

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

April 6, 2023

[REDACTED], PCHA
MILLCREEK MANOR
[REDACTED]

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 01/12/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: PARKSIDE SUITES/PARKSIDE AT NORTH EAST **License #:** 44656 **License Expiration:** 11/03/2023
Address: 2 GIBSON STREET, NORTH EAST, PA 16428
County: ERIE **Region:** WESTERN

Administrator

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

Legal Entity

Name: MILLCREEK MANOR
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: Other **Date:** 10/18/1989 **Issued By:** Dept. of Labor & Industry

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 78 **Waking Staff:** 59

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident **Exit Conference Date:** 01/12/2023

Inspection Dates and Department Representative

01/12/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: 70 **Residents Served:** 47
Secured Dementia Care Unit
In Home: Yes **Area:** 1ST FLOOR **Capacity:** 18 **Residents Served:** 18
Hospice
Current Residents: 2
Number of Residents Who:
Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 45
Diagnosed with Mental Illness: 22 **Diagnosed with Intellectual Disability:** 2
Have Mobility Need: 31 **Have Physical Disability:** 1

Inspections / Reviews

01/12/2023 Partial
Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 02/05/2023

02/15/2023 - POC Submission
Submitted By: [REDACTED] **Date Submitted:** 03/23/2023
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 02/22/2023

Inspections / Reviews (*continued*)

03/18/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/23/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/24/2023

04/06/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/23/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted] resident #1 reported that staff person A is mean to [redacted] and talks down to [redacted] and staff person A told resident #1 that [redacted] requires too much care and is a burden to [redacted]. Also, on [redacted] resident #2 reported that staff person A is mean and nasty to [redacted], yells at [redacted] [redacted] does not want [redacted] in [redacted] apartment anymore. The home did not report this incident to the Department until [redacted]

Plan of Correction

Accept [redacted] 03/18/2023)

Staff person A was terminated on [redacted]. The administrator and the designee should both be on the email to ensure delivery. Also, the email will be sent with a read receipt confirmation to ensure delivery. There will be a quarterly audit done starting [redacted] as well to make sure we stay in compliance done by the Administrator or the designee.

Licensee's Proposed Overall Completion Date: 02/15/2023

Implemented ([redacted] - 04/06/2023)

42c - Treatment of Residents

2. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [redacted] resident #1 reported that staff person A is mean to [redacted] and talks down to [redacted] and staff person A told resident #1 that [redacted] requires too much care and is a burden to [redacted]. Also, on [redacted] resident #2 reported that staff person A is mean and nasty to [redacted], yells [redacted] and [redacted] does not want [redacted] in [redacted] apartment anymore. Multiple staff interviews indicate they have observed similar behaviors from staff person A and staff person A has told multiple staff directly about these inappropriate interactions with residents.

Plan of Correction

Accept ([redacted] 02/15/2023)

Staff person A was terminated on [redacted]. Parkside will be conducting our monthly in-service on February 10, 2023 when we will be educating the staff on dignity and respect. This in-service will be done by the nurse manger and/or the administrator .

Parkside NE will conduct a staff interview about dignity and respect which will be done by the administrator and/ or the designee. We will interview 4 staff members 1x week for 2 weeks and then 1x month for 4 months starting the week of 2/12/23

42c Treatment of Residents (*continued*)

Licensee's Proposed Overall Completion Date: 02/03/2023

Implemented [REDACTED] - 04/06/2023)