



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 14 2016

Ms. J. Allison Almarales, Administrator
Clarise's Personal Care Residence, Inc.
514 East Roosevelt Boulevard
Philadelphia, Pennsylvania 19120

RE: Clarise's Personal Care Residence
License #: 134090

Dear Ms. Almarales:

As a result of the Department of Human Services' annual licensing inspection on July 7, 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 "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 13409 - 07/07/2016 - Freeman, Sabrina
 PCH Name: CLARISES PERSONAL CARE RESIDENCE

1. REGULATION 56 Pa.Code §2600
 2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION
 At the time of inspection, the homes census included eight residents. There was no staff persons present in the home that were certified in First Aid or CPR; from July 12, 2015 until the day of the inspection on July 6, 2016.

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.

CPR WAS SCHEDULE FOR July 15, 2016

All Staff must BE Recertify Prior to the end of the 12 month Recertification.

Plans for All Staff one month prior to the expiration Date was added to my monthly Planner.

All Staff have now been Recertified and all Certificates are attached.

Handwritten signature: RUM

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

Signature of Legal Entity Representative (Required on EVERY Page) *Handwritten signature: RUM*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) - *J. R. M. Rom* Date *7/16/2016*

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The above plan of correction is approved as of *7/28/16* (Date)

Plan of correction implementation status as of *7/28/16* (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: 13409 - 07/07/2016 - Freeman, Sabrina
 PCH Name: CLARISES PERSONAL CARE RESIDENCE

1. REGULATION 55 Pa.Code §2600
 2600.63(b) - Current training in first aid and certification in obstructed airway techniques and CPR shall be provided by an individual certified as a trainer by a hospital or other recognized health care organization.

2a. DESCRIPTION OF VIOLATION
 The Home failed to complete CPR & First Aid training provided by a certified hospital trainer or other recognized health care organization. Staff persons A, B and C completed an Online CPR & First Aid Refresher course.
 Training that is conducted online with no hands-on practice does not provide the necessary training to ensure the staff person is able to properly perform CPR or first aid and will not be considered when measuring compliance.

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.

CPR AND First Aid WAS SCHEDULE FOR July 15, 2016
 All Staff must be recertify Prior to the end of the 12 Month Recertification Plans for All Staff one month prior to the expiration date was added to my Monthly Planner.
 All Staff have now being Recertified and All Certificates are attached.

[Handwritten Signature]

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) J. ALISON ALMARALES Adm	Date 7/16/2016
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The above plan of correction is approved as of <u>7/28/16</u> (Date)	Plan of correction implementation status as of <u>7/28/16</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 13409 - 07/07/2016 - Freeman, Sabrina
 PCH Name: CLARISES PERSONAL CARE RESIDENCE

1. REGULATION 55 Pa.Code §2600
 2600.131(c) - A fire extinguisher with a minimum 2A-10BC rating shall be located in each kitchen. The kitchen extinguisher meets the requirements for one floor as required in §-2600.131(a).

2a. DESCRIPTION OF VIOLATION
 There is no fire extinguisher in the home's kitchen.

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.

A fire Extinguisher is Placed 12 ft from the Kitchen by the fire Inspectors.
 A New fire Extinguisher was purchase, and Place in the Kitchen
 A Picture of the New fire Extinguisher is attached.
 Monthly Checks is now in place, All floors will be Checked Monthly
 for fire Extinguishers in Place.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *J. Luis Amarales*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) J. Luis Amarales Adm	Date 7/16/2016
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The above plan of correction is approved as of <u>7/28/16</u> (Date)	Plan of correction implementation status as of <u>7/28/16</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 13409 - 07/07/2016 - Freeman, Sabrina
PCH Name: CLARISES PERSONAL CARE RESIDENCE

1. REGULATION 55 Pa.Code §2600
2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION
On the following dates, an error in resident # 1's medication administration record occurred. The home did not document the medication administration based on the glucometer readings for resident # 1.

7/1/16 at 6 PM, glucometer reading 86, medication administration record 77
7/4/16 at 5:03 PM, glucometer reading 105, medication administration record 130
7/5/16 at 5:45 PM, glucometer reading 154, medication administration record 104
7/6/16 at 5:18 PM, glucometer reading 137, medication administration record 130
7/6/16 at 8:27 PM, glucometer reading 136, medication administration record 143
7/7/16 at 7:31 AM, glucometer reading 105, medication administration record 106

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.

I Do Not agree with this findings and by providing a plan of Correction does not constitute admission that the violation is accurate. the Resident has two glucometer machines, on the day of inspection she was at the Day Program with the other one. All Staff are now checking the Max and Memory of both machines to ensure accuracy.

The administrator will ensure that this new process is implemented.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *J. Allison Amatoles*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *J. Allison Amatoles - Adm* Date *7/16/2016*

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The above plan of correction is approved as of *7/20/16* (Date)

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

Plan of correction implementation status as of *7/20/16* (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented