



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 28 2018

Ms. Brandy Grossman
Director
Parker Personal Care, Inc.
103 Seward Street
Parker, Pennsylvania 16049

RE: Parker Personal Care Facility
Certificate #: 426560

Dear Ms. Grossman:

As a result of the Department's Bureau of Human Services Licensing annual inspection on July 6, 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.

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.

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
License Inspection Summary

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OCT 04 2018

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 42856 - 07/06/2018 - Garrigan, Laurie
PCH Name: PARKER PERSONAL CARE FACILITY

1. REGULATION 65 Pa.Code §2500

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 on 12/27/08, did not receive annual training in caring for residents with dementia and cognitive impairments during the 2017 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.

See attached 2A of 11


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 / Admin Date 10/3/18

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

The above plan of correction is approved as of 11/13/18
(Date)

The above plan of correction was approved by 
(Initials)

Plan of correction implementation status as of 11/13/18
(Date)

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

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2A

WEST REGION FIELD OFFICE
Human Services Licensing

Staff member was in attendance at the training held August 10, 2017. Staff member did not sign the required sign in form to validate attendance. The staff member also attended a training in October held by the VNA in relation to cognitive impairment titled "Recognizing and Understanding Patient with Depression Module". Upon inspection, a schedule was provided to inspector Laurie Garrigan to validate the staff members scheduled date of August 10th, and was not given back to the facility. A copy cannot be provided of that scheduled date from our facility.

Staff member has attended the training "Caring for residents with dementia and cognitive impairment held in the home in January of 2018.

Immediately, office admin reviewed all sign in sheets for trainings for current training year and have advised all staff of the importance in documenting attendance for their record to obtain credit. Office admin will continue to monitor signature forms of all training records and reconcile as needed.

See attached documentation

10/3/18
Bl Admin

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Page 3 of 11

Violation Report: 42658 - 07/06/2018 - Garrigan, Laurie
PCH Name: PARKER PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Fa. Code §2600
2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

At 11:00 a.m., the temperature of the hot water in the shower room sink across from bedroom #118 was 123.2 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.

See attached 3A of 11

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 / Admin

Date

10/3/18

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The above plan of correction is approved as of

11/13/18
(Date)

Plan of correction implementation status as of 11/13/18
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *LN*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

LN
(Initials)

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3A

WEST REGION FIELD OFFICE
Human Services Licensing

Maintenance has been instructed to continue monitoring water temperatures to ensure compliance.

Immediately a form was created for maintenance to monitor water temperatures in 4 random rooms each month. The date the temperature was taken shall be documented on the log. I/M

B. L. Admin
10/3/18

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Page 4 of 11

Violation Report: 42856 - 07/08/2018 - Garrigan, Laurie
PCH Name: PARKER PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 68 Pa. Code 52600

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

The bedside lamp at the bed near the door of bedroom #20 is approximately 4' from the bed and cannot be turned on/of from bedside.

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.

See attached 4/1 of 11

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 Admin

Date

10/8/18

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The above plan of correction is approved as of

11/13/18
(Date)

Plan of correction implementation status as of

11/13/18
(Date)

The above plan of correction was approved by

IAH
(Initials)

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

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4A

WEST REGION FIELD OFFICE
Human Services Licensing

Immediately upon inspection, a lamp was placed on the residents night stand beside the residents bed.

Inspectors were made aware and shown the lamp placement upon exit interview.

Resident bedrooms will be inspected by housekeeping and ^{IM} ~~monthly~~ ^{weekly} maintenance to ensure compliance with this regulation on a ~~monthly~~ basis.

10/3/18

B. L. Admin

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Violation Report: 42866 - 07/06/2018 - Garnigan, Laurie
PCH Name: PARKER PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.130(d) - If the home serves nine or more residents, there shall be at least one smoke detector on each floor interconnected and audible throughout the home or an automatic fire alarm system that is interconnected and audible throughout the home.

2a. DESCRIPTION OF VIOLATION

On 7/6/18, the home served 30 residents; however, there are no smoke detectors or an automatic fire alarm system that is interconnected and audible throughout the home. The home has battery operated smoke detectors.

