

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to MARJORIE CARASQUERO

LEGAL ENTITY

To operate CLARKE PERSONAL CARE HOME

NAME OF FACILITY OR AGENCY

Located at 4701 NORTH 13TH STREET, PHILADELPHIA, PA 19141

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 12
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from June 1, 2011 until June 1, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **114060**

Robert E. Robinson

ISSUING OFFICER

R. C. King

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 - 01/11



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

MAY 31 2011

PHONE: (717) 783-3670
FAX: (717) 783-5662

Ms. Marjorie Carasquero, Administrator
Clarke Personal Care Home
4701 North 13th Street
Philadelphia, Pennsylvania 19141

Dear Ms. Carasquero:

As a result of the Department of Public Welfare's licensing inspection on April 19, 2011 and May 19, 2011 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky".

Ronald Melusky
Acting Director

Enclosures
License
Violation Report



VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME CLARKE PERSONAL CARE HOME, 4701 NORTH 13TH STREET PHILADELPHIA, PA 19141		CURRENT LICENSE NUMBER 114060	
INSPECTION DATES (Include all dates of the inspection) 04/19/2011		REGIONAL REPRESENTATIVE Jason Harvey, Ryan Novak	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Marjorie Carasquero - Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Marjorie Carasquero</i>	DATE <i>5/13/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>5/19/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
14a Prior to issuance of a license, a written fire safety approval from the Department of Labor and Industry, the Department of Health or the appropriate local building authority under the Pennsylvania Uniform Construction Code Act (35 P.S. §§ 7210.101 - 7210.1103) is required.	The home does not have a valid certificate of occupancy.	<i>4/26/11</i>	<i>Administrator, applied for a copy of certificate of occupancy from Dept. of Licenses and Inspection because the document was not in the system to obtain a copy. Currently awaiting on the Dept of L+I inspector who is assigned to review the plan and request. Upon receiving the certificate a copy will be forwarded to your office and posted at facility. I have included a copy of the payment request that was paid to the Dept. of L+I.</i>	<i>5/19/11</i> Date Initials (DPW)



Steps have been taken to correct violation; full compliance is not verifiable
Date *5/19/11* Initials (DPW)


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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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16c 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).	The home failed to notify the Department's regional office for resident #1's medication errors on 4/17/11 and 4/18/11.	4/20/11	An incident report was faxed to your office on 4/20/11. To ensure this incident is not repeated the administrator will be responsible for completing and faxing incident immediate to your office to avoid repeat of violation in the future M.	Steps have been taken to correct violation; full compliance is not verifiable 5/19/11 Date Initials (DPW)



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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600


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103e Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.	The following items located in the freezer located next to the medication cart were not labeled and/or dated: <ul style="list-style-type: none"> - A bag of frozen corn on the cob. - A bag of frozen hash browns. - A bag of frozen meatballs. - 2 half gallons of Byers ice cream. 	4/19/11	Violation was immediately corrected on 4/19/11, labels and dates was replaced on food items stored in the freezer upstairs. Staff will be responsible for placing and replacing labels and dates on all food items in the freeze weekly to ensure labels are in place and violation is not repeated. OK	5/19/11 



VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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105g2 Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.	The external ductwork for the home's clothes dryer was caked with lint. In addition, lint littered the area of the ground beneath and around the external ductwork that covered approximately 29"X18".	4/19/11	external ductwork and external ground area beneath duct work was cleaned. staff will be responsible to check and clean external duct and external ground area to ensure violation is not repeated. staff will check once per week. 5/19/11	5/19/11 

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132f Alternate exit routes shall be used during fire drills.	The home's fire drill record indicates the home is not alternating exit routes during monthly fire drills. The home fire drill log indicates the home used the front exit during fire drills on 6/30/10, 7/18/10, 8/23/10, 9/25/10, 10/31/10, 11/25/10, 12/31/10, 1/31/11, 2/27/11, 3/3/11, 3/14/11, and 4/1/11.	4/19/11	Staff will redirect resident to use other exits instead of only the front exit during emergency and monthly fire drills along with documenting in fire drill log all exits used. Administrator will review monthly fire drills to avoid repeated violations in the future.	Steps have been taken to correct violation; full compliance is not verifiable Date: 5/19/11 Initials: (DPW)	

