



MAY 0 1 2014

Mr. Austin Virgo, President
Austin Virgo, Inc.
3411 North 17th Street
Philadelphia, Pennsylvania 19140

RE: Quality Assisted Care, Inc.
License #: 193050

Mr. Virgo:

As a result of the Department of Public Welfare's licensing inspection on February 10, 2014, 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.

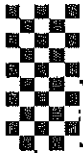
Your regular license for the period May 7, 2014 to May 7, 2015 was issued on January 27, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones
Director

Enclosure
License Inspection Summary



Agency Name: QUALITY ASSISTED CARE INC		License Number: 193050			
Address: 3411 NORTH 17TH STREET, PHILADELPHIA, PA 19140		County: Philadelphia			
Administrator: Austin Virgo		Region: SOUTHEAST			
Legal Entity Name: AUSTIN VIRGO INC					
Legal Entity Address: 3411 NORTH 17TH STREET, PHILADELPHIA, PA 19140					
Certificate(s) of Occupancy R-2; III B 02/08/2011 City of Philadelphia L&I					
Staffing Hours <table border="0" style="width:100%"> <tr> <td>Resident Support:</td> <td>Total Daily Staff: 14</td> <td>Working Staff: 11</td> </tr> </table>			Resident Support:	Total Daily Staff: 14	Working Staff: 11
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<table border="0" style="width:100%"> <tr> <td>Type of Inspection: Ind - 49 Indicators</td> <td>BHA Docket Number:</td> <td>Notice: Unannounced</td> </tr> </table>			Type of Inspection: Ind - 49 Indicators	BHA Docket Number:	Notice: Unannounced
Type of Inspection: Ind - 49 Indicators	BHA Docket Number:	Notice: Unannounced			
Reason(s) for Inspection(s) Indicator					
On-Site Inspections Dates and Department Representatives On-Site 02/10/2014: Adams, Patricia					
Off-Site Inspection Dates and Inspectors, if Applicable					
Other Details <table border="0" style="width:100%"> <tr> <td>Partial or Full Triggers:</td> <td>Random Indicators: 20b8, 130i, 162a, 164b and 251a</td> </tr> </table>			Partial or Full Triggers:	Random Indicators: 20b8, 130i, 162a, 164b and 251a	
Partial or Full Triggers:	Random Indicators: 20b8, 130i, 162a, 164b and 251a				
Resident Demographic Data as of Inspection Dates					
Licensed Capacity: 16 Number of Residents Served: 14 Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 14 Are 60 Years of Age or Older: 2 Have Mental Illness: 14 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0				



Violation Report: 19305 - 02/10/2014 - Adams, Patricia
PCH Name: QUALITY ASSISTED CARE INC

1. REGULATION 55 Pa. Code §2800
2600.100(b) - The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

2a. DESCRIPTION OF VIOLATION
On 4/10/14, at 9:04 am, a layer of snow covered the front steps leading to the home; presenting a slipping hazard for the 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.

To Ensure Future Compliance with this Regulation
The Administrator will ensure that the maintenance staff member on duty at such time will remove snow and ice also obstruction in a timely manner from walkway, ramps, steps recreational area and exterior fire escapes.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Justin Viego*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Justin Viego Administrator* Date *3/10/14*

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

The above plan of correction is approved as of *3/26/14*
(Date)

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

Plan of correction Implementation status as of *3/26/14*
(Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 11553 - 02/11/2014 - Adams, Patricia
 PCH Name: NEW MANOR PERSONAL CARE BOARDING HOME

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.

2a. DESCRIPTION OF VIOLATION

The medication administration record for resident # 1 does not include a diagnosis for the administration of Benztropine 0.5 mg.

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.

MARS will be check for medication purpose when they arrive to the facility monthly, by the medication personnel. This regulation will be on going and reviewed Annually by quality management.

Repeat Violation: No	Date(s) of Previous Violation(s):	9-8-11	1-17-12
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Signature of Legal Entity Representative (Required on EVERY Page) *Irene Nelson*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Irene Nelson Administrator* Date *2-6-14*

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

The above plan of correction is approved as of *3/26/14* (Date)

Plan of correction implementation status as of *3/26/14* (Date)

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

The above plan of correction was approved by *[Signature]* (Initials)