



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to PARKER PERSONAL CARE INC
LEGAL ENTITY

To operate PARKER PERSONAL CARE FACILITY
NAME OF FACILITY OR AGENCY

Located at 103 SEWARD STREET, PARKER, PA 16049
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 40
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from November 9, 2017 until November 9, 2018,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **426560**

Robert E. Robinson
ISSUING OFFICER

Jay Baul
DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 09 2017

Ms. Margaret M. Clawson
Secretary
Parker Personal Care, Inc.
c/o YWCA
120 West Cunningham Street
Butler, Pennsylvania 16001

RE: Parker Personal Care Facility
103 Seward Street
Parker, Pennsylvania 16049
Certificate #: 426560

Dear Ms. Clawson:

As a result of the Department of Human Services' licensing inspection on June 22, 2017; June 23, 2017 and August 25, 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

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.

Ms. Margaret M. Clawson

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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', written over the printed name.

Jacqueline L. Rowe
Director

Enclosures

License

License Inspection Summary

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

Facility Name: PARKER PERSONAL CARE FACILITY		License Number: 42656
Address: 103 SEWARD STREET, PARKER, PA 16049		County: Armstrong
Administrator: Alison Niederlander		Region: WEST
Legal Entity Name: PARKER PERSONAL CARE INC		
Legal Entity Address: C/O YWCA 120 W. CUNNINGHAM ST., BUTLER, PA 16001		
Certificate(s) of Occupancy I-1 11/02/2011 City of Parker		RECEIVED AUG 17 2017 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 32	Waking Staff: 24
Type of Inspection: Full	BHA Docket Number:	Notice: Announced
Reason(s) for Inspection(s) Renewal, Provisional		
On-Site Inspections Dates and Department Representatives On-Site 06/22/2017: Hoover, Josh; Georgoulis, Karen 06/23/2017: Hoover, Josh; Georgoulis, Karen		
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: 40 Number of Residents Served: 31 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: 10	Number of Residents who: Receive Supplemental Security Income: 10 Are 60 Years of Age or Older: 30 Have Mental Illness: 4 Have an Intellectual Disability: 1 Have a Mobility Need: 1 Have a Physical Disability: 1	

AUG 17 2017

Report: 42656 - 06/22/2017 - Hoover, Josh

Name: PARKER PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE

Human Services Licensing

REGULATION 55 Pa.Code §2600

2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

The Care Facility Carbon Monoxide Alarms Standards Act, enacted 6/23/16, requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from, any fossil-fuel burning device or appliance. On 6/22/2017 and 6/23/2017, there was no carbon monoxide detector in the basement in accordance with The Care Facility Carbon Monoxide Alarms Standards Act. The home has a natural gas fueled hot water heater in the basement.

The Influenza Awareness Act, enacted 11/21/16, requires influenza information to be posted in a public place in the facility year-round. On 6/22/2017 and 6/23/2017, there was no information posted in the home in accordance with The Influenza Awareness Act.



Violations withdrawn 10/16/17

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.

Immediately after inspection on 6/26/17 a Carbon monoxide detector was placed in the facility basement. upon discovery with the inspector present a new influenza poster was posted. The original poster had been unknowingly removed during the housekeepers routine. House keeping has been made aware that any documents hanging on walls need approval before removal

(See attached form)

(s) of Previous Violation(s):

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

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

Date 8/17/17

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

The above plan of correction is approved as of 10/16/17 (Date)

Plan of correction implementation status as of 10/16/17 (Date)

The above plan of correction was approved by *Jh* (Initials)

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

AUG 17 2017

Report: 42656 - 06/22/2017 - Hoover, Josh
Name: PARKER PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE
Human Services Licensing

REGULATION 55 Pa.Code §2600

2600.25(c)(2) - The contract shall specify a fee schedule that lists the actual amount of allowable resident charges for each of the home's available services

2a. DESCRIPTION OF VIOLATION

The resident-home contract for Resident #1, dated [redacted] 2013, indicates that the resident pays \$1056.30 per month for room and board. However, the resident currently pays \$1089.30 per month.

The resident-home contract for Resident #2, dated [redacted] 2015, indicates that the resident pays \$1086.30 per month for room and board. However, the resident currently pays \$1089.30 per month.

The resident-home contract for Resident #3, dated [redacted] 2007, indicates that the resident pays \$1002.30 per month for room and board. However, the resident currently pays \$1089.30 per month.

