

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

April 22, 2024

[REDACTED]
MILLCREEK MANOR
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/25/2024, 02/12/2024, 01/25/2024 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: 11/03/2024
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. L & I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 57 Waking Staff: 43

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Complaint, Incident Exit Conference Date: 02/12/2024

Inspection Dates and Department Representative

01/25/2024 - On-Site: [Redacted]
02/12/2024 - On-Site: [Redacted]
01/25/2024 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 70 Residents Served: 38

Secured Dementia Care Unit

In Home: Yes Area: Norhtside Capacity: 18 Residents Served: 16

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 37
Diagnosed with Mental Illness: 6 Diagnosed with Intellectual Disability: 1
Have Mobility Need: 19 Have Physical Disability: 0

Inspections / Reviews

01/25/2024 - Partial

Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 03/15/2024

Inspections / Reviews *(continued)*

03/21/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/10/2024

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 03/28/2024

04/03/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/10/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 04/10/2024

04/22/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/10/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted] at approximately [redacted] staff person A entered resident [redacted] bedroom to assist the resident with changing out of [redacted] pajamas and into other clothes. Resident [redacted] indicated [redacted] did not want to change clothes and [redacted] was not leaving [redacted] room that day. Staff person A was standing in front of resident [redacted] at bedside, grabbed the right side of the resident's pajamas pants, and tugged them down off the resident's right hip. The resident told staff person A to stop and asked the staff person to leave her room. Staff person A then tugged the left side of the resident's pajama pants to pull them down off [redacted] left hip. The resident again resisted and each of them fell onto the resident's bed with staff person A seated over top of the resident and the resident partially laying on [redacted] back. Staff person B entered resident [redacted] bedroom and noted resident [redacted] was visibly upset and yelling. Staff person A sat on the right side of resident [redacted] bed, using [redacted] arm to hold down the resident's upper body, while staff person B held the resident's upper thigh down, as the resident hit and screamed for both staff to leave [redacted] alone and leave the room.

At approximately [redacted] staff person C heard yelling and screaming from resident [redacted] room, went to resident [redacted] bedroom, opened the door, and heard resident [redacted] screaming, "Get off me... Somebody... please help me!... Get them off me!" Staff person C saw staff person A and staff person B holding resident [redacted] down on the bed, trying to force [redacted] to take off [redacted] pajamas, while the resident was kicking and moving [redacted] legs around to stop them from taking the pajamas off. Staff person A and staff person B told resident [redacted] they were trying to get [redacted] dressed, that [redacted] can't wear pajamas all day. Staff person C indicated while staff person A and staff person B continued to wrestle with resident [redacted] on the bed, staff person A looked up at staff person C and said, "We got this!" Staff person C left resident [redacted] bedroom. The home did not report this incident to the local Area Agency on Aging until [redacted] at [redacted]

Plan of Correction

Accept [redacted] - 04/03/2024)

Administrator and/or designee will reeducate the staff to report any suspected of abuse or neglect of a resident to the local Area Agency on Aging immediately. The reeducation will be done 1:1 with the staff member starting [redacted] by administrator and/or designee and will be completed by [redacted] There will be audit for 4 weeks, then monthly for 3 months to review all reportable incidents and conditions to ensure any allegation of abuse are reported to the local Area Agency on Aging starting [redacted] to make sure we stay in compliance. This audit will be completed by [redacted] This audit will be done by the administrator or designee.

Licensee's Proposed Overall Completion Date: 03/27/2024

Implemented [redacted] - 04/22/2024)

16c - Written Incident Report

2. 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).

16c - Written Incident Report (continued)

Description of Violation

On [redacted] at approximately [redacted] staff person A entered resident [redacted] bedroom to assist the resident with changing out of [redacted] pajamas and into other clothes. Resident [redacted] indicated [redacted] did not want to change clothes and [redacted] was not leaving [redacted] room that day. Staff person A was standing in front of resident [redacted] at bedside, grabbed the right side of the resident's pajamas pants, and tugged them down off the resident's right hip. The resident told staff person A to stop and asked the staff person to leave [redacted] room. Staff person A then tugged the left side of the resident's pajama pants to pull them down off [redacted] left hip. The resident again resisted and each of them fell onto the resident's bed with staff person A seated over top of the resident and the resident partially laying on her back. Staff person B entered resident [redacted] bedroom and noted resident [redacted] was visibly upset and yelling. Staff person A sat on the right side of resident [redacted] bed, using [redacted] arm to hold down the resident's upper body, while staff person B held the resident's upper thigh down, as the resident hit and screamed for both staff to leave [redacted] alone and leave the room.

