



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: January 31, 2018

Mr. Keelan McCurdy
President
Premier Quality Enterprises, Inc.
1703 Warren Road
Indiana, Pennsylvania 15701

RE: Indiana Square Personal Care Home
License #: 447440

Dear Mr. McCurdy:

As a result of the Department of Human Services' licensing inspection on June 9, 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 that reads "Jon Kimberland".

Jon Kimberland
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

PCH Name: INDIANA SQUARE PERSONAL CARE HOME		License Number: 44744
Address: 1703 WARREN ROAD, INDIANA, PA 15701		County: Indiana
Administrator: Karen Hullenbaugh		Region: WEST
Legal Entity Name: PREMIER QUALITY ENTERPRISE INC		RECEIVED
Legal Entity Address: 1703 WARREN ROAD, INDIANA, PA 15701		
Certificate(s) of Occupancy C-2 LP 01/24/1994 Dept of labor		JAN 18 2018 WEST VIRGINIA OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 42	Waking Staff: 32
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 08/09/2017: Grace, Desmond; Barons, Barbara; Park, Beth		
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: 50 Number of Residents Served: 34 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: 4		Number of Residents who: Receive Supplemental Security Income: 3 Are 60 Years of Age or Older: 34 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 8 Have a Physical Disability: 1

Violation Report: 44744 - 06/09/2017 - Grace, Desmond
PCH Name: INDIANA SQUARE PERSONAL CARE HOME

WEST VIRGINIA STATE POLICE
LABORATORY SERVICES DIVISION

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

On 8/9/17 at 9:00 a.m. multiple resident's information to include resident emergence contact information and resident listings that provides the resident's gender, date of birth, age, immobility status, do not resuscitate/cardio-pulmonary resuscitation status; and date admitted into home was left unlocked, accessible, and unattended in conference room next to beauty shop.

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 information was removed. The marketing staff person will check the room daily to ensure that no residents records is left out or unlocked for anyone to view.

A designated staff person will check the facility weekly to ensure all residents records are secure/locked and not left visible to others.

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Korn Hullenbaugh* Date *1/12/18*

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

The above plan of correction is approved as of 1-18-18
(Date)

The above plan of correction was approved by 1-18-18
(Initials)

Plan of correction implementation status as of 1-18-18
(Date)

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

Violation Report: 44744 - 08/09/2017 - Grace, Desmond
PCH Name: INDIANA SQUARE PERSONAL CARE HOME

JAN 18 2018

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

At 1:15 p.m. the medication cart contained an Albuterol 90mcg inhaler for resident #3. Resident #3 does not have an active order for the administration for this medication.

At 1:35 p.m. the medication Cart contained Systane Liquid drops for resident #3. Resident #3 does not have an active order for the administration for this medication.

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 medication was removed from the cart.
- Carts will be audited weekly to ensure no medication is in the carts without any orders. This audit will be completed by resident care coordinator
- Staff education will be provided to staff that only prescription medications, over the counter, sample and CAM for residents living in the home may only be kept in the home.

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 *1/12/18*

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The above plan of correction is approved as of <u>1-18-18</u> (Date)	Plan of correction implementation status as of <u>1-18-18</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

JAN 18 2018

Violation Report: 44744 - 06/09/2017 - Grace, Desmond
PCH Name: INDIANA SQUARE PERSONAL CARE HOME

WEST BEND POLICE DEPARTMENT
Human Services Division

1. REGULATION 55 Pa.Code §2600

2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

Resident #3 ordered Liquid Tears instill 2 drops into both eyes three time a day. However, the date opened is not indicated on the label or the bottle.

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.

Medication will be marked with a sticker with date opened and initials when the medication was opened

Care Coordinator will monitor weekly to ensure that all medication opened has been dated / initialed.

Education will be provided so all staff are aware that medications should be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with manufacturer's instructions and all medication needs dated and initialed when opened.

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 *1/12/18*

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The above plan of correction is approved as of 1-19-18 (Date)

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

Plan of correction implementation status as of 1-18-18 (Date)

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

JAN 18 2018

Violation Report: 44744 - 06/09/2017 - Grace, Desmond
PCH Name: INDIANA SQUARE PERSONAL CARE HOME

WEST VIRGINIA DEPARTMENT OF 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 8/9/17, resident #4's June 2017 medication administration record indicates the resident's were administered at 8:00 a.m. as follows: Clonazepam 0.5mg, Escitalopram 20mg, Levothyroxine 50mcg, pantoprazole 40mg, Quetiapine 75mg, and Senna plus 8.6-50mg. However, the medications were located in the home's medication cart at 9:05 a.m.

Resident #5 is ordered 1200MG tab once daily. On 8/9/17 at 8:00 a.m. direct care staff person B initialed the resident's MAR as administering the medication. However, the medication was not available in the home and not administered.

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.

A review of the Medication Administration Policy will be reviewed by all med. Techs.

Core Coordinator will ensure all medications are available in the home for administration

Core Coordinator will review carts weekly to ensure all medications are available.

Staff education will be given to ensure proper documentation is done by each staff member administering medications.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Korn Hullenbough

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

Korn Hullenbough

Date 1/12/18

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1-18-18
(Date)

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- Not Implemented

The above plan of correction was approved by

K
(Initials)

Violation Report: 44744 - 08/09/2017 - Grace, Desmond
PCH Name: INDIANA SQUARE PERSONAL CARE HOME

JAN 18 2018

1. REGULATION 55 Pa.Code §2800
2800.187(d) - The home shall follow the directions of the prescriber.

WEST VIRGINIA DEPARTMENT OF
Human Services Building

2a. DESCRIPTION OF VIOLATION

Resident #5 is ordered Calcium 1200MG tab once daily. On 8/9/17 at 8:00 a.m. the medication was not available in the home and not administered.

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.

Care Coordinator will ensure all medications are in building for administration.

Care Coordinator will check weekly to ensure all medications are available for administration.

Staff education will be given to include following orders of the prescriber.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Vern Hullenbaugh

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

Vern Hullenbaugh

Date 1/12/18

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[Signature]
(Initials)

Violation Report: 44744 - 06/09/2017 - Grace, Desmond
PCH Name: INDIANA SQUARE PERSONAL CARE HOME

WEST VIRGINIA UNIVERSITY
SCHOOL OF NURSING

1. REGULATION 55 Pa.Code §2600
2800.190(b) - A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

2a. DESCRIPTION OF VIOLATION
Direct care staff person C administered 2 units of Humalog and 8 units of Novolin N on 5/2/17 and on 5/7/17 at 8:00 a.m. to resident #8. However, direct care staff person C has not completed the department approved diabetic patient education program.

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.

Administrator will ensure that any staff administering insulin injections has taken the Diabetes education program and will ensure all staff have the training yearly

Direct care staff person C no longer works at the home.

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

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(Required on EVERY Page) *Korn Hullenbaugh*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Korn Hullenbaugh* Date *1/12/18*

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(Initials)

Violation Report: 44744 - 06/09/2017 - Grace, Desmond
 PCH Name: INDIANA SQUARE PERSONAL CARE HOME

RECEIVED

1. REGULATION 55 Pa.Code §2600

JAN 18 2018

2800.225(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.

WISCONSIN DEPARTMENT OF
 HEALTH SERVICES

2a. DESCRIPTION OF VIOLATION

Resident #1 was ordered a Bilateral heel lift boots when in bed with skin prep to the right heel twice daily, then cleanse left heel with saline and apply Aquacel AG and cover with Mepilex border (change every other day) on 4/28/17. The resident's assessment completed on 2/13/17, was not updated to include this need for the resident.

Resident #2 requires the use of a supra pubic catheter which requires irrigation every 8 hours or more if need be as ordered on 4/10/17. However, the resident's assessment completed on 3/13/17, does not include this need for the resident.

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 Resident #1 - The assessment was completed to add the order of the Bilateral heel lift boots

On Resident #2 - The assessment was updated to add the irrigation of the supra pubic catheter.

RASSP's will be checked weekly to ensure all updates are being added.

All RASSP were currently checked for complete accuracy.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Karen Hullerbaugh</i>	Date <i>1/12/18</i>
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 (Initials)