



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: March 28, 2017

Ms. Margaret M. Clawson
Secretary
Parker Personal Care, Inc.
c/o YWCA
120 West Cunningham Street
Butler, Pennsylvania 16001

RE: Parker Personal Care Facility
103 Seward Street
Parker, Pennsylvania 16049
#426560

Dear Ms. Clawson:

As a result of the Department of Human Services' licensing inspection on November 30, 2016; December 1, 2016 and December 2, 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 "Larry Mazza".

Larry Mazza
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

MAR 16 2017

Violation Report: 42656 - 11/30/2016 - Rahuba, Matt
PCH Name: PARKER PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

On 12/2/16, staff person A was working in the home and providing direct care to residents. However, staff person A does not have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.

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.

See Page 2A of 5

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Brandy Grossman / A. Admin* Date *3/16/17*

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

The above plan of correction is approved as of <u>3/17/17</u> (Date)	Plan of correction implementation status as of <u>3/17/17</u> (Date)
The above plan of correction was approved by <u>[Signature]</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

Regulation 2600.54 (a)

Violation: Staff member A was working in the home providing direct care to residents. Staff member A does not have a high school diploma, GED or active registry status on the PA nurse aide registry.

Plan of Correction:

Staff member A was removed from the medication administration cycle on 12/02/16 and was made full ancillary staff. Staff member A did have a GED diploma received from a Jefferson Online School. It was not known that this GED was not valid until researched by the inspector at which time Staff member A was immediately removed from Direct Care while inspectors were still in the building. Staff member has since not been allowed to perform any Direct Care until a certified Board of Education GED is presented to the home for her file.

Parker Personal Care will check with DHS if any GED or diploma is not listed as Board of Education Certified, or acknowledged by the State of Pennsylvania to be valid.

Immediately; A designated staff person shall develop and implement a system to ensure no staff person provides direct care services to residents without verification the staff person possesses a high school diploma, GED diploma or active registry status on the Pennsylvania nurse aide registry. Documentation shall be kept in each staff person's file.

Bl
Brandy Grossman, Admin
3/16/16

3/17/17

MAR 16 2017

Violation Report: 42656 - 11/30/2016 - Rahuba, Matt
PCH Name: PARKER PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

Resident #2 passed away on [redacted] 16; however, on 12/1/16, several medications prescribed for the resident were still present in the home, to include the following:
* 1 bottle of Morphine Sulfate 100mg/ml, take 0.25mL under tongue every 12 hours for pain, located in the closet of the administrator's office.

The following medications prescribed to resident #2 were present in a cardboard box in the medication room to the left of the kitchen:
* Hydralazine 25mg, take 1/2 tablet by mouth daily for hypertension, 14 pills remaining
* Omeprazole DR 20 mg, take 1 capsule by mouth twice daily before meals for GERD, 12 pills remaining
* Montelukast SOD 10mg, take 1 tablet by mouth daily at bedtime for asthma, 14 pills remaining
* Metoprolol SOD 10mg, take 1 tablet by mouth daily at bedtime for HTN, 14 pills remaining

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.

See Page 3A of 5

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) *Brandy Grossman/Admin* Date *3/16/16*

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(Date)

Plan of correction implementation status as of 3/17/17
(Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

Regulation 2600.183 (d)

Violation: Resident #2 passed away on [REDACTED]/16, on 12/1/16 several medications prescribed to the resident were still present in the home.

Plan of Correction:

the administrator has been removed from the facility and all medications in her closet belonging to deceased or past residents have been destroyed or sent back to the appropriate pharmacy.

Parker Personal Care has established a relationship with one pharmacy that supplies all residents their medications (with the exception of one resident who wishes to continue using med-fast, and outside hospice pharmacies that supply comfort kit medications). This pharmacy has provided the home with medication destruction forms, has daily deliveries and returns, and will also be performing cart audits on both med carts and closets.

Medications that are being returned with pills still in the packaging will be accounted for and signed off by both the delivery personnel returning the medication(s) and the med tech responsible for that shift.

Immediately: A designated staff person shall inspect all medication storage areas to ensure no medications for residents no longer residing in the home are present. *[Signature]*
3/17/17

[Signature]

Brandy Grossman, Admin
3/16/17

MAR 16 2017

Violation Report: 42656 - 11/30/2016 - Rahuba, Matt
PCH Name: PARKER PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE
Human Services Licensing

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 #1 is prescribed morphine 30mg tablet, take one tablet by mouth twice daily for pain. On 9/22/16, staff members C and D found a morphine pill on the dining room floor. The pill was identified by color and markings, and staff member D indicated this resident was the only resident on that medication at the time.

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.

See Page 4A of 5

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Brandy Grossman/A Admin* Date *3/16/17*

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Plan of correction implementation status as of 3/17/17 (Date)

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

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

Regulation 2600.185 (a)

Violation: Resident #1 prescribed morphine . Staff members C and D found morphine pill on dining room floor.

Plan of Correction:

The staff member that was responsible for the administration of the medication found on the floor has since been terminated for similar reasons and other complaints.
The Med Trained Staff at Parker Personal Care are directed to watch each resident take and swallow in full all medications administered at that time. If any staff do not follow the procedure they will be reprimanded and appropriate action will be taken.

Blu
Brandy Grossman, A. Admin
3/16/17

MAR 16 2017

Violation Report: 42656 - 11/30/2016 - Rahuba, Matt
PCH Name: PARKER PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE
Human Services Licensing

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

On 12/2/16, staff member A administered insulin to resident #3 while agents of the Department conducted a medication audit; however staff member E signed off as administering the medication on the resident's December 2016 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.

See Page 5A of 5

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)

Brandy Grossman/A. Admin

Date

3/16/17

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3/17/17
(Date)

Plan of correction implementation status as of

3/17/17
(Date)

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Partially Implemented - Adequate Progress *[Handwritten Mark]*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

[Handwritten Initials]
(Initials)

Regulation 2600.187 (b)

Violation: Staff member A administered insulin to resident #3 while agents of the Department conducted a medication audit, however staff member E signed off as administering the medication on the resident's December 2016 medication administration record.

Plan of Correction:

Staff member A and Staff member B have both been counseled in the proper way to do insulin checks and injections by the inspectors who witnessed the error and A. [REDACTED] B. [REDACTED] Staff member A was removed from the medication administration cycle on 12/02/16 and was made full ancillary staff.

All Med Trained Staff will continue to be reminded of procedures and will attend a diabetic and insulin training yearly as required.

Within 15 days of receipt of the plan of correction: All staff persons qualified to administer medications shall be re-educated by a Department-approved medication train-the-trainer on proper medication administration documentation to include that only the staff person administering medications to residents, including insulin, shall document the resident's medication administration record as administering medications. Documentation of education shall be kept. *[Signature]*
3/17/17