/20

Scott Jenlo
Signature

SCOTT JENLO PCNA
Printed Name and Title

2/15/2020
Date

227d - Support Plan Medical/Dental (continued)

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- Not Implemented

227g -Support Plan Signatures

Regulations

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #3 did not sign her initial support plan, dated 9/17/19, and there is no indication of the resident's refusal or inability to sign.

Resident #5 did not sign her initial support plan, dated 9/6/19, and there is no indication of the resident's refusal or inability to sign.

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.)

- ALL NEW SUPPORT PLANS WILL BE REVIEWED AND CHECKED BY THE DON, OR DESIGNEE, TO ENSURE ALL SIGNATURES ARE COMPLETED.
- AUDITS WILL BE CONDUCTED WEEKLY FOR 3 MONTHS UNTIL 100% COMPLIANCE FOR 3 CONSECUTIVE MONTHS.

Legal Entity Representative

Signature *Scott Jenco*

Printed Name and Title *SCOTT JENCO PCAA* Date *2/15/2020*

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