



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: July 12, 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's Bureau of Human Services Licensing inspection on March 22, 2018 and March 23, 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 black ink, appearing to read 'Janine Wenzig'.

Janine Wenzig  
Human Services Licensing Supervisor

Enclosure  
Licensing 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: Nina Marone		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 11/24/1993 PA Dept of Labor & Industry		<b>RECEIVED</b>  JUL 05 2018  WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours Resident Support: 0	Total Daily Staff: 32	Waking Staff: 24
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 03/22/2018: McConnell, Deb 03/23/2018: 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 who:	
Number of Residents Served: 29	Receive Supplemental Security Income: 21	
Secured Dementia Care Unit in Home: Yes	Are 60 Years of Age or Older: 29	
Area: Lower Level	Have Mental Illness: 2	
Secured Dementia Unit Capacity, if Applicable: 16	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable: 0	Have a Mobility Need: 3	
Number of Current Hospice Residents: 3	Have a Physical Disability: 0	
Number of Hospice Residents In past year: 7		

JUL 05 2018

Violation Report: 144744 - 03/22/2018 - McConnell, Deb  
PCH Name: INDIANA SQUARE PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 3/19/18, the Department of Human Services Licensing notified staff person A, the home's administrator, of an allegation of verbal abuse by staff person B against a resident. The home did not report the allegation to the local Area Agency on Aging until 3/22/18.

On 3/4/18, at approximately 7:30 a.m., staff person C was assisting resident #2 to walk to the dining room with his/her walker. The resident was fearful of falling and started to cry, and said to staff person C, "I am trying, I can't. I need help". Multiple staff reported hearing staff person C in a raised voice, yelling back at the resident, "Yes you can do it, that's because you won't listen to me." On 3/4/18, allegations of verbal abuse was made against staff person C regarding resident #2. The home did not report the allegation to the local Area Agency on Aging until 3/22/18.

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.

The Administrator started at the personal care home on March 19, 2018. The Administrator notified the local Area Agency on Aging & the Department of Human Services as soon as she was made aware. Going forward the Administrator will make sure all reportable incidents are reported in the time frame as dictated by the regulations. Staff was retained on Resident Rights and Abuse/reporting. The Administrator will immediately report any allegation or suspicion of abuse to DHS & AAA.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Nina Marone*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **NINA MARONE** Date **June 18, 2018**

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

The above plan of correction is approved as of 7/9/18 (Date)

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

Plan of correction implementation status as of 7/9/18 (Date)

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

JUL 05 2018

Violation Report: 44744 - 03/22/2018 - McConnell, Deb  
PCH Name: INDIANA SQUARE PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.15(b) - If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

2a. DESCRIPTION OF VIOLATION

On 3/4/18, at approximately 7:30 a.m., staff person C was attempting to assist resident #2 to walk to the dining room with his/her walker. The resident became fearful of falling and started to cry, stating to staff person C, "I am trying, I can't, I need help". Multiple staff reported hearing staff person C in a raised voice, yelling back at the resident "yes you can do it, that's because you won't listen to me."

On 3/4/18, allegations of verbal abuse was made against staff person C regarding resident #2. Staff person C continued to providing unsupervised direct care to residents through the remainder of the 7:00 a.m. through 3:00 p.m. shift. On 3/5/18, staff person C was suspended; however, on 3/8/18, staff person C returned back to work providing unsupervised direct care on the 7:00 a.m. through 3:00 p.m. shift and continued through 3/22/18. The home did not develop and implement a plan of supervision or suspend staff person C until the completion of the investigation by the Department or the local Area Agency on Aging.

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.

Upon being notified of the incident the Administrator suspended Staff person C until the local Area Agency on Aging completed their investigation and found the claim unsubstantiated. The Administrator will make sure all employees that are accused of any type of abuse are suspended or put on a plan of supervision until the investigation has been completed by the local Area Agency on Aging AND the Department of Human Services. The Administrator will put any staff person alleged of any type of abuse against a resident immediately on suspension until all parties have finished their investigations.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Nina Malone*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *NINA* Date *June 18, 2018*

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Violation Report: 44744 - 03/22/2018 - McConnell, Deb  
PCH Name: INDIANA SQUARE PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.15(d) - The home shall immediately notify the resident and the resident's designated person of a report of suspected abuse or neglect involving the resident.