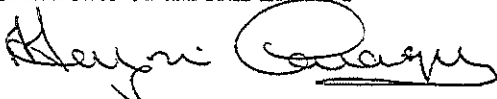
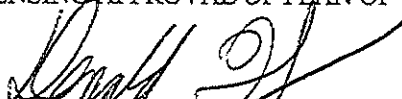
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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Margorie Carrasquero Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Margorie Carrasquero</i>	DATE <i>5/13/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>5/19/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
141a The medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (3) Medical information pertinent to diagnosis and treatment in case of an emergency. (4) Special health or dietary needs of the resident. (5) Allergies. (6) Immunization	The medical evaluation for resident #1, dated 2/2/11, did not indicate immunizations. The medical evaluation for resident #2, dated 3/28/11, did not indicate allergies and stated "see attached" for medications; the attachments were not signed or dated by the physician. Repeated Violations: 03/04/2010	<i>4/26/11</i>	<i>4/26/11 Resident #1 dated 2/2/11 was corrected to indicate immunization. Administrator will be responsible to review all medical evaluation when received to avoid repeated violations. Resident #2, was corrected to indicate allergies and attached MAR was signed and dated by PCP. Administrator will be responsible to review documents an avoid repeated violation in</i>	<i>5/19/11</i> <i>[Signature]</i>



VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600


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history. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request.		4/20/11	Violation was corrected by administrator who will be responsible for reviewing all documentation upon receipt from PEP office or referral contact to avoid further repeated violations * .	

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187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	<p>The medication administration record for resident #3 did not indicate a diagnosis or purpose for Lipitor 10mg, Oxybutynin 5mg, Benicar 40mg, Atenolol 25mg and Combivent inhaler.</p> <p>The medication administration record for resident #4 did not indicate a diagnosis or purpose for Zyprexa 5mg.</p>	4/19/11	<p>MAR record for resident #3 and #4 was corrected to indicate diagnosis and purpose for medication as indicated. Bonks pharmacy was contacted to have them include the diagnosis and purpose on the MAR monthly.</p> <p>Staff will be responsible for reviewing and making necessary correction of including diagnosis and purpose on MAR to avoid repeated violation.</p>	5/19/11 

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SIGNATURE OF LEGAL ENTITY <i>MARJORIE CARASQUERO</i>	DATE <i>5/13/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>5/19/11</i>

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precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.		<i>4/19/11</i>	<i>Violations were corrected and staff will be responsible for reviewing and correcting all MARs upon receiving from per to avoid repeated errors and violations</i>	

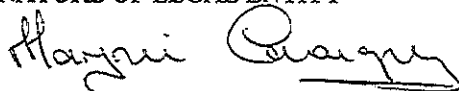

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187d The home shall follow the directions of the prescriber.	Resident #1's medication administration record indicates Omeprazole 20mg to be administrated at 8am. This medication was not available in the home for the resident on 4/17/11, 4/18/11 and 4/19/11.	<i>4/20/11</i>	Resident #1 medication was not available on 4/17, 4/18 & 4/19 due to insurance cancellation and late notification by Horizon House to Personal Care Home, who was awaiting new insurance coverage and card. Horizon House is the agency that provides support and is [redacted] payee and was contacted about medication before it ran out. I will follow to ensure medication is available for admin 15th in the future by monthly review of MAR.	<i>5/17/11</i>	<i>[Signature]</i>

Steps have been taken to correct violation; full compliance is not verifiable
Date / Initials (DPW)



