



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAR 04 2019

Ms. Marjorie Carasquero  
Administrator  
Clarke Personal Care Home  
4701 North 13<sup>th</sup> Street  
Philadelphia, Pennsylvania 19141

RE: Clarke Personal Care Home  
License #: 114060

Dear Ms. Carasquero:

As a result of the Department's Bureau of Human Services Licensing annual inspection on October 1, 2018 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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.

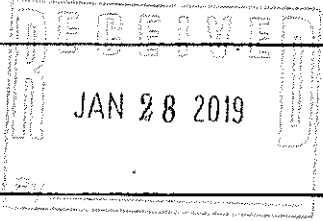
Sincerely,

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

Jacqueline L. Rowe  
Director

Enclosure  
Violation Report

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

PCH Name: Clarke Personal Care Home		License Number: 11406
Address: 4701 N 13th St, Philadelphia, PA 19141		County: Philadelphia
Administrator: MAJORIE CARASQUERO		Region: SOUTHEAST
Legal Entity Name: CLARKE PERSONAL CARE HOME		
Legal Entity Address: 4701 N 13TH ST, PHILADELPHIA, PA 19141		
Certificate(s) of Occupancy OTHER 03/15/2012 CITY OF PHILA/ DEPT OF LI		
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 11	Waking Staff: 8
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 10/01/2018: Swisher, Michele; Heinberg, Jennie		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 12 Number of Residents Served: 11 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: 0 Number of Hospice Residents in past year: 0	<b>Number of Residents who:</b> Receive Supplemental Security Income: 11 Are 60 Years of Age or Older: 4 Have Mental Illness: 11 Have an Intellectual Disability: 1 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 11406 - 10/01/2018 - Swisher, Michele  
PCH Name: Clarke Personal Care Home

1. REGULATION 55 Pa.Code §2600  
2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

Personal care homes must post the required Influenza Information in a public place in the home year-round as required by the Influenza Awareness Act (HB 1785). On 10/01/18 the home did not have an influenza poster anywhere.

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 10/1/18, the violation was corrected. An influenza poster was printed and posted as required by the influenza awareness act (HB-1785). The administrator will take responsibility in ensuring the posters are posted and available at the facility. This will be done bi-monthly and when new posters are required. H

Administrator will ensure continual compliance. 2/12/19

AAA

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Maryanne Coarney*

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

Maryanne Coarney / Administrator

Date

1/22/19

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

The above plan of correction is approved as of 2/12/19  
(Date)

Plan of correction implementation status as of 2/12/19  
(Date)

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

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

Violation Report: 11406 - 10/01/2018 - Swisher, Michele  
 PCH Name: Clarke Personal Care Home

1. REGULATION 55 Pa.Code §2600  
 2600.86(a) - Sanitary condillons shall be maintained.

2a. DESCRIPTION OF VIOLATION

- On 10/01/18, at 9 A.M., the wooden cork board frames in the dining area had a dried white colored crusty material along the top of the frames and adhered to some of the documents displayed making them hard to read.
- On 10/01/18, at 9 A.M., a strong odor of urine was emanating from the radiator under the air conditioner in the dining area.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violallon described above and steps to prevent a similar violallon from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

This was corrected on 10/2/18, the plastic cover slab was replaced and frame cleaned. The administrator and staff will be responsible in ensuring that all displayed documents are visible and available to read.

A resident personal cushion that she sits on and kept was the subject of the strong odor of urine. It was removed and disposed of by the resident who knew of the incident. Staff and administrator will be responsible in ensuring the rooms are visible to read and dining room odor free of urine. This will be checked daily to ensure no repeated violation.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>MARYANNE CARASQUEZ</i>	Date <i>1/22/19</i>
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The above plan of correction was approved by <u>AAA</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

Administrator or a designee will conduct a walk through of the facility on daily basis to ensure compliance with regulation 2600.85a. A routine check list will be developed to identify the different areas of the facility to be checked for sanitary condition. Any issue of concern noticed during walk through, will be immediately corrected and be brought to the attention of the Administrator; who will promptly address potential health and safety situations. Administrator will review check-list monthly to identify areas of the facility's hygiene that requires additional attention and address issues accordingly. 2/12/19

A.A.A

Violation Report: 11406 - 10/01/2018 - Swisher, Michele  
 PCH Name: Clarke Personal Care Home

1. REGULATION 55 Pa.Code §2600  
 2600.85(b) - There may be no evidence of Infestation of insects or rodents in the home.

