



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: March 28, 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 December 28, 2016 and December 29, 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 "Janine Wenzig".

Janine Wenzig  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary



Violation Report: 44744 - 12/28/2016 - McConnell, Deb  
 PCH Name: INDIANA SQUARE PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.60(a) - Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

The home routinely schedules 2 staff persons on the 11 p.m. to 7 a.m. shift to include on 12/17/16, which is inadequate to meet the supervision needs of the residents in an emergency situation. On 12/17/16, the home served 22 residents 11 of which have mobility needs. Residents #1 and #2 are assessed as needing the assistance of 2 staff persons in transferring in/out of bed/chair and resident #3 is assessed as having exit seeking behaviors. During an emergency evacuation, resident #3 would be unsupervised while residents #1 and #2 were being assisted by the 2 staff persons present 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.

Due to mobility needs of current residents we have added a 3<sup>rd</sup> staff member to the 11pm-7am shift.

Resident #2 has been assessed on 12/20/16 and is not in need of 2 staff persons when transferring.

Resident #3 is no longer in the home as 3/21/17

Continued monitoring by Administrator and Director of Resident Care Services will be done to ensure that enough staff persons are scheduled

to meet the needs of our residents the monitoring shall be done at least twice monthly to ensure staff levels are scheduled to provide the level of supervision needed to meet the health and safety needs of residents as identified in the residents assessments and support plans and adjust scheduling needs when care levels change. as 3/21/17

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Karen Hullenbaugh* Date *2/21/17*

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

The above plan of correction is approved as of <u>3/21/17</u> (Date)	Plan of correction implementation status as of <u>3/21/17</u> (Date)
The above plan of correction was approved by <u>MS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>MS</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

FEB 28 2017

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 44744 - 12/28/2016 - McConnell, Deb  
PCH Name: INDIANA SQUARE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION  
No fire drill was conducted during the month of November 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.

Monthly fire drills will be conducted.  
Administrator and Director of Core Services  
will mark on desk calendar - highlighted  
in yellow for reminders of the monthly  
fire drills.  
A fire drill was held on 12/17/16 at 4:30 p.m. ms 3/21/17

Immediately - The administrator will monitor all fire drills and the  
fire drill record to ensure an unannounced fire drill is conducted  
at least monthly. Documentation will be kept at the time of  
each fire drill. ms 3/21/17

Immediately - Two unannounced fire drills will be conducted  
during the months of April 2017 and May 2017 and recorded on  
the fire drill record. ms 3/21/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Karen Hellenbaugh*

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

Karen Hellenbaugh - Administrator

Date 2/21/17

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3/21/17  
(Date)

Plan of correction implementation status as of

3/21/17  
(Date)

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ms  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress MS
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- Not Implemented

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Violation Report: 44744 - 12/28/2016 - 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  
The medical evaluation, dated 12/13/16, for resident #1 does not address the resident's ability to self-administer medications and body positioning/movement. These areas of the form are blank.

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 on resident #1 was corrected on 1/17/17

Upon admission the Director of Resident Care Services and Physician will review the DME's to ensure every section is completed.

Administrator will also monitor the

DME upon admission.

Immediately - The administrator or designated staff person will check all medical evaluations completed since January 2017 to ensure accuracy and completion in its entirety to include ability of the resident to self-administer medications and body positioning/movement.

Within 30 days of receipt of the plan of correction - the administrator or designated staff person will develop and implement a process and procedures to ensure all newly completed medical evaluations are accurate and complete prior to placing them in the resident's record.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Van Hullenbough*

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

Van Hullenbough Administrator

Date

2/21/17

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Violation Report: 44744 - 12/28/2016 - McConnell, Deb  
PCH Name: INDIANA SQUARE PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

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 #4 is prescribed Morphine Sulfate Oral Solution, 100mg/5ml, take 0.25ml (5mg) by mouth or under the tongue every 3 hours as needed. However, the pharmacy label indicates Morphine Sulfate Oral Solution, 100mg/ 5ml, use 0.1ml by mouth every 3 hours as needed.

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.

Label was properly fixed during inspection on 1/29/17

label was corrected with "see chart for instructions" sticker

Director of Resident Care Services will monitor monitor medications daily to ensure each original container is affixed with a pharmacy label that includes all required contents per regulation 2600.184a and matches the prescribers orders.  
MS 3/21/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Kevin Hullenbaugh*

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

Kevin Hullenbaugh Administrator

Date 2/21/17

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(Date)

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(Initials)

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Violation Report: 44744 - 12/28/2016 - McConnell, Deb  
 PCH Name: INDIANA SQUARE PERSONAL CARE HOME

FEB 23 2017

WEST VIRGINIA 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**  
 The home's procedure for accountability of controlled substances is frequently not adhered to including on the following dates and times:

- \* At the beginning of the 3 p.m. shift on 12/7/16
- \* At the beginning of the 11 p.m. shift on 11/26/16
- \* At the beginning of the 11 p.m. shift on 11/13/16

The home's procedure for accountability of controlled substances is as follows:  
 "At the beginning of your shift you are responsible for counting the narcotics with the shift that is preparing to leave. You are to count them together and mark the amount and initial that you both got the same count. This is done EVERYDAY and at the beginning of EVERY shift!" However, the controlled substance count sheet does not include initials of any staff person on the aforementioned dates and times.

