



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 24 2017

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 February 6, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 11406 - 02/08/2017 - Freeman, Sabrina
 PCH Name: CLARKE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2800
 2800.130(g) - If a smoke detector or fire alarm becomes inoperative, repair shall be completed within 48 hours of the time the detector or alarm was found to be inoperative.

2a. DESCRIPTION OF VIOLATION

On 3/5/2016, at 9:10AM, the home's fire alarm system was found to be inoperative. The home failed to verify that the fire alarm was repaired within 48 hours of the time the alarm was found to be inoperative.

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 alarm company was immediately contacted to have the alarm system repaired on 3/5/16. During this time period, staff on duty monitored and checked the site; floors, electrical lightening fixtures, fire exits and for water leaks until the alarm system is operational within 36 hours. Attached is a copy of an invoice from Action alarm specialist and site documentation. The administrator will be responsible in ensuring the system is maintained and operational through weekly checking and followup with Control station..

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 CARASQUERO (Administrator) Date 3/8/17

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

The above plan of correction is approved as of 3/21/17
 (Date)

Plan of correction implementation status as of 3/21/17
 (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 - 02/06/2017 - Freeman, Sabrina
 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 #1 did not include the name and initials of the staff person administering the medication, specifically resident #1's 8AM Hydrocortisone on 2/8/17.


The medication administration record for resident #2 did not include the name and initials of the staff person administering the medication, specifically resident #2's 1PM Clonidine on 2/4/17 and 2/5/17.

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 is responsible for the proper administration of medication and documentation. Staff corrected the violations. Administrator reviewed the documentation error with staff to ensure further occurrence doesn't happen. Staff will review and recheck MAR after the administration of medications on a daily basis.

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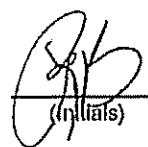
Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Marjorie Carasquero (Administrator) Date 3/21/17

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