2a. DESCRIPTION OF VIOLATION  
 On 10-01-18  
 - Multiple cockroaches were observed in the dining room area and in the restroom located across from home entrance.  
 - A mouse was observed in the dining room area.

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 exterminator was called to have the facility sprayed to control and remove the cockroaches and mouse from the areas. On going treatment will be done to control and eliminate the infestation. The administrator will be responsible along with staff in ensuring the infestation is decreased and corrected. Once monthly the exterminator will visit and spray the facility for infestation.

Administrator shall document the visits of the exterminator to the home along with the receipt obtained for such service. Administrator or a designee will conduct a walk through of the facility on weekly basis to ensure compliance with regulation 2600.85b. A routine check list will be developed to identify the different areas of the facility to be checked for potential infestations. Any issue of concern noticed during walk through, will be immediately corrected and be brought to the attention of the Administrator. 2/12/19

A-A

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Michele Swisher* Date *1/22/19*

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

The above plan of correction is approved as of <u>2/12/19</u> (Date)	Plan of correction implementation status as of <u>2/12/19</u> (Date) <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
The above plan of correction was approved by <u>A-A</u> (Initials)	

Violation Report: 11406 - 10/01/2018 - Swisher, Michele  
 PCH Name: Clarke Personal Care Home

1. REGULATION 55 Pa.Code §2600  
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION  
 On Oct 1, 2018, at 1:43 pm, there was no thermometer in the freezer located in the basement.

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 was corrected on 10/1/18, the thermometer was put back in the freezer. Staff will be responsible to ensure the thermometer is in the freezer during weekly checks. To ensure this violation is not repeated.*

*MS*

Administrator or a designee shall monitor for continual compliance.

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *MARJORIE CARRASQUERO (Administrator)* Date *11/22/2019*

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 (Initials)

Plan of correction implementation status as of 2/12/19  
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- Fully Implemented
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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 11406 - 10/01/2018 - Swisher, Michele  
 PCH Name: Clarke Personal Care Home

1. REGULATION 55 Pa.Code §2600  
 2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

Two containers of grits and one container of rice located in the kitchen pantry by the medication cart did not have labels listing the date they were opened, or expiration dates.

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 was corrected on 10/2/19, the labels was past on the containers and will be kept on the containers. Staff will be responsible in ensuring this is not repeated and will be checking that the labels are on all containers at all times. This will be done monthly.

On receiving this POC, staff shall be re-trained on the cited regulation; and such training will be documented. Administrator or a designee shall monitor for continual compliance. 2/12/19

AAA

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Margorie Carasquero*

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

MARGORIE CARASQUERO (Administrator)

Date 1/22/2019

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Violation Report: 11406 - 10/01/2018 - Swisher, Michole  
 PCH Name: Clarke Personal Care Home

**1. REGULATION 55 Pa.Code §2600**

2600.185(b) - At a minimum, the procedures in § 2600.185(a) shall include:

- (1) Documentallon of the receipt of controlled substances and prescription medications.
- (2) A process to investigate and account for missing medications and medication errors.
- (3) Limited access to medication storage areas.
- (4) Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply for a resident who self-administers medication without the assistance of a staff person and stores the medication in his/her room.

**2a. DESCRIPTION OF VIOLATION**

The glucometer readings and the recorded readings in the medication administration record (MAR) for Resident #1 do not match on the following dates:

- 09/21/18 - meter 139, MAR 192,
- 09/22/18 - meter - no reading, MAR 200,
- 09/28/18 - meter 141, MAR 219,
- 09/29/18 - meter - no reading , MAR 154,
- 09/30/18 - meter - no reading, MAR 163.