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.

and 5B
See attached SA of 11

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

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

The above plan of correction is approved as of 11/13/18
(Date)

Plan of correction implementation status as of 11/13/18
(Date)

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

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

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5A

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WEST REGION FIELD OFFICE
Human Services Licensing

Parker Personal Care has reached out to FireFighters Sales and Service to obtain an estimate on cost and availability for placement of an audible interconnected system. We are also looking to place the interconnected system in direct line with 911 to ensure as much safety and timely emergency response as possible.

At this time we have not established a definitive time line on the installation.

As soon as we obtain an estimate and establish an installation date PPC will update the plan of correction for this violation and provide the information to DHS in a timely manner.

10/3/18
BET Admin

Violation Report: 42656 - 07/06/2018 - Garrigan, Laurie
 PCH Name: PARKER PERSONAL CARE FACILITY

1. REGULATION 55 Pa.Code §2600

2600.130(d) - If the home serves nine or more residents, there shall be at least one smoke detector on each floor interconnected and audible throughout the home or an automatic fire alarm system that is interconnected and audible throughout the home.

2a. DESCRIPTION OF VIOLATION

On 7/6/18, the home served 30 residents; however, there is not an interconnected fire alarm system in the home. The home had 59 battery operated smoke detectors.

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.

By 12/15/18: The home will ensure at least one smoke detector is present on each floor, which is interconnected and audible throughout the home or update the current fire alarm system to ensure it is interconnected and audible throughout the home.

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 Human Services Licensing

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 / Admin Date 11/13/18

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The above plan of correction is approved as of _____
 (Date)

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

Plan of correction implementation status as of _____
 (Date)

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

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Violation Report: 42656 - 07/06/2018 - Garrigan, Laurie
PCH Name: PARKER PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.162(o) - 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

A 6 week menu is posted in the home; however, no dates are present on the menus.

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.

See attached LA of 11

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) *Brandi Grooman / Admin* Date *10/3/18*

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

The above plan of correction is approved as of 11/13/18
(Date)

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

Plan of correction implementation status as of 11/13/18
(Date)

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

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6A

WEST REGION FIELD OFFICE
Human Services Licensing

Residents in the home are provided to them a weekly menu that begins the week of the menu items to be provided.

There are 2 public boards in the facility that provide a 6 week menu to family and visitors as we allow residents to be accompanied by family at meal times if notice has been provided.

A six week menu will continue to be posted on both public boards as our families have come accustom to their location and are able to plan in the future what meals they wish to be in attendance for.

Residents are receiving 2 weekly dated menus provided to them in their room one week in advance which is located directly on their bedroom door to ensure all residents the ability to view and determine if any alternatives need to be provided.

10/3/18

B. Q. Admin

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WEST REGION FIELD OFFICE
Human Services Licensing

Page 7 of 11

Violation Report: 42856 - 07/06/2018 - Garrigan, Laurie
PCH Name: PARKER PERSONAL CARE FACILITY

1. REGULATION 55 Pa.Code §2600

2600.181(c) - A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

2a. DESCRIPTION OF VIOLATION

Resident #1's medical evaluation, dated 10/31/17, and the resident's assessment, dated 11/1/17, indicate the resident cannot self-administer medications. However, resident #1 has repeatedly been given his/her 2:00 p.m. dose of Hydroxyzine HCl, 10 mg tablet to self-administer while attending a partial program to include the following dates: 7/6/18, 6/29/18, 6/27/18 and 6/22/18.

Resident #2's medical evaluation, dated 2/5/18, and the resident's assessment, dated 2/5/18, indicate the resident cannot self-administer medications. However, resident #2 has repeatedly been given his/her 2:00 p.m. Carb/Levodopa-25/100mg tablet to self-administer while attending a partial program to include the following dates: 7/5/18, 7/3/18, 6/26/18, 6/21/18 and 6/19/18.

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.

See attached 7A of 11

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 Date
(Required on EVERY Page) *Brandy Grossman Admin 10/3/18*

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

The above plan of correction is approved as of <u>11/13/18</u> (Date) <i>[Signature]</i> The above plan of correction was approved by _____ (Initials)	Plan of correction implementation status as of <u>11/13/18</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>IA</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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page 7A

OCT 04 2018

7A

WEST REGION FIELD OFFICE
Human Services Licensing

Immediately the residents PCP was notified of the need to transport medications to their partial program so they can continue to receive their medications while absent from the home. A prescription was written on 7/16/18 for residents #1 and #2 indicating "ok to take medications to partial". All residents support plans and DME's will accurately document this action upon their completion as needed.

