

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

January 16, 2026

[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 11/13/2025 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:** 11/03/2026
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 Labor

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 47 **Waking Staff:** 35

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 11/13/2025

Inspection Dates and Department Representative

11/13/2025 **On Site:** [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 70 **Residents Served:** 31

Secured Dementia Care Unit

In Home: Yes **Area:** 1st Floor **Capacity:** 18 **Residents Served:** 13

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 30
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 16 **Have Physical Disability:** 0

Inspections / Reviews

11/13/2025 - Full

Lead Inspector: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 12/05/2025

Inspections / Reviews (*continued*)

12/09/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/13/2026

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 12/16/2025

12/16/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/13/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 01/15/2026

01/16/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/13/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

42s - Privacy

2. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

There are 6 -8 cameras in the main halls of the secured dementia care unit (1st Floor), however, there is no signage posted indicating video surveillance in in progress.

Plan of Correction

Accept [redacted] 12/16/2025)

A video surveillance sign was posted on 11/13/25 by maintenance . Staff education on the importance of video surveillance sign post will be done on the week on 12/1/25 by the administrator ending 12/5/25. An audit our video surveillance sign will be done 1x month for 4 months starting 12/1/25 ending 3/1/25 by the administrator.

Licensee's Proposed Overall Completion Date: 12/12/2025

Implemented [redacted] - 01/16/2026)

65f - Training Topics

3. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

Description of Violation

Direct care staff person A, who was hired [redacted], did not receive training in Medication Self-Administration during training year 2024.

REPEAT VIOLATION [redacted]

Plan of Correction

Accept [redacted] - 12/16/2025)

Medication Self administration training was assigned to all direct care staff for March 2025 by the administrator and/or designee for annual training. Education to direct care employee about importance of continue educate. Education will start December 8 and ending December 12 by the administrator and/ or designee. Weekly audit will be done by the administrator to make all direct care staff has it complete by December 31 which is the end of educate year.

Licensee's Proposed Overall Completion Date: 12/12/2025

Implemented [redacted] - 01/16/2026)

65g - Annual Training Content

4. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- 1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
- 3. Resident rights.
- 5. Falls and accident prevention.

65g Annual Training Content (continued)

Description of Violation

Direct care staff person A, who was hired [REDACTED], did not receive training in Resident Rights during training year 2024.

Staff person B who was hired [REDACTED], did not receive training in Falls and Accident Prevention during training year 2024.

Staff persons A, and B, who were hired [REDACTED] and [REDACTED], respectfully did not receive training in Fire Safety by a fire safety expert or by a staff person trained by a fire safety expert during training year 2024.

REPEAT VIOLATION [REDACTED]

Plan of Correction

Accept [REDACTED] - 12/16/2025)

Training was assigned to all staff for 2025 by the administrator and/or designee for annual training. Education to employee about importance of continue educate. Education will start December 8 and ending December 12 by the administrator and/ or designee. Weekly audit will be done by administrator to make all direct care staff has it complete by December 31 which is the end of educate year.

Licensee's Proposed Overall Completion Date: 12/12/2025

Implemented [REDACTED] - 01/16/2026)

132e - Fire Drill Sleeping Hours

5. Requirements

2600.

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

Description of Violation

The most recent fire drill conducted during sleeping hours was on [REDACTED], at 4:03 a.m. However, the previous held fire drill conducted during sleeping hours was on [REDACTED].

Plan of Correction

Accept [REDACTED] - 12/16/2025)

.PM fire drill will be done the week of April 6, 2026 and the week of October 12 2026. The fire drills will be done the maintenance or the administrator. Education to employee about importance of continue PM fire drills. PM fire drills will start December 8 and ending December 12 by the administrator and/ or designee. The audit will be done by the administrator and/ designee. An audit on PM fire drills will start on 12/2/25 for 1x month for 6 months which will end of on May 2, 2025.

Licensee's Proposed Overall Completion Date: 12/12/2025

Implemented [REDACTED] 01/16/2026)

184a - Resident's Meds Labeled

6. Requirements

2600.

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

- 4. The prescribed dosage and instructions for administration.

Description of Violation

Resident [REDACTED] was prescribed [REDACTED] as per sliding scale;

184a Resident's Meds Labeled (continued)

call to on call nurse. However, the medication's label indicated as per sliding scale,

Resident [redacted] was prescribed [redacted]. Give one tablet by mouth in the afternoon. However, the medication's label indicated, [redacted] take two tablets by mouth in the morning and one tablet by mouth in the evening.

