



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 16 2015

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

RE: Clarke Personal Care
License #: 114060

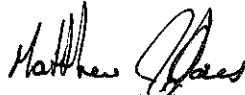
Dear Ms. Carasquero:

As a result of the Department of Human Services' licensing inspection on February 25, 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 June 2, 2015 to June 2, 2016 was issued on March 9, 2015. Your regular license remains in good standing.

Sincerely,


Matthew J. Jones
Director^{/st}

Enclosure
License Inspection Summary

Violation Report: 11406 - 02/25/2015 - Kazimer, Lauren
 PCH Name: Clarke Personal Care Home

1. REGULATION 55 Pa.Code §2600
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

- On 2/25/2015, at 2:42 PM, the water temperature at the second floor back bathroom sink measured 128.8 degrees Fahrenheit.
- At 2:52 PM, the water temperature at the second floor front bathroom sink measured 140.1 degrees Fahrenheit.
- At 2:55 PM, the water temperature at the first floor bathroom, across from the main entrance, measured 140.5 degrees Fahrenheit.

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.

On 2/25/15, water temperature was immediately adjusted to under 120° F. and during shift staff on duty will daily monitor the water temperature on all floors to ensure water is under 120° F. Staff will notify administrator as well as staff if over 120° F. water temperature will be adjusted immediately.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Marjorie Parasquero*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) MARJORIE PARASQUERO Administrator	Date 2/25/15
---	--------------

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

The above plan of correction is approved as of 5/8/15
 (Date)

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

Plan of correction implementation status as of 5/8/15
 (Date)

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

Violation Report: 11406 - 02/25/2015 - Kazimer, Lauren
 PCH Name: Clarke Personal Care Home

1. REGULATION 55 Pa.Code §2600
 2600.94(b) - Interior stairs, exterior steps and ramps must have nonskid surfaces.

2a. DESCRIPTION OF VIOLATION
 The top steps leading from the first to second floor and top steps from the second to third floor do not have a non-skid surface.

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.

On 2/25/15, the runners was properly secured to ensure safety on interior stairs from 1st to 2nd floor by administrator, this will be checked weekly by staff to ensure the runners remain in place securely.

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) <i>Marjorie Carasquero Administrator</i>	Date <i>2/25/15</i>
--	---------------------

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

The above plan of correction is approved as of <u><i>5/2/18</i></u> (Date) The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	Plan of correction implementation status as of <u><i>5/2/18</i></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
---	--

Violation Report: 11406 - 02/25/2015 - Kazimer, Lauren
 PCH Name: Clarke Personal Care Home

1. REGULATION 55 Pa.Code §2600
 2600.131(f) - Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

2a. DESCRIPTION OF VIOLATION
 The fire extinguisher in room 1B has not been inspected a fire safety expert since April 2013.

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.

On 2/27/15, Fire extinguisher in room 1B was checked and recertified by the fire safety expert. Staff on duty at the time of annual service will ensure that all fire extinguishers on all floors are checked and recertified prior to the expert depart the home annually.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Marione Carasquer*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>MARIONE CARASQUERO</i>	Date <i>04/22/15</i>
---	----------------------

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

The above plan of correction is approved as of 5/8/15
 (Date)

Plan of correction implementation status as of 5/8/15
 (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: 11406 - 02/25/2015 - Kazimer, Lauren
 PCH Name: Clarke Personal Care Home

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
 The medical evaluation for resident #1 dated 1/25/2015, does not include the ability to self-administer medications

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.

Resident #1, medical evaluation was corrected on 3/2/15, to include her ability to self-administer medication. The administrator will ensure that prior to leaving PCH office the medical evaluation is properly completed annually.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Marjorie Parasquero*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Marjorie PARASQUERO Administrator</i>	Date <i>4/22/15</i>
--	---------------------

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

The above plan of correction is approved as of 5/8/15
 (Date)

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

Plan of correction implementation status as of 5/8/15
 (Date)

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

Violation Report: 11406 - 02/25/2015 - Kazimer, Lauren
 PCH Name: Clarke Personal Care Home

1. REGULATION 55 Pa.Code §2600

2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

The medication cart contained a loose Lovastatin 20mg pill in a plastic medication cup.

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.

On 2/25/15, medication lovastatin was properly discarded
 On 2/25/15 and 2/19/15, staff was retrained on the
 proper medication administration and storage procedure
 that staff will practice daily when administering
 medication to residents. Staff (...) was
 trained on 2/25/15 and 2/19/15.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Marjorie Parasquero

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

Administrator
 MARJORIE PARASQUERO

Date 2/22/15

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

The above plan of correction is approved as of

5/8/15
 (Date)

Plan of correction implementation status as of

5/8/15
 (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: 11406 - 02/25/2015 - Kazimer, Lauren
 PCH Name: Clarke Personal Care Home

1. REGULATION 55 Pa.Code §2600

2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION

The home's first aid contained Bacitraycin Plus antibiotic ointment with an expiration date of 12/2014.

