

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

May 26, 2026

[REDACTED]
MILLCREEK MANOR
[REDACTED]
[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 02/11/2026 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: *Dept. of Labor*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *61* Waking Staff: *46*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *02/11/2026*

Inspection Dates and Department Representative

02/11/2026 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: *1ST FLOOR* Capacity: *18* Residents Served: *15*

Hospice
 Current Residents: *2*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *38*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *23* Have Physical Disability: *0*

Inspections / Reviews

02/11/2026 - Partial
 Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *03/14/2026*

Inspections / Reviews *(continued)*

03/18/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/10/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/25/2026

05/26/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/10/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

187b - Date/Time of Medication Admin.

1. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] change done by a nurse every 28 days for urinary retention. Resident [REDACTED] October 2025 and December 2025 medication administration records do not include the initials of the staff person who administered the [REDACTED] changes.

Plan of Correction

Accepted [REDACTED] - 03/18/2026)

The suprapubic catheter was changed on 1/27/26 and 2/24/26. Documentation of the changes is recorded. Staff education of the importance of recording medication at the time the medication is administered was done on 3/11/26 by the Administrator. An audit of the suprapubic catheter will be 1x month for 4 months starting 3/11/26 and ending 6/11/26 by the administrator.

Licensee's Proposed Overall Completion Date: 03/11/2026

Implemented ([REDACTED] - 05/26/2026)