



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: June 16, 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 March 10, 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Janine Wenzig".

Janine Wenzig  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

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

Page 1 of 9

PCH Name: INDIANA SQUARE PERSONAL CARE HOME		License Number: 44744
Address: 1703 WARREN ROAD, INDIANA, PA 15701		County: Indiana
Administrator: Karyn Hullenbaugh		Region: WEST
Legal Entity Name: PREMIER QUALITY ENTERPRISE INC		
Legal Entity Address: 1703 WARREN ROAD, INDIANA, PA 15701		
Certificate(s) of Occupancy C-2 LP 01/24/1994 L&I		
Staffing Hours Resident Support: 0                      Total Daily Staff: 36                      Waking Staff: 27		
Type of Inspection: Partial                      BHA Docket Number:                      Notice: Unannounced		
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 03/10/2017: McConnell, Deb; Grace, Desmond		<b>RECEIVED</b>  JUN 01 2017  WEST REGION FIELD OFFICE Human Services Licensing
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers:                      Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 34 Number of Residents Served: 25 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: 2 Number of Hospice Residents in past year: 3	Number of Residents who: Receive Supplemental Security Income: 3 Are 60 Years of Age or Older: 25 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 11 Have a Physical Disability: 1	

RECEIVED

Violation Report: 44744 - 03/10/2017 - McConnell, Deb

JUN 01 2017

PCH Name: INDIANA SQUARE PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.81(b) - Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

Resident #1's hearing aids have been inoperable for approximately 3 months. The resident's support plan, dated 9/26/16, indicates "be sure amp. is charged and in his ear".

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.

Amplifiers were purchased at Walmart - Resident #1 refused to wear them so family took them home.

RASP was updated with this info.

Residents with core needs documented on the RASP will be followed as written.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Karen Hullerbaugh*

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

Karen Hullerbaugh

Date 6/1/17

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

The above plan of correction is approved as of

6/5/17  
(Date)

Plan of correction implementation status as of

6/5/17  
(Date)

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

The above plan of correction was approved by

*[Signature]*  
(Initials)

Violation Report: 44744 - 03/10/2017 - McConnell, Deb  
PCH Name: INDIANA SQUARE PERSONAL CARE HOME

RECEIVED

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

JUN 01 2017

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION  
A fire drill was not conducted during the month of January 2017.

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.

Two fire drills will be conducted in the months of April and May

Monthly fire drills will be highlighted on Administrators calendar.

Administrator will check at end of months that a fire drill was conducted.

Fire drills were conducted at the following dates and times:

- 3/30/17 at 11:30 a.m.
- 4/21/17 at 3:32 p.m.
- 4/29/17 at 5:25 a.m.
- 5/30/17 at 10:20 a.m.
- 5/31/17 at 2:10 p.m. *JW 6/5/17*

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*      Date *6/1/17*

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

The above plan of correction is approved as of 6/5/17  
(Date)

Plan of correction implementation status as of 6/5/17  
(Date)

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

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

Violation Report: 44744 - 03/10/2017 - McConnell, Deb  
PCH Name: INDIANA SQUARE PERSONAL CARE HOME

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

RECEIVED

2a. DESCRIPTION OF VIOLATION

JUN 01 2017

Resident #1's medical evaluation, dated 1/17/17, does not include the resident's height and weight.

Resident #2's medical evaluation, dated 1/17/17, does not include the resident's height and weight.

WEST REGION FIELD OFFICE  
Human Services Licensing

Resident #4's medical evaluation, dated 3/3/17, does not include the resident's mobility needs.

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 evaluations were corrected on all 3 residents.

Resident #1 - 3/19/17

Resident #2 - 4/4/17

Resident #4 - 3/19/17

} all 3 attached.

Administrator and/or Resident care Coordinator will check DME's upon receiving them prior to filing and will check them monthly.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

12/28/2016

09/23/2016

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Ken Hullenbaugh*

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

Ken Hullenbaugh

Date 6/1/17

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

The above plan of correction is approved as of

6/5/17  
(Date)

Plan of correction implementation status as of

6/5/17  
(Date)

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

The above plan of correction was approved by

*KH*  
(Initials)

RECEIVED

Violation Report: 44744 - 03/10/2017 - McConnell, Deb  
PCH Name: INDIANA SQUARE PERSONAL CARE HOME

JUN 01 2017

1. REGULATION 56 Pa.Code §2600  
2600.187(d) - The home shall follow the directions of the prescriber.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #3 is prescribed Oyster shell/vitamin D, 500 mg daily and "Hold on day of Fosamax". However, on 3/5/17, resident #3 received both the Oyster shell/vitamin D and Fosamax.

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.

