

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

July 2, 2025

[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 05/29/2025 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:** 11/03/2025  
**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:** Labor & Industry

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 55      **Waking Staff:** 41

**Inspection Information**

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Complaint, Incident      **Exit Conference Date:** 05/29/2025

**Inspection Dates and Department Representative**

05/29/2025    On Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 70      **Residents Served:** 36

**Secured Dementia Care Unit**

**In Home:** Yes      **Area:** 1st Floor      **Capacity:** 18      **Residents Served:** 14

**Hospice**

**Current Residents:** 4

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 36  
**Diagnosed with Mental Illness:** 0      **Diagnosed with Intellectual Disability:** 1  
**Have Mobility Need:** 19      **Have Physical Disability:** 0

**Inspections / Reviews**

05/29/2025 - Partial

**Lead Inspector:** [REDACTED]      **Follow Up Type:** POC Submission      **Follow Up Date:** 06/20/2025

Inspections / Reviews (*continued*)

## 06/24/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/01/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 07/07/2025

## 07/02/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/01/2025

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], Staff member A was suspected of staff on resident abuse and subsequently suspended on [REDACTED]. However, the home failed to report this incident of suspected staff on resident abuse to the Area on Aging.

On [REDACTED] at approximately 8:30 p.m. The home became aware of resident [REDACTED] slapping resident [REDACTED] bare skin of the right triceps area. In response resident [REDACTED] pushed resident [REDACTED] knocking [REDACTED] to the ground. However, the incident of suspected resident on resident abuse was not reported to the Area on Aging until [REDACTED] at approximately 10:00 a.m.

Plan of Correction

Accepted [REDACTED] - 06/24/2025)

Administrator and/or designee will reeducate the staff to report any suspected abuse or neglect of a resident to APS immediately this includes verbal physical, financial or mental abuse.

The reeducation will be done 1:1 with staff member starting 6/23/25 and ending 6/27/25 by the administrator and/or designee. We will interview 4 staff members 1x week for 2 weeks and then 1x for 4 months starting the week starting 6/23/25 ending 10/20/25

Licensee's Proposed Overall Completion Date: 06/18/2025

Implemented [REDACTED] - 07/02/2025)

15b - Supervisor Plan

2. Requirements

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On [REDACTED] staff member A was suspected of staff on resident abuse and subsequently suspended on [REDACTED]. However, staff member A returned to work on [REDACTED] from 6:30 a.m., to 7:00 p.m., providing services to residents to include resident [REDACTED] without an approved plan of supervision.

Plan of Correction

Accepted [REDACTED] 06/24/2025)

Administrator and/or designee will reeducate the staff to report any suspected abuse or neglect of a resident to Administrator and/or designee this includes verbal physical, financial or mental abuse. The reeducation will be done 1:1 with staff member starting 6/23/25 and ending 6/27/25 by the administrator and/or designee. We will interview 4 staff members 1x week for 2 weeks and then 1x for 4 months starting the week of 6/23/25 ending 10/20/25

Licensee's Proposed Overall Completion Date: 06/19/2025

Implemented [REDACTED] - 07/02/2025)

16c - Written Incident Report

3. Requirements

2600.

16c Written Incident Report (continued)

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], Staff member A was suspected of staff on resident abuse and subsequently suspended on [REDACTED]. However, the home failed to report this incident to the department until [REDACTED]

Plan of Correction

Accept ([REDACTED] - 06/24/2025)

Administrator and/or designee will reeducate the staff to report any suspected abuse or neglect of a resident to Department immediately this includes verbal physical, financial or mental abuse.

The reeducation will be done 1:1 with staff member starting 6/23/25 and ending 6/27/25 by the administrator and/or designee. We will interview 4 staff members 1x week for 2 weeks and then 1x for 4 months starting the week 6/23/25 and ending 10/20/25

Licensee's Proposed Overall Completion Date: 06/19/2025

Implemented [REDACTED] - 07/02/2025)

227c - Support Plan Revision

4. Requirements

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident’s needs as indicated on the current assessment.

Description of Violation

Residents [REDACTED] and [REDACTED] have had services implemented pertaining to resident [REDACTED] diagnoses of unspecified [REDACTED]. Staff members provide resident [REDACTED] with additional supervision / redirection at the request of resident [REDACTED] when appropriate. However, resident [REDACTED] and [REDACTED]’s most recent assessment and support plans completed on [REDACTED], did not indicate this service.

Plan of Correction

Accept ([REDACTED] - 06/24/2025)

Resident [REDACTED] and [REDACTED] support plan was updated on 5/29/25 by the DON. An audit on RASP will start on June 23,2025 for 1x week for 4 weeks and the 1x week for 4 months which will end on November 10, 2025. The audit will be done by the administrator and/or designee.

Licensee's Proposed Overall Completion Date: 06/19/2025

Implemented [REDACTED] - 07/02/2025)