



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 23 2016

Ms. Marjorie Carasquero, Administrator
4701 North 13th Street
Philadelphia, Pennsylvania 19141

RE: Clarke Personal Care Home
License #: 114060

Dear Ms. Carasquero:

As a result of the Department of Human Services' annual licensing inspection on April 6, 2016 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Jay Bausch".

Jay Bausch
Deputy Secretary

Enclosure
License Inspection Summary

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

PCH Name: CLARKE PERSONAL CARE HOME		License Number: 11406
Address: 4701 NORTH 13TH STREET, PHILADELPHIA, PA 19141		County: Philadelphia
Administrator: MARJORIE CARASQUERO		Region: SOUTHEAST
Legal Entity Name: CLARKE PERSONAL CARE HOME		
Legal Entity Address: 4701 NORTH 13TH STREET, PHILADELPHIA, PA 19141		
Certificate(s) of Occupancy R-2 03/15/2012 CITY OF PHILADELPHIA		
Staffing Hours Resident Support: Total Daily Staff: 11 Waking Staff: 8		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 04/06/2016: Braswell, Natasha; Adams, Patricia		
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 Served: 11 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: 11 Are 60 Years of Age or Older: 5 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 11406 - 04/06/2016 - Braswell, Natasha
PCH Name: CLARKE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION
On 4-6-16 the home did not sanitize dishers as recommended per Serv-Safe. Staff member A reports the proper procedure for washing dishes is not being utilized.

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 follow the proper procedures when washing dishes by utilizing all three stainless steel sinks as of 4/8/16.
Staff will be responsible for the washing, rinsing and sanitizing of dishes after meals. Staff will be trained 4/8/16.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Marjorie

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

MARJORIE BRASSUERO (ADMINISTRATOR)

Date 4/30/16

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

The above plan of correction is approved as of

5/13/16
(Date)

Plan of correction implementation status as of 5/13/16
(Date)

The above plan of correction was approved by

ABO
(Initials)

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

Violation Report: 11406 - 04/06/2016 - Braswell, Natasha
 PCH Name: CLARKE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.20(b)(1) - The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

2a. DESCRIPTION OF VIOLATION
 The home manages the finances for resident # 1. On 4/2/16, resident # 1 had a balance of \$86.41 with a \$10.00 withdrawal; leaving a balance of \$76.41. The home's balance was recorded as \$76.00.

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 administrator will recheck the resident's funds and documentation to ensure the correct amount is documented on the form in preventing the occurrence of this violation.
 The violation was corrected on 4/6/16 by administrator who'll be responsible for correctly checking residents' funds weekly and monthly.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

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

MARJORIE ARASQUERO (ADMINISTRATOR)

Date

4/30/16

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

The above plan of correction is approved as of 5/13/16
 (Date)

Plan of correction implementation status as of 5/13/16
 (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 - 04/06/2016 - Braswell, Natasha
 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 # 2 , dated 9/9/15 does not include #2 and #3.

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 medical evaluation for resident #2 dated 9/9/15 included information but didn't have information documented in #3. On 4/30/16, the information was included at the doctor; the administrator will be responsible for checking and ensuring all information is included in section #3. The administration will be responsible for checking and ensuring that is completed annually.

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) **MARYORIE CARASQUERO (Administrator)** Date **4/30/16**

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

The above plan of correction is approved as of **5/13/16**
 (Date)

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

Plan of correction implementation status as of **5/13/16**
 (Date)

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

Violation Report: 11406 - 04/06/2016 - Braswell, Natasha
 PCH Name: CLARKE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.162(e) - A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with § 2600.161 (relating to nutritional adequacy).

2a. DESCRIPTION OF VIOLATION

On 4-6-16, scrambled eggs, ham, toast, and fruit were listed on the menu for breakfast. A bowl of cereal, orange juice, and toast was served instead. No notice provided to residents in advance of the meal.

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 posting menu changes in a public place in the home in advance of all meals as of 4/8/16. All changes of menu will be posted in advance by staff on duty daily when changes of menu is being made. Staff was trained 4/8/16.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Marjorie Carrasquero

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

MARJORIE CARRASQUERO

Date

4/30/16

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

The above plan of correction is approved as of

5/13/16
 (Date)

Plan of correction implementation status as of

5/13/16
 (Date)

The above plan of correction was approved by

MC
 (Initials)

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

Violation Report: 11406 - 04/06/2016 - Braswell, Natasha
 PCH Name: CLARKE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident # 5's Vitamin B -6, stored in the home's medication cart does not match the Pyridoxine 25 mg listed on the medication administration record.

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.

As of 4/30/16, all medication labels and MAR will be compared and matching to include the rights of medication.
 The staff on duty receiving the meds will recheck to ensure the med labels and MAR match and this violation is not repeated.
 Staff on duty will compare labels and MAR on receiving meds and prior to administering daily.
 Staff was retrained on the proper procedure of meds. 4/30/16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

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

MARJORIE CARASQUERO

Date 4/30/16

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

The above plan of correction is approved as of

5/13/16
 (Date)

Plan of correction implementation status as of

5/13/16
 (Date)

The above plan of correction was approved by


 (Initials)

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

Violation Report: 11406 - 04/06/2016 - Braswell, Natasha
 PCH Name: CLARKE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

Resident #3's glucometer was not calibrated.

