



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

APR 26 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' annual licensing inspection on October 6, 2017 and October 11, 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](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,

  
Jacqueline L. Rowe  
Director

Enclosure  
License 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: 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 12/17/1993 Dept of L & I		RECEIVED FEB 08 2018 WEST VIRGINIA FIELD OFFICE Human Services Licensing
Staffing Hours Resident Support: 0		Total Daily Staff: 43 Waking Staff: 32
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 10/06/2017: Grace, Desmond; Eveges, Joseph 10/11/2017: Grace, Desmond		
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: 33 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: 1 Number of Hospice Residents in past year: 15		Number of Residents who: Receive Supplemental Security Income: 3 Are 60 Years of Age or Older: 33 Have Mental Illness: 5 Have an Intellectual Disability: 0 Have a Mobility Need: 10 Have a Physical Disability: 1

Violation Report: 44744 - 10/06/2017 - Grace, Desmond  
PCH Name: INDIANA SQUARE PERSONAL CARE HOME

REGULATORY OFFICE  
INDIANA DEPARTMENT OF HEALTH

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 10/6/17 at 9:56 a.m., the resident privacy coding including resident's #1, #2, #3, and #4 names was attached and accessible to licensing the inspection summary dated 12/28/16 on the bulletin board to the right of the main entrance.

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 privacy coding was taken down on 10/6/17 from the bulletin board which was attached to the inspection summary dated 12/28/16.

When licensing summaries are sent the resident privacy coding will be detached prior to posting.

Monthly checks will be completed by administrator that no resident records are left out and accessible to anyone.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 Administrator* Date *2/5/18*

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

The above plan of correction is approved as of 2-14-18  
(Date)

Plan of correction implementation status as of 2-14-18  
(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 - 10/06/2017 - Grace, Desmond  
PCH Name: INDIANA SQUARE PERSONAL CARE HOME

FEB 08 2018

INDIANA DEPARTMENT OF  
HUMAN SERVICES LICENSING

1. REGULATION 55 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
  - (i) Safe management techniques.
  - (ii) ADLs and IADLs.
  - (iii) Personal hygiene.
  - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
  - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
  - (vi) Implementation of the initial assessment, annual assessment and support plan.
  - (vii) Nutrition, food handling and sanitation.
  - (viii) Recreation, socialization, community resources, social services and activities in the community.
  - (ix) Gerontology.
  - (x) Staff person supervision, if applicable.
  - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
  - (xii) Safety management and hazard prevention.
  - (xiii) Universal precautions.
  - (xiv) The requirements of this chapter.
  - (xv) Infection control.
  - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Staff member A provided unsupervised direct care services to residents in the home on 8/18/17. However, staff member A did not complete the Department-approved direct care staff training course and pass the competency test until 8/28/17.

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.

All new hires will complete the Direct Care Staff Training Course prior to doing unsupervised care.

Checklist for new hires will be completed and checked off by Administrator and also checked by core coordinator. The Administrator shall check all current staff records to ensure compliance with regulation 2600.65(d), 2-14-18.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 Administrator* Date *2/5/18*

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The above plan of correction is approved as of <u>2-14-18</u> (Date)	Plan of correction implementation status as of <u>2-14-18</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

Violation Report: 44744 - 10/06/2017 - Grace, Desmond  
PCH Name: INDIANA SQUARE PERSONAL CARE HOME

FEB 05 2018

INDIANA DEPARTMENT OF REGULATION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.82(a) - Poisonous materials shall be stored in their original, labeled containers.

2a. DESCRIPTION OF VIOLATION

On 10/6/17 at 11:20 a.m., there was one spray bottle with a label indicating 32oz Comet cleaner with bleach and a 32oz bottle with no manufacturer's label. Both bottles contained were 1/4 full of a green liquid and had black permanent lettering stating "Enzyme Spot Remover".

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.

