



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: April 24, 2018

Ms. Margaret M. Clawson
Secretary
Parker Personal Care, Inc.
103 Seward Street
Parker, Pennsylvania 16049

RE: Parker Personal Care Facility
Certificate #: 426560

Dear Ms. Clawson:

As a result of the Department of Human Services' licensing inspection on February 5, 2018, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in cursive script that reads "Suzy Quinn".

Suzy Quinn
Acting Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

Page 1 of 3

PCH Name: Parker Personal Care Home		License Number: 42656
Address: 103 Seward Street, Parker, PA 16049		County: Armstrong
Administrator: Alison Neiderlander		Region: WEST
Legal Entity Name: Parker Personal Care Inc.		
Legal Entity Address: 103 Seward Street, Parker, PA 16049		
Certificate(s) of Occupancy I-1 11/01/2011 City of Parker		RECEIVED MAR 28 2018 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 35	Waking Staff: 26
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 02/05/2018: Garvey, Jody		
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: 34 Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, If applicable: Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 5	Number of Residents who: Receive Supplemental Security Income: 9 Are 60 Years of Age or Older: 31 Have Mental Illness: 6 Have an Intellectual Disability: 2 Have a Mobility Need: 1 Have a Physical Disability: 0	

MAR 28 2018

Violation Report: 42656 - 02/05/2018 - Garvey, Jody

PCH Name: Parker Personal Care Home

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #1's physician order for 1/8/2018 - 1/22/2018 indicates Warfarin 5mg tablet - take 1 1/2 tablets by mouth daily on Mondays and Wednesdays. Resident #1's medication administration record for 1/8/2018 - 1/22/2018 inaccurately indicates Warfarin 7.5mg tablet - take 1 tablet once daily on Mondays and Wednesdays. The home only had Warfarin 5mg tablets and did not have 7.5mg tablets.

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.

Precision Care pharmacy had 7.5mg tablet listed as the medication to be given; however the VA only provided the resident a 5mg tablet. Instructions were written on the bottle along with an order changed sticker prior to the inspection on 2/5/18. On 2/5/18 the pharmacy was notified of the need to change the instruction on the medication administration record. Change was made same day.

Repeat Violation: No	Date(s) of Previous Violation(s):	See page 2A
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Signature of Legal Entity Representative (Required on EVERY Page)	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Brandy Grossman	3/28/18

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

The above plan of correction is approved as of 4/11/18
(Date)

Plan of correction implementation status as of 4/11/18
(Date)

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

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

Page 2a

Continued plan of correction:

office manger will pull all orders from the fax or pcp visits and fax them to the pharmacy. Director will obtain a copy of the order and check them to the Emar for accuracy, than the order is provided to the DCS Supervisor who is certified to pass medications for med cart review. The order will be checked to the current medication in the med cart, if the medication is not a similar dose or route the medication will be pulled for return to the pharmacy and a new medication card will be sent, otherwise an order change sticker will be placed on the label.

BLM 4/11/18

ZS 4/11/18

RECEIVED

MAR 28 2018

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 42656 - 02/05/2018 - Garvey, Jody
PCH Name: Parker Personal Care Home

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

2a. DESCRIPTION OF VIOLATION

Resident #1's physician order for 1/8/2018 - 1/22/2018 indicates Warfarin 5 mg tablet - take by mouth 1 tablet once daily except Mondays and Wednesdays. On Tuesday 1/9/2018, Thursday 1/11/2018, Friday 1/12/2018, Tuesday 1/16/2018, and Sunday 1/21/2018, staff person A failed to administer resident #1's Warfarin 5mg and signed off on the medication administration record with an exception that the medication was withheld per DR/RN order and there were no orders by the prescriber during this time to withhold or discontinue 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.

Staff person A was monitored by Nurse Supervisor during Administration of warfarin until the Supervisor was certain the error would not reoccur. Staff person recieved written notice of incident and reproccussion would result in 3month suspension from med cart + possible complete retraining of the medication administration course should a 2nd offense occur. 3rd offense would lead to possible immediate termination.

See page 3A

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 3/28/18

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BB
(Initials)

Page 3a

Continued plan of correction:

med trained staff have been counseled on the continued importance of time management and guaranteeing all rights of medication are present prior to the medication administration. Weekly audits of the med cart and emar will be performed by the DCS Supervisor. Any further concerns or ways to improve accuracy of medication administration will be discussed with all med trained staff in an ongoing effort to prevent this error from reoccurring.

BLM 4/11/18

BB 4/11/18