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 contracts have been updated.
(See provided copies)

All future charges will be updated as needed on contracts.

By 12/31/17 - All residents who have SSI and receive a cost of living adjustment for 2018 will have an addendum to their contracts indicating change in charges for room and board, if any. 8/16/17

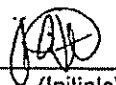
Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Brandy Grossman Date 8/7/17

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 10/16/17 (Date)

The above plan of correction was approved by  (Initials)

Plan of correction implementation status as of 10/16/17 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Report: 42656 - 06/22/2017 - Hoover, Josh

AUG 17 2017

Name: PARKER PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE
Human Services Licensing

REGULATION 55 Pa.Code §2600

2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION

The bathroom across from bedroom 23, contains 2 shower stalls and a separate full bath. It is not equipped with a locking device on the door from hallway to the shower area, or on the door between the full bath and the shower stall area.

The bathroom across from bedroom 18, contains 1 shower stall and a separate full bath. It is not equipped with a locking device on the door from the hallway to the shower area, or on the door between the full bath and the shower stall area.

Resident rooms, including the following, are not equipped with a locking device on the bedroom door or on the bathroom door.

- Resident [redacted] bedroom 12
- Resident [redacted] bedroom 18
- Resident [redacted] bedroom 19

There are inoperable locks on the doors of rooms 6 and 7.

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.

Locking devices are being ordered for all bedroom doors + common bathrooms through a lock smith in Butler. It has been estimated to take roughly 5 weeks to be made to fit the doors in the facility with the provided handles. A picture and confirmation invoice will be sent upon completion.

*Verification
Locks installed 10/5/17*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Blu

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

Brandy Grossman

Date

8/17/17

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

The above plan of correction is approved as of

10/16/17
(Date)

Plan of correction implementation status as of

10/16/17
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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

10/16/17

on Report: 42656 - 06/22/2017 - Hoover, Josh

AUG 17 2017

Name: PARKER PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE
Human Services Licensing

REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Direct Care Staff Person A, hired 2/13/12, did not receive training in safe management techniques during the 2016 training year.

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 person A received an individual training in safe management techniques on 8/25/17. *pr 10/16/17*

Staff training plan was documented during inspection as having safe management techniques training scheduled for 12/2017. All current + new employees will be required to attend.

All future training plans will include safe management techniques within 1 calendar year of previous training.

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
(Required on EVERY Page)

Brandy Grossman

Date

8/7/17

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

The above plan of correction is approved as of

9/16/17
(Date)

Plan of correction implementation status as of

10/16/17
(Date)

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

The above plan of correction was approved by

(Initials)

on Report: 42656 - 06/22/2017 - Hoover, Josh

AUG 17 2017

Name: PARKER PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE
Human Services Licensing

REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Staff Person A, hired 2/13/2012, and staff person B, hired 3/21/2012, did not receive training in falls and accident prevention or fire safety training completed by a fire safety expert or by a staff person trained by a fire safety expert during the 2016 training year.

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 person A + B received accident prevention training in march of 2017 + fire training by city Fire chief in June of 2017.

Previous Administrator did not do the trainings as required. New training plans have been created + executed to remain in regulatory compliance.

(See attached)

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
(Required on EVERY Page)

Brandy Grossman

Date

8/7/17

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The above plan of correction is approved as of

10/16/17
(Date)

Plan of correction implementation status as of

10/16/17
(Date)

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

The above plan of correction was approved by

(Initials)

Report: 42656 - 06/22/2017 - Hoover, Josh
Facility Name: PARKER PERSONAL CARE FACILITY

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

AUG 17 2017

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 6/23/2017, there were two toothbrushes with food particles stuck between the bristles and a black film at the bottom of the bristles, on the bedside table belonging to Resident #3.

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 #3 was provided a new toothbrush & holder prior to 6/23/17. The resident had refused the new supplies until the inspectors brought attention to the toothbrushes. Immediately the toothbrushes were replaced and resident #3 was advised of regulation compliance.

All residents will have their hygiene accessories monitored by DCS for replacement as needed.

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 (Required on EVERY Page) Brandy Grossman Date 8/7/17

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 10/16/17 (Date)

Plan of correction implementation status as of 10/16/17 (Date)

The above plan of correction was approved by  (Initials)

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

Violation Report: 42656 - 06/22/2017 - Hoover, Josh

AUG 17 2017

PCH Name: PARKER PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

On 6/22/2017 at approximately 9:32 a.m., the left-middle lid of the large blue dumpster near the driveway was open. The dumpster was approximately 3/4 full of trash.