- These bottles were disposed of on 10/6/17
- Spray bottles were purchased and one being used - Original bottle with the manufacturer's label.
- Weekly checks by "Housekeeping" to ensure all poisonous materials are stored in their original, labeled containers.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kon Hussler Administrator</i>	Date <i>2/5/18</i>
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(Date)

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(Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

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

Violation Report: 44744 - 10/06/2017 - Grace, Desmond  
PCH Name: INDIANA SQUARE PERSONAL CARE HOME

FEB 06 2018

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

REGIONAL FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 10/6/17 at 10:35 a.m., the first floor emergency exit stairwell landing by room #219 and #218 contained 25-30 rodent droppings covering an area approximately 4" by 6" around a mouse trap.

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.

- This area was cleaned up on  
10/6/17

- Weekly checks through-out the facility will be conducted by "House Keeping" to ensure sanitary conditions are maintained.

The home has contracted with a pest control company to provides services monthly.

2-12-18y

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 Administrator*

Date *2/5/18*

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(Date)

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- Not Implemented

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

Violation Report: 44744 - 10/06/2017 - Grace, Desmond  
PCH Name: INDIANA SQUARE PERSONAL CARE HOME

WEST VIRGINIA FIELD OFFICE  
HUMAN SERVICES LEARNING

1. REGULATION 55 Pa.Code §2600  
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 10/6/17, the wooden ramp leading from the lower level dining area to the activity room was not secured and bowed approximately 2½" to 3" in the center presenting a trip and 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.

On 10/6/17 the wooden ramp was taken away.  
Cement ramps and rolls were placed in that area.  
Maintenance will check weekly to ensure all areas are in good repair and free of hazards.

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 Administrator*      Date *2/5/18*

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(Initials)

Violation Report: 44744 - 10/06/2017 - Grace, Desmond  
PCH Name: INDIANA SQUARE PERSONAL CARE HOME

SEP 18 2018

REGISTRATION DIVISION  
PCHS & COMMUNITY CARE

1. REGULATION 55 Pa.Code §2600

2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION

On 10/6/17, the exterior window bedroom #236 did not have a screen.

On 10/6/17, the front sunroom window screens were damaged as follows:

- \* The left side first window screen was bent on the top and bottom left corners, leaving a 1/2 inch gap between screen and window in both areas.
- \* The left side second window screen was bent on the left side center creating a 1/2 inch gap between the window and the screen.

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 10/6/17. Maintenance put a screen in the exterior window in bedroom # 236

Monthly checks by Maintenance will be performed that all windows are in good repair and securely screened.

Two of the screens in sunroom were fixed and put back up.

Two of the screens will be replaced as they were not able to be fixed.

Monthly checklist attached

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 Administrator

Date 2/5/18

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

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(Date)

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- Not Implemented

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

Violation Report: 44744 - 10/06/2017 - Grace, Desmond  
 PCH Name: INDIANA SQUARE PERSONAL CARE HOME

FEB 06 2018

1. REGULATION 55 Pa.Code §2600  
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

REGISTRATION FIELD OFFICE  
 Hyman Services Licensing

2a. DESCRIPTION OF VIOLATION

On 10/6/17 at 10:05 a.m., the shower chair on the left side common shower next to medication room is missing 1 of 4 stabilizers at the bottom of the chair.

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 chair was put in dumpster on 10/6/17.

Maintenance will check that equipment is in good repair - monthly

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Karen Hullenbough Admin* Date *2/5/18*

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 (Initials)

Violation Report: 44744 - 10/06/2017 - Grace, Desmond  
 PCH Name: INDIANA SQUARE PERSONAL CARE HOME

WEST VIRGINIA FIELD OFFICE  
 Home Care Services/Compliance

1. REGULATION 55 Pa.Code §2600  
 2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION  
 On 10/11/17, there was no operable lamp or other source of lighting at resident # [redacted] bedside in bedroom #209.

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 lamp was placed at the bedside of Resident # [redacted] - bedroom # 209

Housekeeping will check weekly to ensure an operable lamp or other source of lighting can be turned on at bedside.

Immediately: All staff persons shall be educated on the importance of operable bedside lighting and that each resident shall have an operable lamp or other source of lighting that can be turned on/off from bedside.