2a. DESCRIPTION OF VIOLATION

On 3/4/18, at approximately 7:30 a.m., staff person C was assisting resident #2 to walk to the dining room with his/her walker. The resident was fearful of falling and started to cry, and said to staff person C, "I am trying, I can't. I need help". Multiple staff reported hearing staff person C in a raised voice, yelling back at the resident "Yes you can do it, that's because you won't listen to me." On 3/4/18, allegations of verbal abuse was made against staff person C regarding resident #2. The home did not notify resident #2 and the resident's designated person of suspected abuse until 3/22/18.

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.

The Administrator upon finding out of the alleged abuse allegation notified resident #2 & their designated person immediately.

Going forward the Administrator will notify any resident and their designated person of any abuse allegations following the guidelines set forth in the regulations.

The Administrator will notify the resident & their designee immediately of any abuse allegations

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

Signature of Legal Entity Representative (Required on EVERY Page)

*Nina Marone*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)

Nina Marone

Date June 18 2018

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PCH Name: INDIANA SQUARE PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 3/4/18, at approximately 7:30 a.m., staff person C was assisting resident #2 to walk to the dining room with his/her walker. The resident was fearful of falling and started to cry, and said to staff person C, "I am trying, I can't. I need help". Multiple staff reported hearing staff person C in a raised voice, yelling back at the resident, "Yes you can do it, that's because you won't listen to me." On 3/4/18, allegations of verbal abuse was made against staff person C regarding resident #2. The home did not submit an incident report to the Department until 3/22/18.

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.

Upon finding out about the verbal abuse allegation against resident #2 by staff person C the Administrator immediately submitted an incident report. The Administrator will make sure an incident report is sent to the Dept. of Human Services within the designated time frame. Staff was retrained on Abuse Reporting and Incident Reporting.

The Administrator will report any abuse allegation immediately; notifying DHS & AAA.

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *NINA MARONE* Date *June 18 2018*

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Violation Report: 44744 - 03/22/2018 - McConnell, Deb  
PCH Name: INDIANA SQUARE PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.23(a) - A home shall provide each resident with assistance with activities of daily living as indicated in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION  
An agent of the Department observed multiple resident who need assistance with feeding and drinking including resident #3. Resident #3's assessment, dated 3/20/17, indicates that the resident requires assistance with eating and drinking, and staff will provide physical assistance throughout the meal. However, multiple staff and resident family member interviews indicate residents are not assisted in a timely manner and left to set for extended periods of time until fed. The home has failed to provide the needed assistance.

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 Administrator reviewed the proper procedures that should be taking place in the dining room. All staff will make sure the residents that need assistance receive it once all of the residents have been served. The staff will sit with the residents until they have finished eating and no longer need any assistance.

The Administrator will observe meal times 4-5 times a week to make sure all guidelines are being followed

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

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nina Marone* Date *June 18 2018*

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Violation Report: 44744 - 03/22/2018 - McConnell, Deb  
PCH Name: INDIANA SQUARE PERSONAL CARE HOME

JUL 05 2018

1. REGULATION 55 Pa.Code §2600  
2600.42(c) - A resident shall be treated with dignity and respect.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Multiple staff and resident family member interviews indicate staff kiss residents, including resident #3 on the forehead and lips.

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 Administrator reviewed what are proper ways of showing affection to residents. The local Ombudsman talked to the staff about "Professionalism & Families" this included boundaries between staff and resident/families and acceptable ways of showing affection.

The Administrator will continue to educate all staff on what is appropriate ways to communicate with the residents

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

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*Nina Marone*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

NINA MARONE

Date June 18 2018

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PCH Name: INDIANA SQUARE PERSONAL CARE HOME

JUL 05 2018

1. REGULATION 55 Pa.Code §2600  
2600.42(p) - A resident shall be free from restraints.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 3/22/18, at 3:54 p.m., resident #3 was observed by an agent of the Department partially sitting up in bed with his/her legs trapped in the gap of approximately 12" between the bedrails on the left side of the bed. The Velcro mat used to cover the openings of the bedrails was laying on the floor by the resident's bed. The right side of the bed was pushed up against the wall. The resident is physically unable to raise and lower the bedrails and is not cognitively aware of the proper use of the bedrails.

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 bed rails were immediately removed by the Administrator and a mat was placed on the floor whenever the resident was in bed.  
The Administrator reviewed the regulations regarding bed rails with the staff and will review any orders concerning bed rails in the future.