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.

upon discovery, staff closed the lid of the dumpster.

All staff attended a meeting on 6/30/17 covering this regulation in it's contents. Staff were told this regulation is required - If any staff member notices any of the 6 lids open, they are to immediately close them.

(See attached record of training)

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
(Required on EVERY Page)

Brandy Crossman

Date

8/7/17

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

The above plan of correction is approved as of

10/14/17
(Date)

Plan of correction implementation status as of

10/16/17
(Date)

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

The above plan of correction was approved by

(Initials)

AUG 17 2017

Violation Report: 42656 - 06/22/2017 - Hoover, Josh
PCH Name: PARKER PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.87 - The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

2a. DESCRIPTION OF VIOLATION

There is no exterior lighting along the evacuation route from the North exit on the right side of the building near the shed, to the center front entrance of the building. The home's designated meeting area is on the South end of the building, near the parking lot.

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.

Flood lights (LED) are being placed on the building that will provide lighting from dusk til dawn. Hite's in Butler will be providing the equipment for installation. Target date to be completed is by September 30, 2017. Pictures and confirmation invoice will be sent after installation.

As of 10/6/17, lights have been installed.

Handwritten initials and date

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Handwritten signature

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

Brandy Grossman

Date 8/17/17

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

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(Date)

Plan of correction implementation status as of 10/16/17
(Date)

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

The above plan of correction was approved by *Handwritten initials*
(Initials)

Violation Report: 42656 - 06/22/2017 - Hoover, Josh

AUG 17 2017

PCH Name: PARKER PERSONAL CARE FACILITY

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE

Human Services Licensing

2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

On 6/22/2017, there was a loose 12x12 inch tile in the doorway of the shower, in the shower room across from bedroom 18, and a 1 inch square section of this tile is broken off, posing a trip/fall hazard.

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 tile was repaired on 6/26/17.

Immediately all tiled floors were inspected any repairs were made.

Maintenance will inspect tile floors on a monthly basis to maintain a hazard free area.

(See attached form)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

[Handwritten Signature]

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

Brandy Grossman

Date 8/17/17

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

The above plan of correction is approved as of 10/16/17 (Date)

Plan of correction implementation status as of 10/16/17 (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: 42656 - 06/22/2017 - Hoover, Josh

AUG 17 2017

PCH Name: PARKER PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.93(b) - Each porch must have a well-secured railing.

2a. DESCRIPTION OF VIOLATION

On 6/22/2017, the middle section of railing on the South side of the deck was not well-secured and moved approximately 1/2 inch.

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 deck was assessed and it has been decided to completely replace the deck. Lumber is being delivered today 8/17/17. Target date for completion is 8/25/17. Pictures will be sent after completion.

As of 10/5/17, The deck and railings have been replaced.

[Signature]
10/16/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Signature]

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

Brandy Grossman

Date

8/17/17

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

The above plan of correction is approved as of

10/16/17
(Date)

Plan of correction implementation status as of

10/16/17
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

Violation Report: 42656 - 06/22/2017 - Hoover, Josh
PCH Name: PARKER PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.94(b) - Interior stairs, exterior steps and ramps must have nonskid surfaces.

2a. DESCRIPTION OF VIOLATION
On 6/22/2017, there was no non-skid surface on the wooden ramp leading from the deck to the front sidewalk.

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 entire deck and ramp will be replaced by 8/25/17. Non skid surface will be placed upon completion. Pictures will be sent after deck and ramp are completed.

As of 10/16/17, a non skid surface on the wooden ramp has been added.

10/16/17

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 (Required on EVERY Page) Brandy Grossman Date 8/17/17

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Plan of correction implementation status as of 10/16/17 (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: 42656 - 06/22/2017 - Hoover, Josh
PCH Name: PARKER PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

On 6/22/2017, there was an L-shaped, sharp-edged crack in the plastic shower floor, that flexes when weight is applied, posing a laceration hazard, in the second shower stall in the bathroom across from room 23.

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 shower stall was listed as "out of order" until further notice.

Maintenance repaired the crack in the shower floor, residents are able to safely shower in the stall. Maintenance will monitor all shower stalls for further hazards on a monthly basis.

(photo attached)

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 (Required on EVERY Page) Brandy Grossman Date 8/7/17

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Plan of correction implementation status as of 10/16/17 (Date)

The above plan of correction was approved by  (Initials)

- Fully Implemented
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- Not Implemented

AUG 17 2017

Violation Report: 42656 - 06/22/2017 - Hoover, Josh
PCH Name: PARKER PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

On 6/22/2017, there was an open crack, measuring approximately 6" long by 2" and 1" deep, in the front sidewalk, leading to the curb cut area, posing a trip/fall hazard.

On 6/22/2017, there were approximately 7 loose boards on the deck, in the egress path from the emergency exit. One of these boards bowed approximately 1 inch when stepped on, posing a trip/fall hazard.

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.

upon completion of the deck; the front sidewalk will be resealed in all cracked areas.

Pictures will be sent after completion. Target date is 9/1/17.

As of 10/16/17, the crack in the front sidewalk and loose boards on the deck have been repaired.

[Signature]
10/16/17

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 (Required on EVERY Page)			Date
Brandy Grossman			8/17/17

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

AUG 17 2017

Violation Report: 42656 - 06/22/2017 - Hoover, Josh
PCH Name: PARKER PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

On 6/22/2017, at approximately 10:10 a.m., the temperature in freezer 13 measured 20 degrees Fahrenheit. At 4:10 p.m., the temperature measured 10 degrees Fahrenheit.

On 6/22/2017, at approximately 10:10 a.m. the temperature in freezer 15 measured 9 degrees Fahrenheit. At 4:10 p.m., the temperature measured 3 degrees Fahrenheit.

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.

Immediately both freezers were emptied. Food contents were placed in other compliant freezers. Freezers were defrosted + new thermometers were placed in the freezer. NO temp issues have occurred since.

Kitchen staff will continue to monitor temps each shift.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

07/15/2016 et al

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[Handwritten Signature]

Printed Name and Title of Legal Entity Representative
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Brandy Grossman

Date

8/7/17

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Violation Report: 42656 - 06/22/2017 - Hoover, Josh

PCH Name: PARKER PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE

Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.130(e) - If one or more residents or staff persons are not able to hear the smoke detector or fire alarm system, a signaling device approved by a fire safety expert shall be used and tested so that each resident and staff person with a hearing impairment will be alerted in the event of a fire.

2a. DESCRIPTION OF VIOLATION

Resident #2's medical evaluation, dated 7/21/2016, indicates the resident is diagnosed with deafness and has hearing aids, however, the resident has only one hearing aid and cannot hear the fire alarm. The home has not provided an alternative signaling device approved by a fire safety expert to ensure the resident is alerted in the event of a fire.

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 has two hearing aids. The hearing aid was being fixed by her family. Since, Resident #2 has had both hearing aids in. PPC is looking to purchase a lighted alarm for Resident #2 + future hearing impaired residents. Purchase + placement of this alarm is set to be complete by 8/31/17. proof of purchase will be provided. The administrator will ensure resident has an appropriate signaling device that will alert the resident in the event of a fire.

Repeat Violation: No | Date(s) of Previous Violation(s): | *06/10/17*

Signature of Legal Entity Representative (Required on EVERY Page) | *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) | *Brandy Grossman* | Date *8/7/17*

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PCH Name: PARKER PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION

During the fire drill conducted on 2/27/2017 at 5:17 p.m., 31 residents were present in the home; however, only 30 residents evacuated.

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 one resident that did not evacuate was physically ill. The family was present in the home & also refused to allow staff to evacuate the resident. Resident has since been taken to skilled care where [redacted] passed away due to the extended illness.

Fire drills conducted on 7/31/17 at 12:30 a.m. and 8/4/17 at 9:10 a.m. and all residents were evacuated. On 10/16/17

All families & residents are explained the regulation & requirements upon admission & during stay. If residents or families refuse compliance they will be issued a 30 day notice after attempts to comply.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

01/20/2017 et al

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Violation Report: 42656 - 06/22/2017 - Hoover, Josh
PCH Name: PARKER PERSONAL CARE FACILITY

AUG 17 2017

1. REGULATION 55 Pa.Code §2600

2600.141(b)(1) - A resident shall have a medical evaluation at least annually. WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The most recent medical evaluation for resident #1 was completed on 3/24/2017. The previous medical evaluation was completed on 12/14/2015.

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.

Previous LPN did not chart - completed DME;
New nurse hired 2/20/17 found the error +
completed the DME upon discovery - resulting in
a date of 3/24/17.

