



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 13 2015

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

RE: Quality Assisted Care
License #: 193050


Dear Mr. Virgo:

As a result of the Department of Human Services' licensing inspection on February 11, 2015 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, 2015 to May 7, 2016 was issued on January 26, 2015. Your regular license remains in good standing.

Sincerely,


Matthew J. Jones
Director *MSH*

Enclosure
License Inspection Summary

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

PCH Name: Quality Assisted Care Inc.		License Number: 19305
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		
Other 02/08/2011 City of Philadelphia L&I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 14	Working Staff: 11
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
02/11/2015: Colon, Lissette; Keelty, Jennifer		
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: 15	Number of Residents who:	
Number of Residents Served: 14	Receive Supplemental Security Income: 14	
Secured Dementia Care Unit In Home: No	Are 60 Years of Age or Older: 8	
Area:	Have Mental Illness: 14	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
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: 19305 - 02/11/2015 - Colon, Lissette
 PCH Name: Quality Assisted Care Inc.

1. REGULATION 55 Pa.Code §2600
 2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION
 On 2/11/15, the bathroom located on the first floor, did not have a window covering to provide privacy to 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.

① Immediate Action has now been taken to provide window covering at the 1st floor bathroom for resident privacy

② To assure future compliance with this regulation the maintenance staff person will regularly check bathroom on a daily basis

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>AUSTIN VIRGO / Administrator</i>	Date <i>3/19/15</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>3/20/15</u> (Date) The above plan of correction was approved by <u><i>(Signature)</i></u> (Initials)	Plan of correction implementation status as of <u>3/20/15</u> (Date) <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
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Violation Report: 19305 - 02/11/2015 - Colon, Lissette
 PCH Name: Quality Assisted Care Inc.

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

The annual training provided to direct care staff person A in training year 2014 did not include the following topics:

- Instruction on meeting needs of the resident as described in the preadmission screening form, assessment tool, and support plan.
- Care for residents with dementia and cognitive impairments.
- Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as incontinence, malnutrition and dehydration.
- Personal care service needs of the residents.
- Safe management techniques.

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.

② STAFF Person did received all required TRAINING, but TRAINING Record could not be located at the time of inspection.

① To assure future compliance Administrator will be sure to place all TRAINING Records for staff member file immediately upon completion of all TRAINING Administrator will Retrain STAFF by 3/25/15

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Austin Virlo

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

AUSTIN VIRLO / Administrator

Date 3-19-15

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 (Date)

Plan of correction implementation status as of 3/20/15
 (Date)

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

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

Violation Report: 19305 - 02/11/2015 - Colon, Lissette
 PCH Name: Quality Assisted Care Inc.

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
 Resident # 1, is prescribed Gemfibrozil 600mg and Glipizide XL 10mg administered twice a day; 30 minutes before meals. However, the home serves their evening meals between 5:30 pm - 6:00 pm. The medication administration record indicates both medications were given at 8:00 pm, not 30 minutes prior to meals.

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.

③ Immediate action has now been taken in correcting M.A.R. To reflect Gemfibrozil 600mg to be taken 30 minute before meals and Glipizide 10mg to be taken twice a day with Breakfast and Dinner.

① To assure future compliance Administrator will double check each monthly delivery of M.A.R. and Medication to be in compliance with this Regulation.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Austin Virgo*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *AUSTIN VIRGO / Administrator* Date *3-19-15*

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