

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

November 15, 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 09/25/2024 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:** Department of L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 51 **Waking Staff:** 38

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident **Exit Conference Date:** 09/25/2024

Inspection Dates and Department Representative

09/25/2024 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: 70 **Residents Served:** 35
Secured Dementia Care Unit
In Home: Yes **Area:** 1st Floor **Capacity:** 18 **Residents Served:** 13
Hospice
Current Residents: 0
Number of Residents Who:
Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 35
Diagnosed with Mental Illness: 17 **Diagnosed with Intellectual Disability:** 1
Have Mobility Need: 16 **Have Physical Disability:** 0

Inspections / Reviews

09/25/2024 - Partial
Lead Inspector: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 10/10/2024

Inspections / Reviews *(continued)*

10/16/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/01/2024

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 10/23/2024

10/28/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/01/2024

Reviewer: [REDACTED]

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

11/15/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/01/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

187d - Follow Prescriber's Orders

1. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] by mouth two times a day for pain. However, the resident was not administered as medication from 9/20/24, through 9/23/24, at 8:00 a.m.

Plan of Correction

Accept [REDACTED] - 10/28/2024)

Resident [REDACTED] was discontinued on 9/23/24 by nurse [REDACTED]. Medication review will be done on 10/20/24 by Administrator to ensure resident [REDACTED] receives all medication as prescribed by doctor. Administrator will develop a discharge plan for when a resident transfers from hospice to personal care.

Licensee's Proposed Overall Completion Date: 10/17/2024

Implemented [REDACTED] 11/05/2024)

225c - Additional Assessment

2. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident [REDACTED] most recent resident support plan completed 7/13/24, indicates a behavioral / cognitive need of aggression as not applicable. However, on multiple dates to include 9/10/24, resident [REDACTED] has become verbally and physically aggressive with his spouse and roommate resident [REDACTED].

Resident [REDACTED] most recent resident support plan completed 7/13/24, indicates a behavioral / cognitive need of aggression as not applicable. However, on multiple dates to include 9/10/24, resident [REDACTED] has become verbally aggressive with [REDACTED] spouse and roommate resident [REDACTED].

Plan of Correction

Accept [REDACTED] - 10/28/2024)

Both resident [REDACTED] and resident [REDACTED] support plan were update on 9/26/24 by the Nurse. Reeducated will be done 1:1 by the administrator with the starting 10/14/24 and end day is 10/21/24. An audit on RASP will start on 10/14/24 from 1x week for 4 weeks and then 1x month for 4 months which will end on 2/3/25. This audit will be done by the administrator and designee.

Licensee's Proposed Overall Completion Date: 10/17/2024

Implemented [REDACTED] - 11/05/2024)