Immediately the nurse created a form
documenting all residents + new admission
dates that support plans + DME's are due.

(see attached)

Repeat Violation: No

Date(s) of Previous Violation(s):

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B Lu

Printed Name and Title of Legal Entity Representative
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Violation Report: 42656 - 06/22/2017 - Hoover, Josh

AUG 17 2017

PCH Name: PARKER PERSONAL CARE FACILITY

WEST REGION 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 silver One Touch Ultra Mini glucometer for Resident #10 has not been calibrated. The glucometer indicated 6/20/2017 at 5:18 a.m.; however, the correct date and time was 6/22/2017 at 6 a.m.

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.

After the exit interview; A new glucometer was calibrated + provided to all diabetic residents.

Immediately the staff nurse implemented during cart audits to include glucometer checks also.

(See attached form)

Repeat Violation: Yes Date(s) of Previous Violation(s): 01/20/2017 et al 11/30/2016 et al 07/15/2016 et al

Signature of Legal Entity Representative (Required on EVERY Page)

[Handwritten Signature]

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Violation Report: 42656 - 06/22/2017 - Hoover, Josh

PCH Name: PARKER PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION

Resident #10, admitted [redacted] 2017, has not been educated to the resident's right to refuse a medication if the resident believes there may be a medication error.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

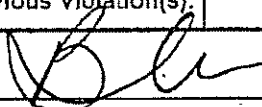
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident #10 was given a form to sign acknowledging right to refuse. All current + new residents will have acknowledgement forms to sign.

The form will become part of the admission packet and must be signed by all future residents.

(see attached form)

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 (Required on EVERY Page) Brandy Grossman Date 8/7/17

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Violation Report: 42656 - 06/22/2017 - Hoover, Josh

PCH Name: PARKER PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

The preadmission screening form for Resident #10, admitted [redacted] 2017, is undated, therefore it is unable to be determined if it was completed timely.

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.

Pre admission form for Resident #10 was corrected upon discovery.

Immediately all pre-screens were checked for completion. Director - Secretary will double check all admission paperwork & future compliance forms.

(see attached form)

Repeat Violation: Yes

Date(s) of Previous Violation(s):

11/09/2016

et al

07/15/2016

et al

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Violation Report: 42656 - 06/22/2017 - Hoover, Josh

PCH Name: PARKER PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE
Human Services Licensing

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.

2a. DESCRIPTION OF VIOLATION

The assessment, dated 3/24/2017, for Resident #1, does not include the diagnosis of heart failure, as indicated on the medical evaluation, dated 3/24/2017. Also, the resident's previous assessment was completed on 11/16/2015.

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 diagnosis was added to the support plan upon discovery.

Immediately all support plans were checked for accurate diagnosis comparison. PPC will have a 3 point check to ensure all PME + RASP are completed in full + within the time allowed to remain compliant.

(See attached form)

Repeat Violation: No	Date(s) of Previous Violation(s):	11/09/2016 et al	07/15/2016 et al
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Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Brandy Grossman

Date 8/7/17

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Violation Report: 42656 - 06/22/2017 - Hoover, Josh

AUG 17 2017

PCH Name: PARKER PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION

The support plan, dated 3/24/2017, for Resident #1, does not indicate the resident's need for wound care for a coccyx pressure wound, as indicated on a physician order, dated 6/14/2017.

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.

An update to assessment form was completed upon discovery.

All future wound care, ^{and all new physician} orders will be immediately updated to the residents support plans by the nurse. Immediately - The administrator will implement a system to ensure all new physician orders are followed and added to the support plan where (see attached) necessary. *Dr* 10/16/17

Repeat Violation: No

Date(s) of Previous Violation(s):

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AUG 17 2017

PCH Name: PARKER PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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 began receiving hospice services in November 2016. The resident's support plan, dated 3/24/2017, does not indicate a complete list of the services hospice provides or the frequency of these services. Hospice is providing medication administration, wound care, toileting and incontinence care; however, the only service indicated in the support plan is bathing twice per week.

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.

Hospice was providing wound care through the duration of Coaxx breakdown. However, Hospice does not provide toileting, incontinence care, or medication administration. (See attached plan of care provided by hospice.) Wound care was added to support plan immediately after discovery. Further updates will be made immediately by the staff nurse, to ensure all residents receiving outside services have the name of agency and type and frequency of the services on support plan.

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