The Administrator will do weekly walk throughs of the community to make sure there are no bed rails on any bed.

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) *NINA MARONE*      Date *June 18 2018*

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Violation Report: 144744 - 03/22/2018 - McConnell, Deb  
PCH Name: INDIANA SQUARE PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 65 Pa.Code §2600

2600.161(d) - A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION

The American Dietetic Association indicates a level 2 Dysphagia Mechanical Altered Diet consists of foods that are moist, soft-textured and easily forms into a bolus. Resident #3's medical evaluation, dated 1/17/17, indicates the resident is ordered a mechanical soft diet with nectar thick liquids. However, on 3/23/28, at 12:00 p.m., resident #3 was served whole kernel corn.

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 kitchen staff was educated on all diets. The kitchen staff will review all of the residents diets & were given a demonstration by Reinhardt Food Service. The Administrator will review the residents diets on a weekly basis & verify with the kitchen staff that they have the correct information:

Immediately - The administrator will develop a system to ensure all residents with special diets are identified to staff to ensure proper diets are received for all meals.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Nina Marolle*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

NINA MAROLLE

Date June 18 2018

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*NM*  
(Initials)

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WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:

- (1) Identify the correct resident.
- (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
- (3) Remove the medication from the original container.
- (4) Crush or split the medication as ordered by the prescriber.
- (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
- (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
- (7) Complete documentation in accordance with § 2600.187 (relating to medication records).

2a. DESCRIPTION OF VIOLATION

Multiple staff interviews indicate staff frequently staff leave residents' medications in a medication cup on the night stand in bedrooms without ensuring the medications are administered.

On or about 3/19/18, at approximately 12:00 p.m., staff person B placed all of resident #4's 12:00 p.m. medications into a milkshake and gave it to the resident to drink. Staff did not remain in the room to ensure the resident drank the milkshake so that the medication was administered. Resident #4 is ordered multiple medications, including the following for 12:00

- p.m. administration:
- \* Atorvastatin 10mg
  - \* Clopidogrel 75mg
  - \* Furosemide 20mg
  - \* Lisinopril 2.5mg

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 Medication Passers were re-educated about the 5 rights of Med Passing & the proper way to pass medications by a LPN and a State Certified "Train the Trainer" The Administrator does intermittent unannounced observations to make sure the medications are being given following the proper procedures

The Administrator will do weekly observations on the med passers

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
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*[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative  
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NINA MARONE

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PCH Name: INDIANA SQUARE PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.228(h) - The only grounds for discharge or transfer of a resident from a home are for the following conditions:

- (1) If a resident is a danger to himself/herself or others.
- (2) If the legal entity chooses to voluntarily close the home, or a portion of the home.
- (3) If a home determines that a resident's functional level has advanced or declined so that the resident's needs cannot be met in the home. If a resident or the resident's designated person disagrees with the home's decision to discharge or transfer, consultation with an appropriate assessment agency or the resident's physician shall be made to determine if the resident needs a higher level of care. A plan for other placement shall be made as soon as possible by the administrator in conjunction with the resident and the resident's designated person, if any. If assistance with relocation is needed, the administrator shall contact appropriate local agencies, such as the area agency on aging, county mental health/mental retardation program or drug and alcohol program, for assistance. The administrator shall also contact the Department's personal care home regional office.
- (4) If meeting the resident's needs would require a fundamental alteration in the home's program or building site, or would create an undue financial or programmatic burden on the home.
- (5) If the resident has failed to pay after reasonable documented efforts by the home to obtain payment.
- (6) If closure of the home is initiated by the Department.
- (7) Documented, repeated violation of the home rules.

2a. DESCRIPTION OF VIOLATION

Resident #6 was discharged from the home on 2/6/18 against the resident's will. On 1/18/18, the home gave resident #6 a 30-day notice of discharge. According to the home, the resident was given the notice due for repeated violation of the home rules by not allowing the home to thoroughly clean his/her bedroom once weekly. However, the home did not document the violation or any attempt to counsel the resident on the violation prior issuing to the 30-day notice.

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 Administrator will counsel all residents regarding their rights when issued a 30-day notice. Going forward the Administrator will document any and all violations by a resident. On a daily basis the Administrator will review any resident violations

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Nina Marone*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) **NINA MARONE**      Date *June 18 2018*

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