At approximately [redacted], staff person C heard yelling and screaming from resident [redacted] room, went to resident [redacted] bedroom, opened the door, and heard resident [redacted] screaming, "Get off me... Somebody.... please help me!...Get them off me!" Staff person C saw staff person A and staff person B holding resident [redacted] down on the bed, trying to force [redacted] to take off [redacted] pajamas, while the resident was kicking and moving [redacted] legs around to stop them from taking the pajamas off. Staff person A and staff person B told resident [redacted] they were trying to get [redacted] dressed, that [redacted] can't wear pajamas all day. Staff person C indicated while staff person A and staff person B continued to wrestle with resident [redacted] on the bed, staff person A looked up at staff person C and said, "We got this!" Staff person C left resident [redacted] bedroom. The home did not report this incident to the Department until 1/22/24 at 9:00 a.m.

Plan of Correction

Accept [redacted] 04/03/2024)

Administrator and/or designee will reeducate the staff to report any suspected of abuse or neglect of a resident within 24 hours to the department. The reeducation will be done 1:1 with the staff member starting [redacted] by administrator and/or designee. There will be a weekly audit for 6 weeks to review all reportable incidents and conditions to ensure any allegation of abuse are reported to the Department starting [redacted] to make sure we stay in compliance. This audit will be completed by [redacted] This audit will be done by the administrator or designee.

Licensee's Proposed Overall Completion Date: 03/27/2024

Implemented [redacted] - 04/22/2024)

42b - Abuse

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 [redacted] at approximately [redacted], staff person A entered resident [redacted] bedroom to assist the resident with changing out of [redacted] pajamas and into other clothes. Resident [redacted] indicated [redacted] did not want to change clothes and [redacted] was not leaving [redacted] room that day. Staff person A was standing in front of resident [redacted] at bedside, grabbed the right side of the resident's pajamas pants, and tugged them down off the resident's right hip. The resident told staff person A to stop and asked the staff person to leave [redacted] room. Staff person A then tugged the left side of the resident's pajama pants to pull them down off [redacted] left hip. The resident again resisted and each of them fell onto the resident's bed with staff person A seated over top of the resident and the resident partially laying on her back. Staff person B entered resident [redacted] bedroom and noted resident [redacted] was visibly upset and yelling. Staff person A sat on the right side of

42b - Abuse (continued)

resident [redacted] bed, using [redacted] arm to hold down the resident's upper body, while staff person B held the resident's upper thigh down, as the resident hit and screamed for both staff to leave [redacted] alone and leave the room.

At approximately [redacted] staff person C heard yelling and screaming from resident [redacted] room, went to resident [redacted] bedroom, opened the door, and heard resident [redacted] screaming, "Get off me... Somebody... please help me!...Get them off me!" Staff person C saw staff person A and staff person B holding resident [redacted] down on the bed, trying to force [redacted] to take off [redacted] pajamas, while the resident was kicking and moving [redacted] legs around to stop them from taking the pajamas off. Staff person A and staff person B told resident [redacted] they were trying to get [redacted] dressed, that [redacted] can't wear pajamas all day. Staff person C indicated while staff person A and staff person B continued to wrestle with resident [redacted] on the bed, staff person A looked up at staff person C and said, "We got this!" Staff person C left resident [redacted] bedroom.

Plan of Correction

Accept [redacted] 04/03/2024)

Person A and B were both terminated on [redacted] Administrator and/or designee will reeducate the staff the staff about abuse this includes [redacted]. The reeducation will be done 1:1 with a quiz at the end to all the staff member starting 3/15/24 by administrator and/or designee. It will be completed on 3/20/24. The administrator or designee will privately interview 3 residents per week for 4 weeks, then monthly for 3 months in regards of care and treatment by the staff starting on 3/29/24. Documentation of the interviews will be discussed at the quality management plan meetings. This will be completed on July 26, 2024. It will be discussed at the quality management meeting on April 5, 2024.

