

**Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY - PUBLIC**

**Facility Information**

Name: *PARKSIDE SUITES/PARKSIDE AT NORTH EAST* License #: *44656* License Expiration Date: *11/03/2021*  
Address: *2 GIBSON STREET, NORTH EAST, PA 16428*  
County: *ERIE* Region: *WESTERN*

**Administrator**

Name: [REDACTED] Phone: *8149694800* Email: [REDACTED]

**Legal Entity**

Name: *MILLCREEK MANOR*  
Address: *5535 PEACH STREET, ERIE, PA, 16509*  
Phone: *8148444295* Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *Other* Date: *10/18/1989* Issued By: *Dept L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *42* Waking Staff: *32*

**Inspection**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal, Complaint* Exit Conference Date: *08/05/2021*

**Inspection Dates and Department Representative**

*08/04/2021 - On-Site:* [REDACTED]  
*08/05/2021 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *70* Residents Served: *40*

**Secured Dementia Care Unit**

In Home: *No* Area: Capacity: Residents Served:

**Hospice**

Current Residents: *3*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *39*  
Diagnosed with Mental Illness: *18* Diagnosed with Intellectual Disability: *1*  
Have Mobility Need: *2* Have Physical Disability: *0*

## Inspections / Reviews

08/04/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *09/20/2021*

9/17/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *09/24/2021*

9/21/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *10/30/2021*

11/15/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [REDACTED], for resident #1 and resident #2, was not signed by the residents.

Plan of Correction

Directed

Complete Audit of files was completed by Administrator and Admin Assistant. Quarterly Audits will continue.

A complete audit was done 9/16/21 by Administrator and Admin Assistant. Quarterly Audits will continue by Administrator and Admin Assistant.

(Directed)

By 9/30/21, the administrator or designated person will review the contracts of resident #1 and resident #2 and obtain signatures.

(AD 9/21/21)

(Directed)

By 9/30/21, all staff responsible for resident admissions and contract completion will be educated on 2600.25b. (AD 9/21/21)

Completion Date: 09/20/2021

Document Submission

Implemented

Documentation attached

85e - Trash Outside Home

1. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 8/4/21, at 2:35 p.m., the side sliding door on the dumpster located outside of the kitchen was open and half-full of trash.

Plan of Correction

Accept

Re-education of regulations was reviewed with staff and contracted dietary company. Weekly audit sheets were provided to Maintenance Supervisor to audit weekly.

It was corrected on site with the inspector present.

Completion Date: 09/20/2021

Document Submission

Implemented

Documentation attached

121a - Unobstructed Egress

1. Requirements

121a - Unobstructed Egress (continued)

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 8/4/21, at 9:25 a.m., the right side of the dining hall's double emergency exit door was not able to be opened.

On 8/4/21, at 9:59 a.m., the home's 2nd floor emergency exit door in the foyer was blocked by a black metal chair.

Plan of Correction

Directed

Re-education of regulations was reviewed with staff. Signs were hung as a reminder for residents and staff. Weekly audit sheets were provided to Maintenance Supervisor to audit weekly. (Directed) Documentation will be submitted. [REDACTED] 9/21/21)

Signs were hung that day of the inspection and copies given to the inspector an photos.

(Directed)

By 9/30/21, the dining hall's double emergency exit door will be repaired, and the black metal chair blocking the 2nd floor egress route will be removed. Documentation will be submitted to the Department.

[REDACTED] 9/21/21)

Completion Date: 09/20/2021

Document Submission

Implemented

Documentation attached

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

141a 1-10 Medical Evaluation Information (continued)

**Description of Violation**

Resident #1's initial medical evaluation, dated [REDACTED] does not indicate the resident's height, weight, body positioning/movement, health status, and cognitive function. These sections of the form are blank.

Resident #3's initial medical evaluation does not indicate the date the resident was evaluated, the date the form was completed, and the resident's height, weight and immunization history. These sections of the form are blank.

Resident #4's initial medical evaluation, dated [REDACTED], did not indicate the resident's height, weight, pulse rate, temperature, allergies, and blood pressure. These sections of the form are blank.

**Plan of Correction**

**Directed**

Complete audit of 41 PC DME were done 9/16/21 by nurses and new ones were created. Quarterly audits will be done.

**(Directed)**

By 9/30/21, resident #1, #3, and #4's medical evaluations will be reviewed for completeness and accuracy. Any areas previously left blank will be completed and documents will be reviewed in accordance with 2600.141a. Documentation will be submitted to the Department.

[REDACTED] 9/21/21)

**(Directed)**

By 9/30/21, all staff responsible for completing medical evaluations and reviewing for completeness and accuracy will be educated on 2600.141a. Documentation will be submitted.

[REDACTED] 9/21/21)

Completion Date: 09/20/2021

**Document Submission**

**Implemented**

Documentation attached

Department of Human Services  
Bureau of Human Service Licensing

November 15, 2021

[REDACTED], PCHA  
MILLCREEK MANOR  
5535 PEACH STREET  
ERIE, PA 16509

RE: PARKSIDE SUITES/PARKSIDE AT  
NORTH EAST  
2 GIBSON STREET  
NORTH EAST, PA, 16428  
LICENSE/COC#: 44656

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/04/2021, 08/05/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
[REDACTED]

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing