

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

November 16, 2023

[REDACTED]
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 08/24/2023 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: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *90* Waking Staff: *68*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Incident* Exit Conference Date: *08/24/2023*

Inspection Dates and Department Representative

08/24/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

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

Secured Dementia Care Unit

In Home: *Yes* Area: *first floor* Capacity: *18* Residents Served: *15*

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *39*
 Diagnosed with Mental Illness: *15* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *20* Have Physical Disability: *0*

Inspections / Reviews

08/24/2023 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/22/2023*

09/25/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: *10/19/2023*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/27/2023*

Inspections / Reviews *(continued)*

09/28/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/19/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 10/19/2023

11/16/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/19/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

132e - Fire Drill Sleeping Hours

1. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The last fire drill conducted during sleeping hours was on 11/15/22, at 10:45 pm.

Plan of Correction

Accept () - 09/28/2023)

Corrective Action: A fire drill was done on 9/15/23 at 3:55AM. The next sleeping hours fire drill will be in March 2024. Staff education on fire drill during sleeping hours which are held every 6 months to be completed on 9/29/23 at staff meeting by Administrator. There will be a quarterly audit done starting 9/15/23 to make sure we stay in compliance. This audit will be completed by 6/15/24. This audit will be done by the Administrator or the designee.

Licensee's Proposed Overall Completion Date: 09/26/2023

Implemented () - 11/16/2023)

132g - Fire Drills Days/Times

2. Requirements

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home's staffing schedule indicates the home routinely has 4 staff persons working the 11:00 pm.-7:00 am. shift. However, the home has not done a fire drill with the minimum number of staffing.

Plan of Correction

Accept () - 09/28/2023)

A fire drill was done on 9/15/23 at 3:55AM with 4 staff persons. Staff education on fire drill with the minimum staff to be completed on 9/29/23 at staff meeting by Administrator. There will be a quarterly audit done starting 9/15/23 to make sure we stay in compliance. This audit will be completed by 6/15/24. This audit will be done by the Administrator or the designee.

Licensee's Proposed Overall Completion Date: 09/26/2023

Implemented () - 11/16/2023)

183d - Prescription Current

3. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

The medication (), belonging to resident #1 was in the refrigerator in the medication room. This medication was discontinued on 3/31/12.

Plan of Correction

Accept () - 09/28/2023)

- 1. Initial audit completed and () removed from refrigerator and discarded at time of survey on 8/24/23 by the ().
- 2. Admin or designee will audit medication refrigerators for discontinued medications:
 - a. 2x per week x 2 weeks

183d - Prescription Current (continued)

- b. 1x per week x 4 weeks
- c. 2x per month x 2 months
- d. 1x per month thereafter through 3/31/2024 or until no errors are found.

Licensee's Proposed Overall Completion Date: 09/27/2023

Implemented ([redacted] - 11/16/2023)

183e - Storing Medications

4. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident #1 is prescribed [redacted], [redacted] at bedtime and [redacted], [redacted], [redacted] before meals and per sliding scale before meals. On 8/24/23. these medications were opened and not dated to the open date. According to the manufacturer's instructions these medications expire 28 days after opening.

Plan of Correction

Accept ([redacted] - 09/28/2023)

1. [redacted] discarded at time of survey on 8/24/23 by the LPN witnessed by surveyor.
2. Staff education for proper storing of medication to be completed on 9/29/23 at staff meeting by [redacted].
3. Admin or designee will audit medication carts for undated opened medications:
 - a. 2x per week x 2 weeks
 - b. 1x per week x 4 weeks
 - c. 2x per month x 2 months
 - d. 1x per month thereafter through 3/31/2024 or until no errors are found.

Licensee's Proposed Overall Completion Date: 09/27/2023

Implemented ([redacted] - 11/16/2023)

184a - Resident's Meds Labeled

5. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

Resident #1 is prescribed, [redacted], [redacted] with meals and sliding scale before meals. Prescriber's label indicates 4 units 3 times a day before meals plus sliding scale before meals and the other prescriber's label indicates sliding scale before meals.

[redacted]

184a - Resident's Meds Labeled (continued)



Resident #2 is prescribed, [REDACTED], 2 times a day as needed. Prescriber's label indicates apply 2 times a day.

