

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

October 21, 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 07/23/2025 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:** Dept. of Labor & Industry

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 46      **Waking Staff:** 35

**Inspection Information**

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Complaint, Incident      **Exit Conference Date:** 07/23/2025

**Inspection Dates and Department Representative**

07/23/2025    On Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 70      **Residents Served:** 29

**Secured Dementia Care Unit**

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

**Hospice**

**Current Residents:** 2

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 29  
**Diagnosed with Mental Illness:** 2      **Diagnosed with Intellectual Disability:** 1  
**Have Mobility Need:** 17      **Have Physical Disability:** 1

**Inspections / Reviews**

07/23/2025 - Partial

**Lead Inspector:** [REDACTED]      **Follow Up Type:** POC Submission      **Follow Up Date:** 08/24/2025

Inspections / Reviews (*continued*)

## 09/06/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/02/2025

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 09/12/2025

## 09/12/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/02/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/03/2025

## 10/21/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/02/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

## 42b - Abuse

## 1. 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

Resident [REDACTED] preadmission screening form, dated [REDACTED], indicates [REDACTED] has a history of problematic behavior, including sexually inappropriate acts.

On [REDACTED] at approximately 3:30p.m., resident [REDACTED] was sitting at a dining room table with [REDACTED] resident [REDACTED] and resident [REDACTED]. Resident [REDACTED] had [REDACTED] left elbow on the table and was leaning forward when resident [REDACTED] reached [REDACTED] hand under [REDACTED] arm and grabbed [REDACTED] left breast and squeezed it. Resident [REDACTED] immediately moved away and yelled out to staff that resident [REDACTED] just grabbed [REDACTED]. Staff person A observed resident [REDACTED] standing up at the table with a smile on [REDACTED] face and [REDACTED] arms up in the air as [REDACTED] moved to another table. Resident [REDACTED] said [REDACTED] was shocked and angry about the incident and does not want to be near resident [REDACTED].

## Plan of Correction

Directed [REDACTED] 09/12/2025)

Resident [REDACTED] RASP has been updated. Resident has been put on 1 hour checks. Staff education about abuse will be done in September. Private staff interview about abuse will be done 1x week for 4 weeks and 1x for 3 months starting 8/25/25 and will end 12/19/25. Documentation will be kept and reviewed at quality management plan review meeting on 12/4/25.

Proposed Overall Completion Date: 09/10/2025

**Directed:**

By 9/19/25, weekly for 1 month then monthly for 3 months, to administrator or designee will privately interview 3 residents regarding abuse. Documentation will be kept and reviewed at quality management plan review meetings.

[REDACTED] 9/12/25

**Directed:**

The administrator will reeducate staff regarding abuse by 9/30/25. Documentation will be kept.

[REDACTED] 9/12/25

Directed Completion Date: 09/30/2025

Implemented [REDACTED] - 10/21/2025)

## 225a - Assessment 15 Days

## 2. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

## Description of Violation

Resident [REDACTED] assessment, dated [REDACTED] does not address the resident's history of problematic behavior including sexually inappropriate acts, as indicated on [REDACTED] preadmission screening dated [REDACTED]

225a Assessment 15 Days (continued)

Plan of Correction

Accept [redacted] - 09/06/2025)

On 7/23/25 Resident [redacted] assessment were updated. Staff education on assessments will be done on week of 8/25/25 by the administrator and/or designee completed by 8/29/25. We will do an assessment audit 1x week for 4 weeks and 1x for 4 months.

Licensee's Proposed Overall Completion Date: 08/22/2025

Implemented [redacted] - 10/21/2025)

225c - Additional Assessment

3. 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

On [redacted] at approximately 3:30p.m., resident [redacted] was sitting at a dining room table with [redacted] resident [redacted] and resident [redacted]. Resident [redacted] had [redacted] left elbow on the table and was leaning forward when resident [redacted] reached [redacted] hand under [redacted] arm and grabbed [redacted] left breast and squeezed it. Resident [redacted] immediately moved away and yelled out to staff that resident [redacted] just grabbed [redacted] boob. Staff person A observed resident [redacted] standing up at the table with a smile on [redacted] face and [redacted] arms up in the air as [redacted] moved to another table. However, this behavior was not added to resident [redacted] initial support plan, dated [redacted]

Plan of Correction

Accept [redacted] - 09/06/2025)

On 7/23/25 Resident [redacted] and Resident [redacted] assessment were updated. Staff education on assessments will be done on week of 8/25/25 by the administrator and/or designee completed by 8/29/25. We will do an assessment audit 1x week for 4 weeks and 1x for 4 months.

Licensee's Proposed Overall Completion Date: 08/22/2025

Implemented [redacted] - 10/21/2025)