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252 Each resident's record shall include the following information: (1) Name, gender, admission date, birth date and Social Security number. (2) Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks. (3) A photograph of the resident that is no more than 2 years old. (4) Language or means of communication spoken or used by the resident. (5) The name,	The record of resident #1 and #2 did not indicate the resident's identifying marks, if any. The record of resident #3 did not have a photograph or identifying marks. Resident #3 was admitted to the home on 2/13/11.	4/20/11	Resident #1 & #2 resident record sheet was corrected to include identifying marks. Administration was reviewed and updated to include resident identifying marks and race. Resident #3 photograph was taken and copied to [redacted] book/record. Administrator will be responsible for accident records and photo by having documentation correctly done and photo printed to avoid admission to avoid repeat violation.	5/19/11 D

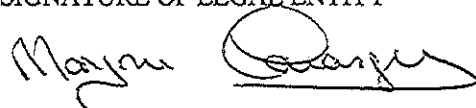
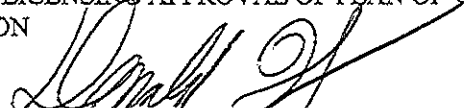
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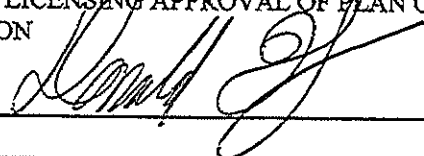
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address, telephone number and relationship of a designated person to be contacted in case of an emergency. (6) The name, address and telephone number of the resident's physician or source of health care. (7) The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms. (8) A list of prescribed medications, OTC medications and CAM. (9) Dietary		4/20/11	Violation was corrected by administrator who will be responsible for correction and avoiding repeated violations.	

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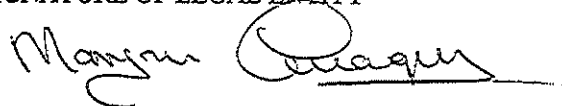

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restrictions, if any. (10) A record of incident reports for the individual resident. (11) A list of allergies, if any. (12) The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies. (13) The preadmission screening, initial intake assessment and the most current version of the annual assessment. (14) A support plan. (15) Applicable court order, if any.		4/25/11	Violation was corrected by administration	

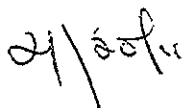
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(16) The resident's medical insurance information. (17) The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity. (18) An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated. (19) An inventory of the resident's property entrusted to the administrator for safekeeping. (20) The financial records of residents		4/20/11	Violation corrected was corrected by administrator	

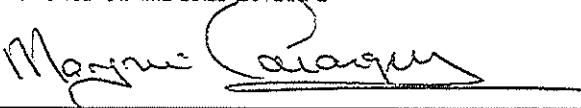
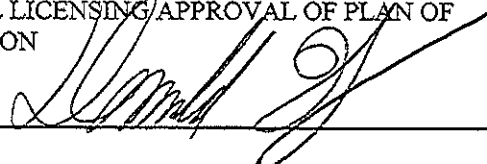
VIOLATION REPORT
 PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME CLARKE PERSONAL CARE HOME, 4701 NORTH 13TH STREET PHILADELPHIA, PA 19141		CURRENT LICENSE NUMBER 114060	
INSPECTION DATES (Include all dates of the inspection) 04/19/2011		REGIONAL REPRESENTATIVE Jason Harvey, Ryan Novak	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 5/13/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 5/19/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
receiving assistance with financial management. (21) The reason for termination of services or transfer of the resident, the date of transfer and the destination. (22) Copies of transfer and discharge summaries from hospitals, if available. (23) If the resident dies in the home, a copy of the official death certificate. (24) Signed notification of rights, grievance procedures and applicable consent to treatment protections specified			Violation corrected by administration.	

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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NAME AND ADDRESS OF PERSONAL CARE HOME CLARKE PERSONAL CARE HOME, 4701 NORTH 13TH STREET PHILADELPHIA, PA 19141		CURRENT LICENSE NUMBER 114060	
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REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
in 41. (25) A copy of the resident-home contract. (26) A termination notice, if any		4/27/11	Violation was corrected by administration	