Incident reports filed with D.H.S. on 3/10/17

- Package was marked more clearly
- 3/14/17 med tech's had a review of Medication Administration Policy (Attached)
- Administrator and/or Resident Care Coordinator checks MAR's 2x/wk for accuracy and/or mistakes.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/28/2016	09/23/2016
-----------------------	-----------------------------------	------------	------------

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Karen Hillenbaugh* Date *6/1/17*

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

The above plan of correction is approved as of <u>6/5/17</u> (Date)	Plan of correction implementation status as of <u>6/3/17</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</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

JUN 01 2017

Violation Report: 44744 - 03/10/2017 - McConnell, Deb  
PCH Name: INDIANA SQUARE PERSONAL CARE HOME

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's assessment, dated 9/26/16, does not include a diagnosis of chronic kidney disease as indicated on the resident's medical evaluation, dated 1/17/17. Also, resident #1's assessment indicates the resident is independent in transferring in/out of bed/chair. However, the summary and determination section of the resident's assessment and support plan (RASP), dated 9/26/16, indicates the resident needs assistance of 2 staff persons to get out of the recliner.

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 3/23/17 the RASP was updated to include all needed information (attached)  
- RASP will be updated as resident's needs change  
- Administrator and/or Resident Care Coordinator will check RASP monthly to ensure all updated information has been added.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/28/2016	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* Date *6/1/17*

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

The above plan of correction is approved as of 6/5/17  
(Date)

Plan of correction implementation status as of 6/5/17  
(Date)

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

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

Violation Report: 44744 - 03/10/2017 - McConnell, Deb  
PCH Name: INDIANA SQUARE PERSONAL CARE HOME

RECEIVED

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

JUN 01 2017

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #2's assessment, dated 10/17/16, does not include a diagnosis of acute kidney failure as indicated on the resident's medical evaluation, dated 1/17/17.

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.

- Resident #2 Assessment has been updated on 3/17/17 to include the diagnosis of acute kidney failure. (attached)
- Staff will be updated with all changes
- Administrator and/or Resident Care Coordinator will check RASP monthly

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

Date

6/1/17

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

The above plan of correction is approved as of

6/5/17  
(Date)

Plan of correction implementation status as of

6/5/17  
(Date)

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

The above plan of correction was approved by

*[Signature]*  
(Initials)

JUN 01 2017

Page 8 of 9

Violation Report: 44744 - 03/10/2017 - McConnell, Deb  
 PCH Name: INDIANA SQUARE PERSONAL CARE HOME

WEST REGION 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 #1's assessment, dated 9/26/16, indicates the resident has minimal mobility needs. However, the resident's RASP, dated 9/26/16, indicates the resident needs the assistance of 2 staff persons to get out of the recliner.

Resident #2's assessment, dated 10/17/16, indicates the resident needs the assistance of 2 staff persons for transferring in/out of bed/chair and for ambulating. However, the resident has been assessed as having minimal mobility and not having any mobility needs. Also, resident #2's medical evaluation, dated 1/17/17, indicates the resident has moderate mobility needs.

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 forms were checked to be sure that all forms coincide with one another.  
 Administrator and/or Resident Care Coordinator will change RASP with needs of residents, and will check DME / RASP monthly

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/28/2016	
-----------------------	-----------------------------------	------------	--

Signature of Legal Entity Representative  
 (Required on EVERY Page)

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

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

The above plan of correction is approved as of <u>6/5/17</u> (Date)	Plan of correction implementation status as of <u>6/5/17</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

RECEIVED

Violation Report: 44744 - 03/10/2017 - McConnell, Deb  
PCH Name: INDIANA SQUARE PERSONAL CARE HOME

JUN 01 2017

1. REGULATION 55 Pa.Code §2600 WEST REGION FIELD OFFICE  
2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION  
Resident #1 uses a walker and gait belt; however, this is not indicated in the resident's support plan, dated 9/26/16. Also, this resident has a pacemaker and receives bi-monthly checks; however, this is not addressed in the support plan.  
Resident #1's assessment, dated 9/26/16, includes diagnoses of hypertension, gastritis, chronic atrial fibrillation and encephalopathy. However, the resident's support plan does not indicate the specific services the home will provide regarding these diagnoses. It only indicates "monitor for change".  
Resident #2's assessment, dated 10/17/16, includes diagnoses of anxiety, hypertension, dementia, cerebrovascular accident and depression. However, the resident's support plan, dated 10/17/16, does not include specific services the home will provide regarding these diagnoses. It only indicates "monitor for changes" or "admin. meds monitor".

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 RASP has been updated with all the changes on 3/23/17  
Resident #2 RASP was updated on 3/14/17  
RASP will be updated by Administrator and/or Resident Care Coordinator as needs of resident changes and will be reviewed monthly.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kim Hullerbaugh* Date *4/1/17*

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

The above plan of correction is approved as of 6/5/17 (Date) Plan of correction implementation status as of 6/5/17 (Date)  
The above plan of correction was approved by [Signature] (Initials)  
 Fully Implemented  
 Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented