



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

SEP 15 2017

Ms. Jodi Murphy,  
Executive Director  
Quincy Retirement Community  
Colestock Health Center  
6596 Orphanage Road  
Waynesboro, Pennsylvania 17268

RE: Quincy Retirement Community  
License #: 306520

Dear Ms. Murphy:

As a result of the Department of Human Services' annual licensing inspection on July 18, 2017, and the corrections you made after our inspection, we have found the above facility to be in compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes).

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](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  
Licensing Inspection Summary



Violation Report: 30652 - 07/18/2017 - McCloskey, Jason  
 PCH Name: QUINCY RETIREMENT COMMUNITY

**1. REGULATION 56 Pa.Code §2600**  
 2600.133(a)(1) - If the home serves nine or more residents, signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

**2a. DESCRIPTION OF VIOLATION**  
 There are no exit signs over the exit doors of the 1st and 2nd floor dining rooms. The home currently serves 24 residents.

**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.*

Fire exit signs that meet current DHS regulatory compliance standards have been placed above each door. (See attached pictures)

Moving forward, Director of Environmental Services will monitor for continued placement and compliance on a regular basis to guarantee compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Nicole D. Hollenbaugh*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Nicole D. Hollenbaugh Personal Care Home Administrator Date 7/20/17

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

The above plan of correction is approved as of 7/28/17  
 (Date)

The above plan of correction was approved by BAS  
 (Initials)

Plan of correction implementation status as of 7/28/17  
 (Date)

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

Violation Report: 30852 - 07/18/2017 - McCloskey, Jason  
 PCH Name: QUINCY RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2800  
 2800.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION  
 Resident 1's prescription for Voltaren Gel 1% was located in the home's medication cart for use on the resident. This medication had a use by date of 2-26-16.

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 Voltaren Gel removed from medication cart immediately and destroyed as per policy. Audited all medications in house for expired meds. Moving forward, all medications will be checked for expiration dates and replaced on a regular basis for continued compliance by Direct Care Staff.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Nicole D. Hollenbaugh*

Printed Name and Title of Legal Entity Representative      Date  
 (Required on EVERY Page) Nicole D. Hollenbaugh      Personal Care Home Administrator      7/26/17

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

The above plan of correction is approved as of <u>7/28/17</u> (Date)	Plan of correction implementation status as of <u>7/28/17</u> (Date)
The above plan of correction was approved by <u>MAS</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