



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 21 2017

Mr. Daniel Guill,
Authorized Representative
Marquis AID OPCO, LLC
660 Cherry Tree Lane
Uniontown, Pennsylvania 15401

RE: Marquis Garden Place
License #: 444950

Dear Mr. Guill:

As a result of the Department of Human Services' annual licensing inspection on March 24, 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, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: MARQUIS GARDENS PLACE		License Number: 44485
Address: 600 CHERRY TREE LANE, UNIONTOWN, PA 15401		County: Fayette
Administrator: Robln Newhouse		Region: WEST
Legal Entity Name: MARQUIS AID OPCO LLC		
Legal Entity Address: 600 CHERRY TREE LANE, UNIONTOWN, PA 15401		RECEIVED
Certificate(s) of Occupancy C-2 LP 03/16/1998 L&I		JUL 21 2017 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 53	Working Staff: 40
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 03/24/2017: Roser, Ashley; Rahuba, Matt		
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: 47	Number of Residents who:	
Number of Residents Served: 39	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: No	Are 80 Years of Age or Older: 39	
Aron:	Have Mental Illness: 1	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 14	
Number of Current Hospice Residents: 10	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 12		

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Violation Report: 44495 - 03/24/2017 - Roser, Ashley
PCH Name: MARQUIS GARDENS PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

A dried, bloody fingerprint was on the center of label of resident #3's black and grey aviva accu-check glucometer.

Staff members indicated the home uses multiple house glucometers. The following glucometers were found in a cabinet in the home's medication room. Both glucometers were unlabeled and contained multiple readings, to include the following:

* A black Bayer Contour Next serial #5026606, with blood sugar readings taken on 11/7/16 at 10:58 PM, 10/12/16 at 9:07 AM and 9/28/16 at 1:18 PM

* A blue Freestyle Freedom Lite serial# CEG5320-M4602, with blood sugar readings taken on 7/13/16 at 10:26

A One Touch Verio IQ, serial #TDGFZC7M, was found in the medication room and labeled as "house glucometer"; however, the glucometer was unable to be turned on so it is unable to be determined when it was last used.

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 ATTACHED

See Page 2A of 4

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

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative Date
(Required on EVERY Page) *Executive Director* 7-20-17

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

The above plan of correction is approved as of 7/26/17
(Date)

Plan of correction Implementation status as of 7/26/17
(Date)

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

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

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JUL 21 2017

WEST REGION FIELD OFFICE
Human Services Licensing

2600.85(a)

Resident #3

- Per surveyor at the time on 3/24/2017, blood was noted to label of glucometer bag. New bags and labels were provided for diabetic residents supplies, and glucometers were wiped down with alcohol at the time that the surveyors were in the building on 3/24/2017, on 3/27/2017 diabetic residents were provided with new glucometers.

All previously issued glucometers were discarded, including the glucometers indicated in 2600.85a.
-Staff retrained on diabetic care (see attachment A1) *7/26/17*

- 3/24/2017 by Executive Director [REDACTED]
- 3/26/2017 by Executive Director [REDACTED] and Conclerge [REDACTED]
- 3/27/2017 by Executive Director [REDACTED]
- 3/28/2017 by Conclerge [REDACTED]
- 3/29/17 by Certified Diabetic Trainer - [REDACTED] - Blood Glucose Management and Blood Borne Pathogens, Infection Control Standard and Additional Precautions
- 3/31/2017 by Care Service Manager [REDACTED] RN
- 4/25/17 by Executive Director [REDACTED] Creating a Clean Environment, Cleaning and disinfecting, Cleaning Bio hazardous Substances and Spills.
- 5/23/17 by Care Services Manager [REDACTED] RN - Diabetes, Communicable Disease, Blood borne Pathogens, Needle Safety, and Infection Control

-Executive Director, Care Service Manager, and or Designee will check glucometers and diabetic supplies for proper sanitary conditions and glucometer reading results approximately three times a week for three months- completed April, May and June without any issues, then to be completed monthly for three months July, August, and September. On these dates it will also be verified that each resident has their own glucometer (see attachment A2). During the August and September Safety Committee (QMP) Meeting, Executive Director, Care Service Manager, and or Designee will review and discuss the audits.

