



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to PREMIER QUALITY ENTERPRISE INC
LEGAL ENTITY

To operate INDIANA SQUARE PERSONAL CARE HOME
NAME OF FACILITY OR AGENCY

Located at 1703 WARREN ROAD, INDIANA, PA 15701
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

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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 50
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 16

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 December 1, 2017 until June 20, 2018,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **447440**

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.



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DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: DEC 04 2017

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

**RE: Indiana Square Personal Care Home
License #447440**

Dear Mr. Malone:

As a result of your facilities recent adjustment of the use of physical space, we are issuing a revised license under the authority of 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). The revised license indicates a revised licensed capacity for your facility. The expiration date of the license remains unchanged. Your revised license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License

**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 16701		County: Indiana
Administrator: Karyn Hullenbaugh		Region: WEST
Legal Entity Name: PREMIER QUALITY ENTERPRISE INC		
Legal Entity Address: 1703 WARREN ROAD, INDIANA, PA 16701		RECEIVED
Certificate(s) of Occupancy I-1 07/18/2017 White Township		NOV 29 2017 WEST VIRGINIA STATE COLLEGE Master Control Building
Staffing Hours		
Resident Support: 0	Total Daily Staff: 42	Waking Staff: 32
Type of Inspection: Partial	BHA Docket Number:	Notice: Announced
Reason(s) for Inspection(s) Interim		
On-Site Inspections Dates and Department Representatives On-Site 11/15/2017: McConnell, Deb		
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: Yes Area: lower level - floor 1 Secured Dementia Unit Capacity, If Applicable: 18 Number of Residents Served in Secured Dementia Care Unit, If applicable: 0 Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 7		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: 9 Have a Physical Disability: 1

Violation Report: 44744 - 11/15/2017 - McConnell, Deb
 PCH Name: INDIANA SQUARE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.93(a) - Each ramp, interior stairway and outside steps must have a well-secured handrail.

2a. DESCRIPTION OF VIOLATION

There is no handrail for the approximate 1 1/2" step leading from emergency exit #4 in the secured dementia care unit (SDCU) to the outside of the home.

There is no handrail for the step leading from emergency exit #1 in the stairwell to the outside of the home.

There is no handrail for the ramps leading from the dining room in the secured dementia care unit to the locked outside courtyard.

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 "Grab bar" was placed outside of exits # 1, # 3 and # 4

A "Hand Rail" was placed outside of exit # 2

Pictures attached of all 4 exits.

Maintenance will check the security of the grab bars and hand rail weekly

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Tom Hullenbaugh Administrator</i>	Date <i>11/28/17</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 11/30/17
 (Date)

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

Plan of correction Implementation status as of 11/30/17
 (Date)

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

Violation Report: 44744 - 11/16/2017 - McConnell, Deb
PCH Name: INDIANA SQUARE PERSONAL CARE HOME

INSPECTION REPORT

1. REGULATION 55 Pa.Code §2800
2800.100(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

There is an approximate 8" x 10" portion of concrete missing from the upper right corner of the concrete landing outside of emergency exit #4 in the secured care unit, 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 concrete outside of emergency exit #4 was patched to prevent trip/fall hazard. * Picture attached

Maintenance will check monthly that all exits 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) *Korn Hullenbough*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Korn Hullenbough Administrator* Date *11/28/17*

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

The above plan of correction is approved as of 11/30/17
(Date)

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

Plan of correction implementation status as of 11/30/17
(Date)

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

Violation Report: 44744 - 11/15/2017 - McConnell, Deb
PCH Name: INDIANA SQUARE PERSONAL CARE HOME

DEPARTMENT OF SENIOR SERVICES OFFICE
1100 N. COLLETTES LANE
INDIANAPOLIS, IN 46202-1000

1. REGULATION 55 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 is no sign indicating "exit" sign or "not an exit" for the 2 doors leading from the dining room of the SDCU to the courtyard.

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.

"Not an Exit" signs were posted above both doors leading from the dining room of the SDCU to the courtyard.

* Picture attached.

Maintenance will check monthly that signs are in good condition and will replace, if needed.

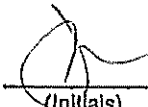
Repeat Violation: No Date(s) of Previous Violation(s):

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Korn Hullenbaugh Administrator Date 11/29/17

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

The above plan of correction is approved as of 11/30/17
(Date)

The above plan of correction was approved by 
(Initials)

Plan of correction implementation status as of 11/30/17
(Date)

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