Resident [redacted] was prescribed [redacted] give one tablet by mouth in the morning. However, the medication's label indicated [redacted] take one tablet in the morning and one half tablet by mouth in the evening.

Plan of Correction

Accept [redacted] - 12/16/2025)

On 11/13/25, pharmacy a printed a new label for resident [redacted] and order printed and add to the blood sugar box by DON. Educated will be done by January by the designee. The designee will do an audit 1x week for 3 weeks then 1x month for 4 month starting 12/ 15/25 and will end May 4, 2025.

Licensee's Proposed Overall Completion Date: 12/12/2025

Implemented [redacted] - 01/16/2026)

185a - Implement Storage Procedures

7. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident [redacted] was prescribed [redacted] / ml as per sliding scale;

[redacted] call to on call nurse. The resident's November 2025, Medication Administration Record indicates multiple blood glucose sugar measurements to include, on [redacted], at 7:30 a.m., a blood glucose measurement of [redacted], and on [redacted], at 4:30 p.m., a blood glucose measurement of [redacted]. However, these blood glucose measurements were unable to be located in the [redacted] used to take the resident's blood glucose measurements for the corresponding dates / times.

At 10:39 a.m., the Narcotics log on the fourth floor medication cart located in the common hallway adjacent to resident room [redacted] was not secured or attended.

Plan of Correction

Accept [redacted] 12/09/2025)

On 11/13/25, Narcotics log was place in cart by the designee. Starting on 12/8/25, an education on importance securing resident personal information by the administrator and/or designee. Educate will be completed on 12/12/25. Administrator and/or Designee will complete random audit daily x7 days, then weekly x4 then monthly x3 starting 12/8/25 ending April 27, 2025.

Licensee's Proposed Overall Completion Date: 12/01/2025

Implemented [redacted] - 01/16/2026)

227c - Support Plan Revision

8. 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

Resident [redacted] most recent Support Plan completed on [redacted], does not address how the home will meet the resident's needs relating to a diagnosis of [redacted] and [redacted] as indicated on the resident's medical evaluation, dated [redacted]

Plan of Correction

Accept [redacted] - 12/09/2025)

On November 13, 2025, RASP was updated by the DON. Education of importance of RASP by administer starting the week of 12/8 and ending 12/12/25. Weekly audit of 5 RASPs for x6 weeks to ensure all RASPs are up to date with correct Diagnosis, signature and dated timely, ongoing monitoring of new residents upon admission by the administer and/or designee starting 12/8/25 ending January 12, 2026.

Licensee's Proposed Overall Completion Date: 12/05/2025

Implemented [redacted] 01/16/2026)

227g Support Plan Signatures

9. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident [redacted] most recent Support Plan completed on [redacted], did not have a resident signature on the signature page. The field was blank.

Resident [redacted]s, most recent Assessment and Support Plan completed on [redacted] and [redacted], respectively, did not have a dated resident signature page. The field was blank.

Plan of Correction

Accept [redacted] - 12/09/2025)

On November 13, 2025, RASP was updated by the DON. Education of importance of RASP by administer starting the week of 12/8 and ending 12/12/25. Weekly audit of 5 RASPs for x6 weeks to ensure all RASPs are up to date with correct signature and dated timely, ongoing monitoring of new residents upon admission by the administer and/or designee starting 12/8/25 ending January 12, 2026.

Licensee's Proposed Overall Completion Date: 12/05/2025

Implemented [redacted] - 01/16/2026)

236 Staff Training

10. Requirements

2600.

236. Training Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation).

Description of Violation

Direct care staff person A, who was hired [redacted], works in the Secure Dementia Care Unit. However, staff person A

236 - Staff Training (continued)

had 5 hours of training in Dementia Care during the 2024, training year.

Plan of Correction**Accept** (■■■■ - 12/16/2025)

Dementia training was assigned to all direct care staff for January and February and April 2025 by the administrator and/or designee for annual training. Education to direct care employee about importance of continue educate. Education will start December 8 and ending December 12 by the administrator and/ or designee. Weekly audit will be done starting Dec 8, 2025 by administer to make all direct care staff has it complete by December 31 which is the end of educate year with e

Licensee's Proposed Overall Completion Date: 12/12/2025**Implemented** (■■■■) 01/16/2026