2-12-18

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Korn Hullenbaugh Administrator</i>	Date <i>2/5/18</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 2-14-18  
 (Date)

Plan of correction implementation status as of 2-14-18  
 (Date)

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

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

Violation Report: 44744 - 10/06/2017 - Grace, Desmond  
PCH Name: INDIANA SQUARE PERSONAL CARE HOME

FEB 08 2018

1. REGULATION 55 Pa.Code §2600  
2600.103(g) - Food shall be stored in closed or sealed containers.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 10/6/17 at 11:10 a.m., food products to include a 25 pound bag of all purpose flour (1/2 full), 10 pound bag of Italian Seasoned Panko Breading (1/3 full) and 25 pound bag of Domino Confection Sugar (1/2 full) were left opened and unsealed on the pantry second shelf of the main kitchen on the lower level.

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.

Containers were purchased to store the unopened food products.

Kitchen supervisor will check weekly that all food is properly stored in closed or sealed containers.

Immediately: All staff persons involved in food preparation, serving and storage shall be educated on the requirement to store food in closed or sealed containers. 2-12-18 ✓

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 Administrator*

Date *2/5/18*

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

The above plan of correction is approved as of 2-14-18  
(Date)

Plan of correction implementation status as of 2-14-18  
(Date)

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

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

Violation Report: 44744 - 10/06/2017 - Grace, Desmond  
 PCH Name: INDIANA SQUARE PERSONAL CARE HOME

FEB 06 2018

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

WEST REGION FIELD OFFICE  
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION  
 The home did not conduct a fire drill during the month of September 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.

Administrator will conduct 2 fire drills each month - February, March, April, May, June and July.

Fire drills will be conducted at different times.

- Will fix the fire drill record after the 2x/month times 6 months.

Immediately: The administrator shall monitor all fire drills and the fire drill record to ensure a fire drill is conducted at least once a month and is documented on a fire drill record which includes all information required by 2600.132c.

2-12-18 ✓

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/28/2016	03/10/2017
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Kevin Hullenborough*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Kevin Hullenborough Administrator* Date *2/5/18*

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

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Plan of correction implementation status as of 2-14-18  
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- Not Implemented

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

Violation Report: 44744 - 10/06/2017 - Grace, Desmond  
PCH Name: INDIANA SQUARE PERSONAL CARE HOME

FEB 08 2018

1. REGULATION 55 Pa.Code §2600  
2600.132(f) - Alternate exit routes shall be used during fire drills.

WEST VIRGINIA DEPARTMENT OF  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The home only used the front exit to evacuate residents during the nineteen consecutive fire drills conducted from 7/19/16 to 10/3/17.

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.

When conducting fire drills the staff will ensure that other alternate exit routes are being used each time instead of just the front exit.

This will be documented on the fire drill log each month.

Immediately: The administrator shall monitor fire drills and the fire drill record monthly to ensure alternate exits are used during fire drills. 2-12-18

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 *2/5/18*

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

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(Date)

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- Not Implemented

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

Violation Report: 44744 - 10/06/2017 - Grace, Desmond  
PCH Name: INDIANA SQUARE PERSONAL CARE HOME

REGISTRATION FIELD OFFICE  
Senior Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION  
On 10/6/17, the week in advance menu was not posted in the home. The posted menu's end date was 10/7/17.

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.

On 10/7/17 menus were posted for current week and for one week in advance.

Kitchen supervisor will check weekly that the current week and week in advance menus are posted.

(Sign off sheet attached)

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

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 Administrator*      Date *2/5/18*

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

The above plan of correction is approved as of 2-17-18  
(Date)

Plan of correction implementation status as of 2-14-18  
(Date)

- Fully Implemented
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- Not Implemented

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

Violation Report: 44744 - 10/06/2017 - Grace, Desmond  
PCH Name: INDIANA SQUARE PERSONAL CARE HOME

FEB 16 2018

WEST VIRGINIA REGISTRY  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION

On 10/11/17 at 4:25 p.m., there were two - 30 gram tubes of Clobetasol Propionate 0.05% prescribed to resident #6 unlocked, unattended and accessible in the second drawer of the bathroom sink between bedrooms #209 and #210.

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 10/11/17 these items were removed from residents room and taken to the medication room to be locked.

Rooms will be checked weekly by "House Keeping" to ensure no medications are left unattended in resident rooms

Immediately: All staff persons will be educated on the required locked storage of medications in accordance with regulation 2600.183(b) and the home's updated policy and procedures for the safe and secure storage of medications and controlled substances including medications in resident bedrooms. 2-12-18 ✓

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 Administrator*      Date *2/15/18*

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Violation Report: 44744 - 10/06/2017 - Grace, Desmond  
 PCH Name: INDIANA SQUARE PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
 (Unit of Services Division)

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

On 10/6/17 at 3:30 p.m., there were four - 30 gram and one 2.2oz tubes of Clobetasol Propionate 0.05% and a 60ml bottle of Betamethasone cream belonging to resident #6 in the medication cart. However, the Clobetasol Propionate 0.05% was discontinued on 9/17/17 and the Betamethasone was discontinued on 9/2/17.

On 10/6/17 at 3:30 p.m., there was a box of twenty-five - 3 milliliter vials of Ipratropium Bromide 0.5 milligram/Albuterol 3 milligram and two - 1oz tubes of Bacitracin Zinc belonging to resident #6 in medication cart B. However, there are no current orders for these medications.

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.

Medications were removed from the cart and disposed of and/or sent back to Pharmacy.

Med. Cart audit will be done twice a month by Resident Care Coordinator.

Immediately: All staff persons qualified to administer medications shall be educated on the requirements of regulation 2600.183(d) and the home's policy and procedures for discontinued medications. 2-12-18

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Karen Hullenbaugh Administrator</i>	Date <i>2/5/18</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 2-14-18  
 (Date)

Plan of correction implementation status as of 2-14-18  
 (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 - 10/06/2017 - Grace, Desmond  
PCH Name: INDIANA SQUARE PERSONAL CARE HOME

FEB 08 2018

REGISTRATION 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

Resident #6 is ordered Haloperidol 0.5 milligram by mouth every 8 hours as needed. On 10/6/17 the medication was not available in the home for administration.

On 10/6/17 at 4:06 p.m., Resident #8's Solus glucometer was not calibrated with the current date and time. The glucometer date and time displayed was 5/16/17 at 1:25 p.m.

On 10/6/17 Resident #8's Accu-check glucometer strips in medication cart B expired on 6/2017.

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.

Resident #6 medication was sent from Veterans

Resident #8 glucometer machine was calibrated

Glucometer strips were disposed of and new ones were ordered. (for Resident #8)

Resident #8 - Glucometers reading were DL on 10/30/17

Inservice was completed on 11/01/18 for med techs (attached)

Review of Regulations - 181a - 188 e.

See Page 16B of 20

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/23/2016	12/28/2016	
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Karen Hullibough*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Karen Hullibough Administrator* Date *2/5/18*

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

The above plan of correction is approved as of 2-17-18  
(Date)

Plan of correction implementation status as of 2-17-18  
(Date)

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

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



Violation Report: 44744 - 10/06/2017 - Grace, Desmond  
PCH Name: INDIANA SQUARE PERSONAL CARE HOME

REGIONAL FIELD OFFICE

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

Resident #2 is ordered 17 units of Humalog 100units/milliliter subcutaneous injection twice per day. On 10/1/17 at 11:30 a.m. and 10/4/17 at 4:00 p.m., the medication administration record is not initiated by staff person administering the medication.

Resident #7 is ordered Calmoseptine Ointment topically to the groin and abdominal folds twice a day. However, on 10/5/17 at 8:00 a.m. the medication was not available in the home and not administered to the resident. Direct care staff person B initiated the resident's medication administration record (MAR) as administering the 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.

Med techs were inserviced on Regulations 181a - 188e

When staff person B returns to work from maternity leave - I will do "Med. Observations" prior to her passing medications.

