



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

APR 26 2013

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

Dear Ms. Carasquero:

As a result of the Department of Public Welfare's licensing inspection on March 1, 2013, and the corrections you have made after our inspection, we have found the above personal care home to be in compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes).

Your regular license for the period June 2, 2013 until June 2, 2014 was issued on February 19, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Melusky', written over a horizontal line.

Ronald Melusky  
Director



Violation Report: 11406 - 03/01/2013 - Scharpf, Amy

**1. REGULATION 55 Pa.Code §2600**

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

**2. DESCRIPTION OF VIOLATION**

The emergency service numbers posted near the phone in the dining area does not include poison control, local emergency management, and the personal care home complaint hotline.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The required emergency telephone numbers will be posted on or by each telephone with an outside line. The administrator will be responsible in ensuring it's posted and updated as needed, and checked monthly to avoid violation occurring in the future. (Attached the updated posted numbers).

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/19/2012	
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Signature of Legal Entity Representative  
(Required on EVERY Page) *MARJORIE CARASQUERO*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) **MARJORIE CARASQUERO Administrator** Date **3/12/13.**

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>3/21/13</u> (Date)	Verification of Legal Entity Representative Signature <u>3/21/13</u> (Date)
The above plan of correction was approved by <u>ORM</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 11406 - 03/01/2013 - Scharpf, Amy

**1. REGULATION 55 Pa.Code §2600**

2600.101(j)(6) - Each resident shall have the following in the bedroom: A mirror.

**2. DESCRIPTION OF VIOLATION**

There is not a mirror in bedroom #1B.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

*Staff on duty will be responsible for daily checking residents' rooms to ensuring the mirror is in the room and when removed to replace immediately after to avoid similar violation from occurring in the future.*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Maryanne [Signature]*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

*MARJORIE CARASQUERO Administrator*

Date

*3/12/13*

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*3/21/13*  
(Date)

Verification of Legal Entity Representative Signature

*3/21/13*  
(Date)

The above plan of correction was approved by

*OPM*  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 11406 - 03/01/2013 - Scharpf, Amy

1. REGULATION 55 Pa.Code §2600

2600.103(g) - Food shall be stored in closed or sealed containers.

2. DESCRIPTION OF VIOLATION

Two boxes of breakfast cereal in the kitchen pantry were opened and unsealed.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Staff on duty is responsible to check that all foods are stored in closed or sealed containers daily after use. Staff will daily check and have stored foods sealed properly to avoid this violation from occurring in the future.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Marnie Casany*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

MARJORIE CASANY Administrator

Date

3/2/13

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The above plan of correction is approved as of

3/2/13  
(Date)

Verification of Legal Entity Representative Signature

3/2/13  
(Date)

The above plan of correction was approved by

MC  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
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- Not Implemented

Violation Report: 11406 - 03/01/2013 - Scharpf, Amy

**1. REGULATION 55 Pa.Code §2600**

2600.133(a)(2) - If the home serves nine or more residents, if the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.

**2. DESCRIPTION OF VIOLATION**

The dining room and living room do not have a direct visual line to the nearest exit. There are no signs marking the line of travel to the exits. On 03/01/2013, the home served 9 residents.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The exit signs was placed in the areas and staff will be responsible for doing weekly checks to ensure the exit signs are visible and in place to avoid similar violation from occurring in the future.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Maryje Carasquero*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

MARJORIE CARASQUERO Administrator

Date 3/21/13

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(Initials)

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Violation Report: 11406 - 03/01/2013 - Scharpf, Amy

**1. REGULATION 55 Pa.Code §2600**

Prohibition of the use of tobacco during transportation by the home.

**2. DESCRIPTION OF VIOLATION**

The home does not have a smoking policy that prohibits the use of tobacco during transportation by the home.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

The smoking policy was corrected to include transportation by the home vehicle. The Administrator will be responsible for monthly check and up holding this policy and avoiding similar violation from occurring.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*MARJORIE CARASQUERO*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

Administrator  
MARJORIE CARASQUERO

Date 3/12/13

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Violation Report: 11406 - 03/01/2013 - Scharpf, Amy

1. REGULATION 55 Pa.Code §2600

2600.187(a) - 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 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.

2. DESCRIPTION OF VIOLATION

The medication administration record for resident 1 does not include times of administration for PRN medication Ibuprofen 600mg.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The staff will be responsible for medical administration record, staff will indicate the time the med is administered on the MAR upon administering and checked daily by staff who administer the medication to avoid similar violation from occurring.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *MARJORIE PARASQUERO*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <b>MARJORIE PARASQUERO</b>	Date <b>3/12/13</b>
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