Licensee's Proposed Overall Completion Date: 03/27/2024

Implemented [redacted] - 04/22/2024)

202 - Prohibitions

4. Requirements

2600.

202. The following procedures are prohibited:

- 6. A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited. A manual restraint does not include prompting, escorting or guiding a resident to assist in the ADLs or IADLs.

Description of Violation

On [redacted] at approximately [redacted] staff person A entered resident [redacted] bedroom to assist the resident with changing out of [redacted] pajamas and into other clothes. Resident [redacted] indicated [redacted] did not want to change clothes and [redacted] was not leaving [redacted] room that day. Staff person A was standing in front of resident [redacted] at bedside, grabbed the right side of the resident's pajamas pants, and tugged them down off the resident's right hip. The resident told staff person A to stop and asked the staff person to leave [redacted] room. Staff person A then tugged the left side of the resident's pajama pants to pull them down off [redacted] left hip. The resident again resisted and each of them fell onto the resident's bed with staff person A seated over top of the resident and the resident partially laying on [redacted] back. Staff person B entered resident [redacted] bedroom and noted resident [redacted] was visibly upset and yelling. Staff person A sat on the right side of resident [redacted] bed, using [redacted] arm to hold down the resident's upper body, while staff person B held the resident's upper thigh down, as the resident hit and screamed for both staff to leave [redacted] alone and leave the room.

At approximately [redacted], staff person C heard yelling and screaming from resident [redacted] room, went to resident [redacted] bedroom, opened the door, and heard resident [redacted] screaming, "Get off me... Somebody... please help me!...Get them off me!" Staff person C saw staff person A and staff person B holding resident [redacted] down on the bed, trying to force [redacted] to take off [redacted] pajamas, while the resident was kicking and moving [redacted] legs around to stop them from taking the

202 - Prohibitions (continued)

pajamas off. Staff person A and staff person B told resident [REDACTED] they were trying to get [REDACTED] dressed, that [REDACTED] can't wear pajamas all day. Staff person C indicated while staff person A and staff person B continued to wrestle with resident [REDACTED] on the bed, staff person A looked up at staff person C and said, "We got this!" Staff person C left resident [REDACTED] bedroom.

Plan of Correction

Accept [REDACTED] - 04/03/2024)

Person A and B were both terminated on [REDACTED] Administrator and/or designee will reeducate the staff the staff about restricts. The reeducation will be done 1:1 with a quiz at the end to all the staff member starting 3/15/24 by administrator and/or designee. It will be completed on 3/20/24. The administrator or designee will privately interview 3 residents per week for 4 weeks, then monthly for 3 months in regards of care and treatment by the staff starting on 3/29/24. Documentation of the interviews will be discussed at the quality management plan meetings. This will be completed on July 26, 2024. It will be discussed at the quality management meeting on April 5, 2024.

Licensee's Proposed Overall Completion Date: 03/27/2024

Implemented [REDACTED] - 04/22/2024)

225c - Additional Assessment

5. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident [REDACTED] assessment, dated [REDACTED] indicates the resident does not have a problem with irritability, judgement, agitation, and aggression. However, resident [REDACTED] assessment has not been updated to indicate irritability, judgement, agitation, and aggression towards staff while being assisted with changing clothes.

Plan of Correction

Accept [REDACTED] - 04/03/2024)

1. Resident [REDACTED] RASP updated and corrected by LPN on [REDACTED] to reflect behaviors. Completed by LPN.
2. All new Residents will be evaluated 30 days, 60 days and 90 days after move in for changes to plan of care, by LPN starting [REDACTED]. If change is noted, RASP will be updated accordingly to reflect changes. Residents will be assessed annually and as needed thereafter.
3. Education provided to staff to report changes in behaviors and care provided to Nurse Manager or designee. Education to be completed on 3/20/24 at monthly staff meeting by DON.
4. Initial whole house RASP audit to be completed by LPN to ensure current assessments are accurate beginning 3/27/24. Monthly audits to continue through 10/1/24.

Licensee's Proposed Overall Completion Date: 03/27/2024

Implemented [REDACTED] - 04/22/2024)