Immediately: The administrator or designated staff person qualified to administer medications shall complete an initial and monthly audit of all resident MARs to ensure all prescribed medications are available, administered as prescribed, and the administration of the medication is documented on the MARs in accordance with regulation 2600.187(b). 2-12-18 ✓

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 Administrator*      Date *2/5/18*

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

The above plan of correction is approved as of 2-14-18  
(Date)

Plan of correction implementation status as of 2-14-18  
(Date)

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

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

Violation Report: 44744 - 10/06/2017 - Grace, Desmond  
 PCH Name: INDIANA SQUARE PERSONAL CARE HOME

FEB 05 2018

1. REGULATION 55 Pa.Code §2600  
 2600.187(d) - The home shall follow the directions of the prescriber.

WEST REGION FIELD OFFICE  
 Health Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #6 was ordered Clonazepam 0.25mg by mouth twice a day. On 10/1/17 at 8:00 a.m. and 8:00 p.m. the medication was not available in the home for administration and not administered.

Resident #7 is ordered Calmoseptine Ointment topically to the groin and abdominal folds twice a day. However, on 10/5/17 at 8:00 a.m. the medication was not available in the home and not administered to 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.

Medication for resident #6 was gotten from Veterans

Medication for Resident #7 was in her bathroom - brought to med. room and locked in med cart.

Med Tech's were inserviced on 1/10/18 - Regulations 181a - 188 e.

1/10/18, the home has updated the policy and procedures for ordering medications. All staff persons qualified to administer medications have been educated on the updated policy and procedures.

Immediately: The administrator or designated staff person qualified to administer medications shall complete an initial and monthly audit of all resident MARs to ensure all prescribed medications are available, administered as prescribed, and the administration of the medication is documented on the MARs in accordance with regulation 2600.187(b).

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/23/2016	12/28/2016	03/10/2017
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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 Administrator* Date *2/5/18*

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

The above plan of correction is approved as of 2-14-18  
 (Date)

Plan of correction implementation status as of 2-14-18  
 (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *[initials]*
- Partially Implemented - Inadequate Progress
- Not Implemented

FEB 13 2018

Violation Report: 44744 - 10/06/2017 - Grace, Desmond  
PCH Name: INDIANA SQUARE PERSONAL CARE HOME

WEST VIRGINIA 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

Resident #5's initial assessment, dated [redacted] 17, was not updated to include the resident's diagnoses of gout, benign prostate hypertrophy, renal insufficiency, and anemia as identified during the resident's medical evaluation completed on 4/20/17.

Resident #7's assessment, completed on 4/11/17, does not include an assessment for eating, toileting, drinking, and transferring in/out of bed/chair. These sections were blank.

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.

Both Resident #5 and #7 both have been reviewed on 10/12/17 and all areas have been completed.

RASP will be completed by either the Administrator / Resident Care Coordinator and once completed - the other will do a double check that all areas were completed.

Immediately: The administrator or designated staff person shall review all current resident assessments to ensure accuracy and completeness. 2-12-18

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/10/2017	
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Vern Hellenbaugh*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Vern Hellenbaugh Administrator* Date *2/5/18*

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

The above plan of correction is approved as of 2-14-18  
(Date)

Plan of correction implementation status as of 2-14-18  
(Date)

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

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

Violation Report: 44744 - 10/06/2017 - Grace, Desmond  
PCH Name: INDIANA SQUARE PERSONAL CARE HOME

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

Resident #7's support plan, completed on 4/11/17, does not include the frequency or responsible person related to the resident's diagnoses of dementia and schizoaffective disorder. These sections were blank.

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 #7 support plan was completed on 10/12/17 to include frequency or responsible person related to diagnosis of Dementia.

Administrator or Resident Care Coordinator will complete the RASP and when complete the other will do a complete check that all sections were completed.

Immediately: The administrator or designated staff person shall review all current resident support plans to ensure accuracy and completeness. 2-12-18

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Vern Hullerbaugh Administrator* Date *2/5/18*

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

The above plan of correction is approved as of 2-14-18  
(Date)

Plan of correction implementation status as of 2-14-18  
(Date)

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

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