

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

January 2, 2024

[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 10/10/2023 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 and Industry*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *63* Waking Staff: *47*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint* Exit Conference Date: *10/10/2023*

**Inspection Dates and Department Representative**

10/10/2023 - 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: *2*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *40*  
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *1*  
 Have Mobility Need: *23* Have Physical Disability: *0*

**Inspections / Reviews**

10/10/2023 - Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/10/2023*

11/09/2023 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *01/02/2024*  
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *12/13/2023*

Inspections / Reviews *(continued)*

12/28/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/02/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 12/29/2023

01/02/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/02/2024

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 9/15/23 at approximately 9:30 AM during breakfast, staff person A mixed resident #1’s medication with yogurt and attempted to administer it to [REDACTED]. Resident #1 spit the yogurt mixed with medication at staff person A, and the mixture landed on the resident’s wheelchair and the floor. Staff person A said to resident #1, “Did you really just spit your pills out at me, that’s [REDACTED] disgusting. You’re disgusting and I am done with you.” This incident was witnessed by staff person B. However, the home did not report this incident to the department until 10/5/23.

Plan of Correction

Accept [REDACTED] 11/09/2023)

Administrator and/or Nurse Manger will reeducate the staff to report any suspected abuse or neglect of a resident to their supervisor immediately this includes verbal, physical, financial, or mental abuse. The reeducation will be done 1:1 with the staff member starting 11/6/23

Licensee's Proposed Overall Completion Date: 11/03/2023

Implemented ([REDACTED] - 01/02/2024)

42b - Abuse

2. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On 9/15/23 at approximately 9:30 AM during breakfast, staff person A mixed resident #1’s medication with yogurt and attempted to administer it to [REDACTED]. Resident #1 spit the yogurt mixed with medication at staff person A, and the mixture landed on the resident’s wheelchair and the floor. Staff person A said to resident #1, “Did you really just spit your pills out at me, that’s [REDACTED] disgusting. You’re disgusting and I am done with you.” This incident was witnessed by staff person B.

Plan of Correction

Accept [REDACTED] - 11/09/2023)

Staff member A was terminated on [REDACTED]/23. The following continue education have been assigned to all staff: Abuse and Developmental Disability: Type Risk Factor and prevention?, Abuse and Neglect in Health Care: What every Health care professional needs to know, and Abuse Elder justice and caregiver burnout. The continue education is done by [REDACTED] via website. On 12/12/23 in-service about abuse will be present by GECAC. Parkside NE will

42b - Abuse (continued)

conduct a staff interview about abuse 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 11/13/23.

Licensee's Proposed Overall Completion Date: 11/03/2023

Implemented [redacted] - 01/02/2024)

3. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On 10/3/23 at approximately 5:30 PM, staff person A saw resident #1 wheel up in [redacted] wheelchair to the Island and put [redacted] finger in a desert. After giving resident #1 the desert, staff person C angrily stated to staff person A and staff person D, "[redacted] is lucky [redacted] was already getting one because I'm about to punch [redacted] in the face," loud enough for a resident's family member to hear.

Plan of Correction

Accept [redacted] - 11/09/2023)

Staff member C was terminated on [redacted]/23. The following continue education have been assigned to all staff: Abuse and Developmental Disability: Type Risk Factor and prevention?, Abuse and Neglect in Health Care: What every Health care professional needs to know, and Abuse Elder justice and caregiver burnout. The continue education is done by [redacted] via website. On 12/12/23 in-service about abuse will be present by GECAC. Parkside NE will conduct a resident interview about abuse 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 11/13/23.

Licensee's Proposed Overall Completion Date: 11/03/2023

Implemented [redacted] - 01/02/2024)