



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: January 13, 2017**

Mr. William Malone, Treasurer  
Premier Quality Enterprises, Inc.  
1703 Warren Road  
Indiana, Pennsylvania 15701

RE: Indiana Square Personal Care Home  
License #447440

Dear Mr. Malone:

As a result of the Department of Human Services' licensing inspection on September 23, 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 "Jon Kimberland".

Jon Kimberland  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

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

PCH Name: INDIANA SQUARE PERSONAL CARE HOME		License Number: 44744
Address: 1703 WARREN ROAD, INDIANA, PA 15701		County: Indiana
Administrator: Mary McKay		Region: WEST
Legal Entity Name: PREMIER QUALITY ENTERPRISE INC		
Legal Entity Address: 1703 WARREN ROAD, INDIANA, PA 15701		<b>RECEIVED</b>
<b>Certificate(s) of Occupancy</b> C-2 LP 01/24/1994 L & I		NOV 26 2016 WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 132	Waking Staff: 99
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
09/23/2016: McConnell, Deb		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 34 Number of Residents Served: 13 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: 1	<b>Number of Residents who:</b> Receive Supplemental Security Income: 2 Are 60 Years of Age or Older: 13 Have Mental Illness: 2 Have an Intellectual Disability: 0 Have a Mobility Need: 2 Have a Physical Disability: 0	

NOV 26 2016

Violation Report: 44744 - 09/23/2016 - McConnell, Deb  
 PCH Name: INDIANA SQUARE PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION

The local municipal emergency preparedness plan was not posted in a conspicuous and public place in the home. The local municipal emergency preparedness plan was in the Administrator's office.

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 local municipal emergency preparedness plan was posted on the bulletin board in the front of the building within minutes of being brought to the attention of the Administrator and prior to the inspectors departure.

Administrator will review posted documents on a monthly basis to ensure all the necessary and required documents are properly displayed.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Mary McKay Administrator</i>	Date <i>11/21/2016</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>12-2-16</u> (Date)	Plan of correction implementation status as of <u>12-2-16</u> (Date)
The above plan of correction was approved by <u><i>g</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: 44744 - 09/23/2016 - McConnell, Deb  
PCH Name: INDIANA SQUARE PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the home on [redacted] 16. The home has not completed a medical evaluation for resident #1.

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.

DME for Resident #1 was completed on 8/8/2016, but was not in the resident's admission file. The DME dated 8/8/2016 is attached.

Administrator and Resident Services Director will review resident files within the 30 day period post admission to ensure all necessary documents are completed. Resident files will periodically be inspected for completeness and accuracy.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Mary McKay*

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

Mary McKay, Administrator

Date 11/21/2016

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The above plan of correction is approved as of 10-2-16  
(Date)

Plan of correction implementation status as of 11-2-16  
(Date)

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

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

NOV 26 2016

Violation Report: 44744 - 09/23/2016 - McConnell, Deb  
PCH Name: INDIANA SQUARE PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION

Resident #2's had medical evaluation completed on [redacted] 16. However, the resident's medical evaluation does not include a medication regimen. The medication evaluation indicates "see attached". However, there was no attachment.

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 #2 had a subsequent DME completed on [redacted] 2016, two days after admission on [redacted] 2016. A copy of this DME and the corresponding medication list is attached.

Resident Services Director will promptly supply Administrator with updated documents.

Resident Services Director and Administrator will meet bi-monthly to review resident files.

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Mary McKay, Administrator* Date *11/21/2016*

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(Date)

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(Date)

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(Initials)

NOV 26 2016

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 44744 - 09/23/2016 - McConnell, Deb  
PCH Name: INDIANA SQUARE 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

Resident #1 is prescribed Lisinop/HCTZ, 20-12.5 (40-25mg), 2 tablets every day. The resident's September 2016 medication administration record indicates the medication was not available in the home for administration and not administered on 9/18/16, at 8:00 a.m.

Resident #1 is prescribed Megestrol, 40mg, 1 tab twice a day. The resident's September 2016 medication administration record indicates the medication was not available in the home for administration and not administered on 9/3/16 and 9/4/16, at 8:00 p.m.

Resident #3 is prescribed Lorazepam, 1/2 tab (.5mg), twice a day. The resident's September 2016 medication administration record indicates the medication was not available in the home for administration and not administered on 9/13/16, at 8:00 a.m.

Resident #3 is prescribed Alendronate, 70mg, 1 tab weekly. The resident's September 2016 medication administration record indicates the medication was not available in the home for administration and not administered on 9/11/16, at 7:30 a.m.

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 9/28/2016, a meeting was held with the servicing pharmacy to discuss the pharmacy's failure to deliver prescribed medications in a timely manner. The president of the pharmacy was in attendance and was able to make the changes necessary in the ordering process to prevent any further issues in obtaining medications so they are available for administration as prescribed.

Administrator will continue to monitor the situation on a weekly basis and any pharmacy issues will be brought directly to the attention of the president of the company for prompt resolution.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Mary McKay*

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

Mary McKay Administrator

Date

11/21/2016

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(Date)

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(Date)

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The above plan of correction was approved by

*JK*  
(Initials)

Violation Report: 44744 - 09/23/2016 - McConnell, Deb  
 PCH Name: INDIANA SQUARE PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
 Human Services Licensing

**1. REGULATION 55 Pa.Code §2600**

2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

**2a. DESCRIPTION OF VIOLATION**

There is no documentation that resident #4 has been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

**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 #4 was advised of all rights at the time of admission, but did not execute the acknowledgement. Resident executed the acknowledgement on 9/23/2016 prior to inspectors departure. Documentation of such is attached.*

*Administrator will inspect files for accuracy and completeness.*

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

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Mary McKay Administrator*      Date *11/21/2016*

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 (Initials)

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Violation Report: 44744 - 09/23/2016 - McConnell, Deb  
 PCH Name: INDIANA SQUARE PERSONAL CARE HOME

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WEST REGION FIELD OFFICE  
 Human Services Licensing

**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 #1 was admitted to the home on [redacted] 16. However resident #1's initial assessment was not completed until 8/17/16.

**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's initial assessment was completed on 8/5/2016, however the date that the assessment was finalized was not completed on the RASP.*

*The date has been added to the RASP and initiated by the Administrator.*

*Administrator will carefully review resident files for completeness and accuracy.*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Mary McKay*

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

*Mary McKay, Administrator*

Date *11/22/2016*

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