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.

On 5/25/15, the antibiotic ointment from the first aid container was removed and properly discarded by staff. The administrator and staff will check the dates on all purchases before storing in the home.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/06/2014
-----------------------	-----------------------------------	------------

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Administratrix (Alexis) Margorie Carasawa* Date *5/25/15*

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

The above plan of correction is approved as of <u>5/8/15</u> (Date) The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	Plan of correction implementation status as of <u>5/8/15</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
--	---

Violation Report: 11406 - 02/25/2015 - Kazimer, Lauren
 PCH Name: Clarke Personal Care 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

Resident #2 has an order for Benzotropine 2mg two times per day. The medication administration record for resident #2 incorrectly lists Benzotropine 1mg two times per day.

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.

On 2/25/15, staff on duty corrected the documentation error of Benzotropine from 1mg to read 2mg as written on the medication label.

On 2/25/15, 2/26/15 and 2/27/15, staff was trained on proper medication administration procedures when administering medication daily by comparing medication label to MAR.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *MARJORIE PARASQUERO*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) MARJORIE PARASQUERO Administrator	Date 2/25/15
--	---------------------

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

The above plan of correction is approved as of <u>2/25/15</u> (Date)	Plan of correction implementation status as of <u>2/25/15</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></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 - 02/25/2015 - Kazimer, Lauren
 PCH Name: Clarke Personal Care Home

1. REGULATION 55 Pa.Code §2600
 2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION
 - Resident # 3 received two PRN doses of Haldol 0.5mg between 2/11/2015 and 2/25/2015. Staff did not initial or record the date and time of administration on the MAR.
 - Resident # 4 has a physician's order for earwax removal 6.5% solution to be applied two times per day. Staff did not initial the medication administration record for this medication at 2 PM from 2/1/2015 to 2/25/2015.
 - Resident #4 has a physician's order for Divalproex 500mg ER, take one tablet twice per day. Staff did not initial the medication administration record for this medication at 8 PM from 2/1/2015 to 2/25/2015.

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.

Resident #3 & #4, correction on the MAR was done on 2/26/15.
 on 2/25/15, 2/26/15 and 2/27/15, staff was retrained on the proper medication administration procedures. when administering medication as per physician's order staff will complete documentation by signing of after each daily administration of all medications on the MAR as prescribed.

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

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

Printed Name and Title of Legal Entity Representative Administrator
 (Required on EVERY Page) MARGORIE PARASSQUERO Date 2/22/15

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

The above plan of correction is approved as of <u>5/11/15</u> (Date)	Plan of correction implementation status as of <u>5/11/15</u> (Date)
The above plan of correction was approved by <u><i>EP</i></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 - 02/25/2015 - Kazimer, Lauren
 PCH Name: Clarke Personal Care Home

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

Resident # 5 was admitted to the home on 11/7/2014. The initial assessment was not completed until 11/30/2014.

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.

Resident # 5, who was admitted to the home on 11/7/2014, assessment was not completed until 11/30/14. In moving forward, the administrator will ensure that the resident assessment (RASP) is completed in the time frame within fifteen days of admission. The administrator will double check the dates to ensure accuracy and compliance

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Maryn Douglas*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>MARTORIE Carasquero Administrator</i>	Date <i>11/22/15</i>
--	----------------------

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

The above plan of correction is approved as of *5/8/15*
 (Date)

Plan of correction implementation status as of *5/8/15*
 (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: 11406 - 02/25/2015 - Kazimer, Lauren
 PCH Name: Clarke Personal Care Home

1. REGULATION 55 Pa.Code §2600
 2600.227(e) - The resident's support plan must document the ability of the resident to self-administer medications or the need for medication reminders or medication administration.

2a. DESCRIPTION OF VIOLATION
 Resident #3's assessment, completed on 1/6/2015, does not address the resident's ability to self-administer medications.

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.

Resident #3, assessment was corrected on 2/6/15 by administrator. In going forward, the administrator will double check documents before completion and typing annually.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Martone Carasqueru*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>MARTONE Carasqueru Administrator</i>	Date <i>2/22/15</i>
---	---------------------

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

The above plan of correction is approved as of <u>5/18/15</u> (Date) The above plan of correction was approved by <u><i>W</i></u> (Initials)	Plan of correction implementation status as of <u>5/18/15</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
---	--