**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 staff were educated on the importance of counting/signing off on controlled substance count

Director of Resident Care Services will check daily to ensure the procedure is being followed.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Karen Hullenbaugh Administrator</i>	Date <i>2/21/17</i>
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Violation Report: 44744 - 12/28/2016 - McConnell, Deb  
 PCH Name: INDIANA SQUARE PERSONAL CARE HOME

FEB 28 2017

WEST VIRGINIA FIELD OFFICE  
 Human Services Licensing

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, Lorazepam, 1 mg - take 1 tablet by mouth every 6 hours as needed for anxiety. However, on 12/15/16, the resident was administered the medication at 7:25 p.m. for anxiety and at 9:29 p.m. for pain.

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.

When physician changes an order - all staff will be aware of the change

Director of resident care services will follow through with pharmacy and delivery of medication to ensure medication has arrived at facility along with a narcotics sheet for sign out of medication.

MAR / label / Narcotic sheet will all match.

Director of care services will monitor any new orders at least twice weekly.

within 30 days of receipt of the plan of correction - A designated staff person qualified to administer medications will review all resident MARs at least twice weekly to ensure all medications are administered as prescribed.   
 ms 3/21/17  
 ms 3/21/17

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/23/2016		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Karen Hullenbaugh*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Karen Hullenbaugh Administrator* Date *2/21/17*

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Violation Report: 44744 - 12/28/2016 - McConnell, Deb  
PCH Name: INDIANA SQUARE PERSONAL CARE HOME

WEST REGIONAL BLD 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 #2's assessment, dated 10/3/16, indicates the resident has no supervision needs. However, the resident chooses to wear only an opened back hospital gown, without undergarments, while in common areas of the home to include the dining room. At times, the resident's private areas are exposed, causing other residents to be uncomfortable and complain.

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.

All residents will be properly dressed in clothing when outside of rooms.

Effective April 1 2017 new home rules will go into effect.

Residents were given the home rules to review/sign - 30 days prior to going into effect.

Resident #2 refused to sign the new rules - asked to see Area on Aging.

Aging in to see Resident #2 on 2/24/17 - this is a violation of [redacted] rights - to ask [redacted] to dress in clothes when out of [redacted] room. Home rules have been changed again and residents given a 30-day notice, the home rules address covering of private areas when residents are outside their bedroom. Resident #2 has been adhering to appropriate dress. ms 3/21/17

Repeat Violation: Yes      Date(s) of Previous Violation(s): 09/23/2016

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Karen Hullenbaugh Administrator*      Date *2/24/17*

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Violation Report: 44744 - 12/28/2016 - McConnell, Deb  
PCH Name: INDIANA SQUARE PERSONAL CARE HOME

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REGISTRATION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.226(a) - The resident shall be assessed for mobility needs as part of the resident's assessment.

2a. DESCRIPTION OF VIOLATION  
Resident #2's assessment, dated 10/3/16, indicates the resident has minimal mobility needs. However, the assessment indicates the resident needs the assistance of 2 staff persons when transferring in/out of bed/chair and when ambulating.

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.

\*2  
Resident was assessed on 12/29/16 and has no mobility needs and can transfer independently. MS 3/2/17

RASP was updated | DME updated.

Immediately the administrator will develop and implement a policy and procedures to ensure changes in residents care needs are documented on the resident assessment support plan and staff providing care to the residents have been informed of the current care needs. MS 3/2/17

within 30 days of receipt of the plan of correction - All staff persons providing care to residents will be educated to the policy and procedure developed. Documentation of training shall be kept. MS 3/2/17

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

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Karen Hullenbaugh Administrator*      Date *2/21/17*

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The above plan of correction was approved by <u>MS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress MS <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

FEB 28 2017

Violation Report: 44744 - 12/28/2016 - McConnell, Deb  
PCH Name: INDIANA SQUARE PERSONAL CARE HOME

WEST DEPT. FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION

Resident #1 uses oxygen, wears ted hose, uses a bed alarm and wheelchair alarm and receives hospice services, none of which are indicated in the resident's support plan, dated 12/5/16.

Resident #2 receives hospice services; however, the resident's support plan, dated 10/24/16, does not include the specific services provided or the frequency of the services. Also, the personal hygiene section of resident #2's support plan indicates the resident "refuses care"; however, it does not include a plan to meet the service needs of the resident in this area.

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 - Support plan was updated on 12/20/16 that [redacted] does have Oxygen, bed alarm, wlc alarm and hospice services. Also, that bed hose were D/c upon admission to hospice.

Resident #2 - Does not and has never received hospice services. The resident received home health services which were discontinued 3/20/17 and indicated on the resident's assessment support plan. MS 3/21/17 support plan was updated to ensure that [redacted] needs are met with [redacted] personal hygiene

Director of Resident Care Services will review monthly to ensure all support plans have been updated with needed changes.

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

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Tom Hullenbaugh*      Date *2/21/17*

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