Resident support plans were immediately updated to reflect the resident self administering medications while at the partial program under surveillance of a physician and several nurses that accompany the residents while at their program.

10/3/18
Blair Admin

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OCT 04 2018

Page 8 of 11

Violation Report: 42656 - 07/06/2018 - Garrigan, Laurie
PCH Name: PARKER PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE
Human Services Licensing

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 6/22/18, resident #1 was prescribed Headache Relief tablet-Take 2 tablets every 6 hours as needed for 10 days. However, on 7/8/18, the medication was still present in the home.

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.

See attached SA of 11

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 / Plan

Date

10/3/18

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The above plan of correction is approved as of 11/13/18
(Date)

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

Plan of correction implementation status as of 11/13/18
(Date)

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

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PAGE 8 A OF 11

OCT 04 2018

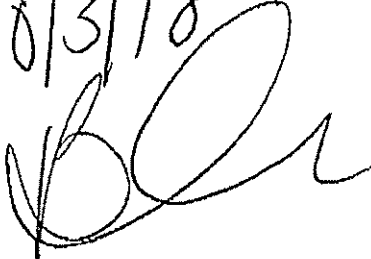
8A

WEST REGION FIELD OFFICE
Human Services Licensing

Immediately upon discovery of medication in the home, the medication was pulled from the med cart and sent back to the pharmacy for destruction.

A full med cart audit will be performed twice monthly on each of our two medications carts.

This audit will be documented on medication cart audit forms and any problems noted will be documented with the corresponding dates and actions needed.

10/3/18
 Admin

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OCT 04 2018

Page 9 of 11

Violation Report: 42656 - 07/06/2018 - Garrigan, Laurie
PCH Name: PARKER PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

Resident #3's Novolog Flexpen was open and undated in the home's medication cart.

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.

See attached 9A of 11

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) *Brendy Grossman / Admin* Date *10/3/18*

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

The above plan of correction is approved as of 11/13/18
(Date)

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

Plan of correction implementation status as of 11/13/18
(Date)

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

OCT 04 2018

WEST REGION FIELD OFFICE
Human Services Licensing

9A

Immediately upon discovery of medication a new flexpen was provided to the resident with an open date sticker. Staff are aware of this requirement and have been instructed to continue to monitor all insulin open date stickers and discard dates.

A full med cart audit will be performed twice monthly on each of our two medications carts. (See copies of audit provided in 8A)

This audit will be documented on medication cart audit forms and any problems noted will be documented with the corresponding dates and actions needed.

10/3/18
BO
Admin

OCT 04 2018

Violation Report: 42658 - 07/06/2018 - Garrigan, Laurie
PCH Name: PARKER PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

Resident #1's assessment, dated 11/1/17, indicates no supervision is needed in the home or in the community, and no problem with judgment. However, the resident's nurse's notes includes the following:

- 2/12/18-resident had his/her legs scratched up again
- 1/25/18-resident does claim he/she want to self-harm
- 1/24/18-wanted to call crisis because of his/her depression
- 1/8/18-was acting out and being demanding stating that he/she wanted to hurt him/herself and that he/she wanted to go to Clarion Hospital as a 201. CRISIS notified, sent out and admitted to Penn Highlands
- 11/24/17-requested cigarettes from his/her roommate and stated "I wanted them so I could burn myself"
- 11/8/17-resident indicates he/she is very depressed, wants to cut him/herself and wants ambulance to 201 him/herself

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.

*See attached
IOA + IIA of 11*

within 30 days of receipt of the plan of correction - the administrator or designated staff person will review all assessments completed since 7/6/18 & ensure completion in its entirety and accuracy including supervision needs. IM

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) *Brandi Grossman / Admin* Date *10/3/18*

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

Plan of correction implementation status as of 11/13/18 (Date)

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

10A

WEST REGION FIELD OFFICE
Human Services Licensing

Immediately after receiving the exact violation listed on pages 10 and 11, office admin did a new support plan, as it was due for an annual update, and ensured the residents needs for supervision needs and needs to meet supervision were noted.

10/3/18
BA Admin