**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 was trained on use and documentation of the glucometer reading and recording in the recording chart. Staff will be responsible in completing the documentation daily. # -*

On receiving this POC and for the next two consecutive months, Administrator will provide oversight to staff responsible for using and documenting the results of a resident's glucometer; to ensure compliance with the regulation. Administrator or a designee will review MARS documentation weekly to ensure accuracy. Administrator will ensure that glucometer is properly calibrated to the correct date and time. 2/12/19

AAA

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *MARJONE CARASQUERO (Administrator)* Date *1/22/2019*

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 (Date)

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- Not Implemented

Violation Report: 11406 - 10/01/2018 - Swisher, Michelo  
 PCH Name: Clarke Personal Care Home

**1. REGULATION 55 Pa.Code §2800**

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**

- The medication administration record for resident #2 does not include a diagnosis for the resident's Halperidol Tablet .5 mg.
- The medication administration record for resident #2 does not include a diagnosis for the resident's Quetiapine 150 mg ER Tablets.
- The medication administration record for resident #2 does not include a diagnosis for the resident's Ondansetron Tablet 8 mg.
- The medication administration record for resident #2 does not include a diagnosis for the resident's Trazadone 50 mg Tablet
- The medication administration record for resident #3 does not include a diagnosis for the resident's Nystatin Powder 10000.

**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 was retrained and review was done on the administration of medication and documentation. Tepper pharmacy was contacted to have the diagnosis included on all MARs each month. The administrator will be responsible to review the MARs monthly to ensure and make necessary correction, also notify Tepper pharmacy asap.*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Marjorie Garasque*

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

Marjorie Garasque (Administrator)

Date

1/22/19

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 (Date)

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 (Date)

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 (Initials)

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

Administrator or a designee will immediately rectify resident #2's MARS to reflect/indicate the diagnoses for the prescribed medications. Within 15 days of receiving this POC, Administrator or a designee will review all resident's MARS to ensure compliance with the cited regulation. Any deficiency noted shall be immediately corrected. Administrator will ensure continual compliance by reviewing MARS monthly once the same is received from the designated pharmacy. 2/12/19

A.A.A

Violation Report: 11406 - 10/01/2018 - Swisher, Michele  
 PCH Name: Clarke 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

- Glucometer/blood glucose checks were not performed on 09/16/18 and 09/17/18 for resident 1.  
 - Glucometer/blood glucose checks were not performed on 09/14/18, 09/15/18, 09/16/18, 09/17/18, 09/18/18, 09/21/18, 09/22/18, 09/23/18, 09/25/18 and 09/26/18 for resident #7.

Both resident have a physician's order to have their glucose checked daily.

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 was retrained on the use and following physician's orders as indicated with checking of blood glucose levels daily. Staff will be responsible in doing the blood glucose daily as prescribed. Staff do document result after each reading in Machine.*

For the next two consecutive months, Administrator will provide oversight to staff administering glucose checks to ensure that Doctor's orders are being implemented in accordance with the reg. Administrator will ensure that all residents prescribed a glucose check receives the same accordingly. Administrator or a designee will review documentation of glucose check performed by staff weekly. 2/12/19

AAA

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Maryne Carasquero (Administrator)* Date *1/22/2019*

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The above plan of correction was approved by <u>AAA</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: 11406 - 10/01/2018 - Swisher, Michele  
 PCH Name: Clarke Personal Care Home

1. REGULATION 55 Pa.Code §2600  
 2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION  
 Resident 1 has not been educated to the resident's right to refuse 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.

The resident #1 did complete the resident's right to refuse medication and did sign the form that was in her book. The administrator will be responsible for the training and documentation on admission and annual updates in maintaining compliance and organization.

Administrator will ensure continual compliance. 2/12/19

AAA

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

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- Not Implemented

Violation Report: 11406 - 10/01/2018 - Swisher, Michele

PCH Name: Clarke Personal Care Home

**1. REGULATION 55 Pa.Code §2600**

2600.252 - Each resident's record must include the following information: (1) through (26)

**2a. DESCRIPTION OF VIOLATION**

Resident 3's record does not include a photograph of the resident that is no more than 2 years old.

**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 resident photo was taken on 1/18 with all the other photos, at the time of inspection it wasn't in the book she inspected it was in the medical book. The administrator is responsible for taking photos every two years, signing the date and year, updating the books. In the future the administrator will make sure all the books have an up to date photo.

Within 15 days of receiving this POC, Administrator will audit all residents record to ensure compliance with the cited reg. Any deficiency noted shall be immediately corrected. 2/12/19

A.A.A

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Maryjane Parasso*

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

*Maryjane Parasso (Administrator)*

Date 1/22/19

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

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(Date)

Plan of correction implementation status as of 2/12/19  
(Date)

The above plan of correction was approved by A.A.A  
(Initials)

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