Plan of Correction

Accept ([REDACTED] - 09/28/2023)

- 1. Direction change sticker applied to [REDACTED] and [REDACTED] at time of survey on 8/24/23 by [REDACTED]
- 2. Admin or designee will audit medication carts for label discrepancies:
 - a. 2x per week x 2 weeks
 - b. 1x per week x 4 weeks
 - c. 2x per month x 2 months
 - d. 1x per month thereafter through 3/31/2024 or until no errors are found.

Licensee's Proposed Overall Completion Date: 09/27/2023

Implemented ([REDACTED] - 11/16/2023)

187a - Medication Record

6. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident #1 is prescribed, [REDACTED], [REDACTED], [REDACTED]. However, resident #1's August 2023 medication administration record (MAR), indicates [REDACTED].

Resident #1 is prescribed, [REDACTED], [REDACTED], apply 2 times a day as needed. However, resident #1's August 2023 MAR indicates apply 2 times a day.

Plan of Correction

Accept ([REDACTED] - 09/28/2023)

- 1. MAR corrected for [REDACTED] by DON on 8/24/23 to reflect [REDACTED] order. MAR corrected for [REDACTED] by [REDACTED] on 9/27/23 to reflect current order.
- 2. Staff education to be completed 9/29/23 by [REDACTED].
- 3. Admin or designee will audit medication carts and MARs for continuity and accuracy:
 - a. 2x per week x 2 weeks
 - b. 1x per week x 4 weeks
 - c. 2x per month x 2 months
 - d. 1x per month thereafter through 3/31/2024 or until no errors are found.

Licensee's Proposed Overall Completion Date: 09/27/2023

Implemented ([REDACTED] - 11/16/2023)

231b - Medical Evaluation

7. Requirements

2600.

231.b. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident’s diagnosis of Alzheimer’s disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident #4 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED] however, the resident’s medical evaluation was completed on [REDACTED] and does not indicate the need for a SDCU.

Plan of Correction

Accept [REDACTED] - 09/28/2023

1. DME for resident #4 was corrected on [REDACTED] by [REDACTED]
2. Staff education for timely DME completion to be completed on [REDACTED] at staff meeting by [REDACTED].
3. All new admissions to SDCU will have DME completed no more than 60 days prior to admission.
4. [REDACTED] will audit all new admission paperwork for new SDCU residents to ensure DME completed timely prior to admission through 3/31/2024.

Licensee's Proposed Overall Completion Date: 09/27/2023

Implemented [REDACTED] - 11/16/2023

234a - Admission Support Plan

8. Requirements

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident’s admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident #4 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]. However, the resident’s initial support plan was completed on [REDACTED].

Plan of Correction

Accept [REDACTED] - 09/25/2023

1. Staff education for timely RASP completion to be completed on [REDACTED] at staff meeting by [REDACTED].
2. All new admissions to SDCU will have RASP completed no more than 72 hours after admission.
3. [REDACTED] will audit all new admission paperwork for new SDCU residents to ensure RASP completed timely no more than 72 hours after admission through [REDACTED].

Licensee's Proposed Overall Completion Date: 09/22/2023

Implemented [REDACTED] - 11/16/2023

234b - Support Plan Needs Elements

9. Requirements

2600.

234.b. The support plan must identify the resident’s physical, medical, social, cognitive and safety needs.

Description of Violation

The support plan, dated [REDACTED], for resident #4, does not address the resident's specific service need for a SDCU, supervision and assistance in mobility in the event of an emergency. The description for supervision indicates only "extensive" and "moderate" for assistance in mobility in the event of an emergency.

234b - Support Plan Needs Elements (continued)**Plan of Correction****Accept ([REDACTED] - 09/28/2023)**

1. RASP was corrected on [REDACTED] by [REDACTED].
2. Staff education for identifying the resident's physical, medical, social, cognitive and safety needs on RASP to be completed on [REDACTED] at staff meeting by [REDACTED].
3. All new admissions to SDCU will have the need for SDCU noted appropriately on the RASP.
4. [REDACTED] will audit all new admission paperwork for new SDCU residents to ensure RASP includes the need for SDCU through [REDACTED].

Licensee's Proposed Overall Completion Date: 09/27/2023**Implemented ([REDACTED] - 11/16/2023)**