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.

Trained staff will be checked and calibrated. A new glucometer is in use and calibrated as the current meter is out of date. The staff will check and follow-up with the glucometer monthly. Correction was done 4/8/16 and training. The administrator will be responsible to continue compliance.

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) **MARJORIE PARASHEV** Date *4/30/16*

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

The above plan of correction is approved as of *5/13/16*
 (Date)

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

Plan of correction implementation status as of *5/13/16*
 (Date)

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

Violation Report: 11406 - 04/06/2016 - Braswell, Natasha
 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

- The medication administration record for resident #4 does not include a diagnosis for Ketoconazole 2%.
- Resident #5's March 2016 medication administration record does not include a listing for Vitamin B-6.

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 MAR for resident #4, diagnosis is on the MAR and corrected.

The MAR for resident #5, Vitamin B-6 was corrected. Staff on duty on documenting and receiving meds will compare and ensure that the diagnosis and med listing is correct monthly and when new meds are delivered. The administrator will check and follow-up.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) **MARGORIE CARASQUEZ** Date **2/30/16**

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The above plan of correction is approved as of 5/13/16 (Date) Plan of correction implementation status as of 5/13/16 (Date)

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

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

Violation Report: 11406 - 04/06/2016 - Braswell, Natasha
 PCH Name: CLARKE PERSONAL CARE HOME

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

2a. DESCRIPTION OF VIOLATION
 On 4/6/16, resident #6's Tears Naturale Free, one drop in both eyes, was not administered at 1:00 pm.

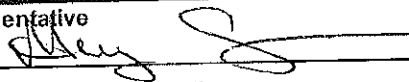
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Trained staff will daily follow the proper medication administering procedures, staff on duty will administer medication as prescribed. And will be responsible for complete med error and follow-up with PCP before administering next dose or if to administer the correct dose at a later time. Staff was retrained on the proper procedure of med administration 4/8/16. The administrator will follow up on a routine bases monthly.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)



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

MARLENE CAROSQUERO

Date

4/30/16

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

The above plan of correction is approved as of

5/13/16
 (Date)

Plan of correction implementation status as of

5/13/16
 (Date)

The above plan of correction was approved by



(Initials)

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

Violation Report: 11406 - 04/06/2016 - Braswell, Natasha
 PCH Name: CLARKE PERSONAL CARE HOME

1. REGULATION 65 Pa.Code §2600
 2600.221(c) - A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION
 The home does not have a current weekly activity calendar posted in a public and conspicuous place in 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 current Monthly activity Calendar was corrected and posted by the staff. Staff was trained and informed to post the calendar for the next month at the end of the month and to remove the old calendar for filing. This was done on 4/13/16 by administrator who'll follow up on the 1st of each month to ensure this is consistent with compliance.

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Marjorie CARABUORO* Date *4/13/16*

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

The above plan of correction is approved as of 5/13/16
 (Date)

Plan of correction implementation status as of 5/13/16
 (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 - 04/08/2016 - Braswell, Natasha
PCH Name: CLARKE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2a. DESCRIPTION OF VIOLATION

Resident # 7 was admitted to the home on [redacted] 16. The home did not complete page 6 of the RASP concerning the plan to meet the medical needs.

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 resident #7 admitted on [redacted] 16, RASP did not state plan in meeting medical needs, as on admission medical diagnosis was not stated on the [redacted] from the hospital.

The resident #7 is currently seen by [redacted] medical Dr. [redacted] at European Primary Medical on Wayne Ave bi annual and annual for all medical concerns. The administrator will be responsible along with resident #7 to ensure [redacted] needs are met and scheduled appointments. Violation was corrected on 4/30/16.

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *MARION CARADUEN* Date *4/30/16*

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

The above plan of correction is approved as of *5/13/16* (Date)

Plan of correction implementation status as of *5/13/16* (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 - 04/08/2016 - Braswell, Natasha
 PCH Name: CLARKE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.251(a) - A separate record shall be kept for each resident.

2a. DESCRIPTION OF VIOLATION

On 4/8/16, documents for resident # 4 were contained in the record of resident #7.

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 document for resident #7 that was placed in resident #4 folder was removed and staff was informed and trained to be careful when filing documents. Staff was trained on the proper procedure of handling and filing of resident's documents to avoid this from occurring in the future on 4/8/16. The administrator will follow-up monthly and on admission for continued compliance.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **MAGUIRE CARADUCCI** Date **4/13/16**

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

The above plan of correction is approved as of <u>5/13/16</u> (Date)	Plan of correction implementation status as of <u>5/13/16</u> (Date)
The above plan of correction was approved by <u><i>PO</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