All resident glucometers are clearly labeled with the resident's name.

7/26/17



Robin R. Newhouse, Executive Director

7-20-17

Date

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JUL 21 2017

Violation Report: 44495 - 03/24/2017 - Roser, Ashley
PCH Name: MARQUIS GARDENS PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2000

2600.226(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 2/14/17, indicates the resident has minimal supervision needs; however, the resident's assessment indicates the use of a wanderguard bracelet which staff must check each shift. Also, staff members indicate the resident has a history of cutting off the wanderguard bracelet.

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 ATTACHED

See Page 3A of 4

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Signature] Executive Director

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

John R. Newberry

Date

7/20/17

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The above plan of correction is approved as of

7/20/17
(Date)

Plan of correction implementation status as of

7/20/17
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

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WEST REGION FIELD OFFICE
Human Services Licensing

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Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.

2600.225 (a)

Resident #1

Resident # 1 moved into Marquis Gardens Place on [REDACTED] 2017.

Initial RASP completed on [REDACTED] 2017 within 7 days of move in (see attachment A5)

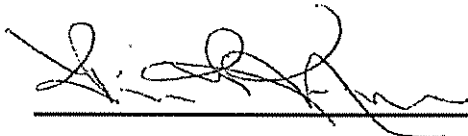
- New updated RASP completed 3/29/2017 (see attachment A6)

- Executive Director, Care Service Manager, and or Designee will audit current resident charts to ensure assessments have been completed per regulation 2600.225 (a), was completed on 7-17-2017 (see attachment A3)

- Executive Director, Care Service Manager, and or Designee will conduct audits of new residents files weekly for 12 weeks, starting 7/24/2017 and to be completed by 10/16/2017 (see attachment A4)

- New residents will have their initial assessment completed in accordance with regulation 2600.225 (a)

Immediately: A designated staff person shall develop and implement a system to ensure resident assessments are immediately updated as resident care needs change. All direct care staff persons shall be educated on the new system. Documentation of the education shall be kept. ✓



Robin R. Newhouse, Executive Director

7/29/17

Date

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Violation Report: 44495 - 03/24/2017 - Roser, Ashley
PCH Name: MARQUIS GARDENS PLACE

JUL 21 2017

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE
Human Services Licensing

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.

2a. DESCRIPTION OF VIOLATION

Resident #2's assessment, dated 4/12/16, indicates the resident has minimal supervision needs; however, the resident requires a wanderguard bracelet due to exit seeking behaviors.

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 ATTACHED

See Page 4A of 4

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>[Signature]</i> Executive Director
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Robert R. Newhouse</i>	<i>7-20-17</i>

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JUL 21 2017

WEST REGION FIELD OFFICE
Human Services Licensing

2600.225 (c)

Resident #2

-RASP addendum was written on 4/15/16 for the wander guard (see attachment A10)

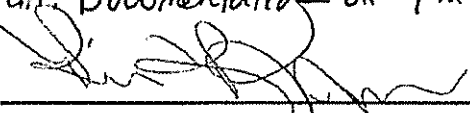
- Updated assessment completed on 3/30/2017 to reflect significant change of wander guard being applied. (see attachment A7)

-Executive Director, Care Service Manager, and or Designee will audit current resident charts to ensure assessments have been completed per regulation 2600.225 (c) by July 31, 2017 (see attachment A8)

- Executive Director, Care Service Manager, and or Designee will conduct audits of residents files weekly for 12 weeks starting 8/7/2017 and to be completed by 10/30/2017 (see attachment A9)

-New residents will have updated assessments completed within 5 days of significant change in accordance with regulation 2600.225 (c)

Immediately: A designated staff person shall develop and implement a system to ensure resident assessments are immediately updated as resident care needs change. All direct care staff persons shall be educated on the new system. Documentation of the education shall be kept.


Robin R. Newhouse, Executive Director

7/20/17
Date