



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: November 20, 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 Adult Residential licensing inspection on July 30, 2013 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary 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 Human Services Licensing so that compliance can be verified.

Sincerely,

A handwritten signature in black ink that reads "Chevon Miller" followed by a stylized set of initials "DK".

Chevon Miller  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary

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

PCH Name: CLARKE PERSONAL CARE HOME		License Number: 114060
Address: 4701 NORTH 13TH STREET, PHILADELPHIA, PA 19141		County: Philadelphia
Administrator: Marjorie Carasquero		Region: SOUTHEAST
Legal Entity Name: MARJORIE CARASQUERO		
Legal Entity Address: 4701 NORTH 13TH STREET, PHILADELPHIA, PA 19141		
Certificate(s) of Occupancy		
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 10	Waking Staff: 8
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 07/30/2013: Foulkes, Kimberli		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 12	Number of Residents who:	
Number of Residents Served: 10	Receive Supplemental Security Income: 9	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 5	
Area:	Have Mental Illness: 11	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 1	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 0	
Number of Current Hospice Residents: 0	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 0		

Violation Report: 11406 - 07/30/2013 - Foulkes, Kimberli  
 PCH Name: CLARKE PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

**2a. DESCRIPTION OF VIOLATION**

Resident #1 reported to multiple staff persons of the home that their possessions had been stolen from them while residing in the home. The home did not report the allegation to the local area agency on aging or the State Department of Aging.

**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.

In accordance with the 2600.15, Older Adults Protective Services Act all complaints, claims and allegations made by residents to staff/administrator will be immediately be reported to the departments of local area Agency on aging or the state Department of Aging. The administrator will take full responsibility in the future to comply with the regulation in contacting and forwarding the suspected abuse report to the departments within 24 hours to avoid future occurrence like this from happening or repeated.

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) **MARIELA PARASSQUERO** Date *9/10/13*

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

The above plan of correction is approved as of <u>9/25/13</u> (Date)	Plan of correction implementation status as of <u>9/25/13</u> (Date)
The above plan of correction was approved by <u>JEM</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 11406 - 07/30/2013 - Foulkes, Kimberli  
PCH Name: CLARKE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.16(c) - 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 section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

Resident #1 reported to multiple staff persons of the home that their possessions had been stolen from them while residing in the home. The home did not report the incident to the Department.

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.

When an incident of Abuse is reported to the home staff / administrator, the administrator will immediately comply with state regulations by reporting the report to the regional office or complaint hot line within 24hrs as designated by the department to prevent similar violation from occurring in the future.

The administrator will take full responsibility in reporting, calling and following up with the designated departments.

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page) *Margorie Carasquero*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) MARGORIE CARASQUERO      Date 9/12/13

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

The above plan of correction is approved as of 9/25/13  
(Date)

The above plan of correction was approved by CRM  
(Initials)

Plan of correction implementation status as of 9/25/13  
(Date)

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

Violation Report: 11406 - 07/30/2013 - Foulkes, Kimberli  
 PCH Name: CLARKE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.85(b) - There may be no evidence of infestation of insects or rodents in the home.

2a. DESCRIPTION OF VIOLATION  
 On 7/30/13, live bed bugs, in various sizes, were observed in room #1 in the bed closest to the door.

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.

Upon the discovery of bugs in one of the bedroom located on the 1st floor of the home, the exterminator was immediately contacted to have the situation and home inspected and treated. The exterminator has been doing comprehensive treatment to decrease further infestation. (see attached document)

The home have educated the residents and staff of the bedbugs through discussion and awareness in avoiding further occurrences.

The treatment is ongoing and contained to one room of the home, all recommendations by exterminator was followed. Staff continues to check the residents beds daily and report concerns to administrator.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>MARYORIE CARASQUERO</i>	Date <i>9/12/13</i>
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The above plan of correction is approved as of 9/25/13  
 (Date)

Plan of correction implementation status as of 9/25/13  
 (Date)

The above plan of correction was approved by *MEM*  
 (Initials)

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