



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

JAN 25 2019

Mr. William Malone  
Treasurer  
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 the Department's Bureau of Human Services Licensing annual inspection on October 2, 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,

  
Jacqueline L. Rowe  
Director

Enclosure  
Violation Report

**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		<b>RECEIVED</b>
<b>Certificate(s) of Occupancy</b> C-2 LP 01/24/1994 L & I		DEC 18 2018 WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 47	Waking Staff: 35
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for inspection(s)</b> Renewal, Complaint		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 10/02/2018: McConnell, Deb; Graziano, Anne		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 50 Number of Residents Served: 34 Secured Dementia Care Unit in Home: Yes Area: Lower Level 16 Secured Dementia Unit Capacity, if Applicable: 16 Number of Residents Served in Secured Dementia Care Unit, if applicable: 6 Number of Current Hospice Residents: 6 Number of Hospice Residents in past year: 6	<b>Number of Residents who:</b> Receive Supplemental Security Income: 3 Are 60 Years of Age or Older: 34 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 13 Have a Physical Disability: 0	

Violation Report: 44744 - 10/02/2018 - McConnell, Deb  
PCH Name: INDIANA SQUARE PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION

At approximately 10:00 a.m., the home's current annual license inspection summary, dated 10/6/17, was not posted in a conspicuous and public place 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.

Inspection summary were put on both bulletin boards in each hallway.

Immediately - The administrator will monitor the licensing inspection summary at least monthly to ensure it remains posted in the home. -- JRW 1/14/19

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Barbara Dominguez

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

Barbara Dominguez

Date

12-17-18

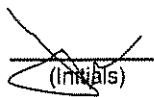
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 1/14/19  
(Date)

Plan of correction implementation status as of 1/14/19  
(Date)

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

The above plan of correction was approved by

  
(Initials)

Violation Report: 44744 - 10/02/2018 - McConnell, Deb  
PCH Name: INDIANA SQUARE PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

The contract for resident #1, dated 7/31/18, was not signed by the resident.

The contract for resident #2, dated 9/10/18, was not signed by the resident.

The contract for resident #5, dated 6/29/18, was not signed by the resident.

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.

Contract for resident # 1 was signed

Contract for resident # 2 was signed

Contract for resident # 5 was signed

Copies attached

Immediately - All staff persons who are involved in resident admissions will be reeducated on completion of the resident contract and need for resident's signature within 24 hours of admission. -- JRW 1/14/19

Immediately - The administrator will review the contracts of all current residents to ensure they are fully completed, including resident signatures. -- JRW 1/14/19

Immediately - The administrator will review all newly completed contracts to ensure they are completed in their entirety, including resident signatures. -- JRW 1/14/19

Repeat Violation: No

Date(s) of Previous Violation(s):

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(Required on EVERY Page)

Barbara Dominguez

Printed Name and Title of Legal Entity Representative  
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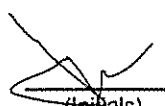
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Date

10-17-18

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DEC 18 2018

Page 4 of 19

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PCH Name: INDIANA SQUARE PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.41(e) - A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in § 2600.41(d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION

Residents #1 and #2's records did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

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.

Resident #1 and #2 did sign statement acknowledging copy of the resident rights and complaint procedures


Immediately - The administrator or designee shall ensure each resident signs a statement acknowledging receipt of a copy of the information specified in 2600.41d, or that documentation of efforts made to obtain signature is kept in the residents' records. -- JRW 1/14/19

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Barbara Dominguez* Date *12-17-18*

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PCH Name: INDIANA SQUARE PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION

There are no locks on the doors for the shared bathroom between bedrooms 213 and 214, to provide privacy for toileting, bathing and dressing.

There are no locks on the doors for the shared bathroom for bedrooms 203 and 204, to provide privacy for toileting, bathing or dressing.

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 lock was installed on doors between Rooms 213 + 214. Locks were also installed between 203 and 204.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Barbara Dominguez

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Barbara Dominguez Resident Coordinator

Date 12-17-18

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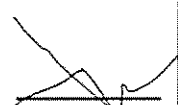
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PCH Name: INDIANA SQUARE PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION

On 9/16/18, 9/22/16 and 9/29/19 from 3:00 p.m.-11:00 p.m., 34 residents were present in the home. During these times, there were no staff persons present in the home certified in first aid.

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.

All staff has been trained in first aid CPR. Class was held on 10-16-18.  
All were certified excluded the new hire. All shifts will have a certified person on duty.

Immediately - The administrator will audit the schedule at least weekly, to ensure that staff persons who meet the requirements under 2600.63a are scheduled and present in the home. -- JRW 1/14/19

Immediately - The administrator will develop a tracking system to ensure that staff maintain current certification in first aid, CPR and obstructed airway techniques. --JRW 1/14/19

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Barbara Dominguez

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

Barbara Dominguez Resident Coordinator


Date 10-17-18

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PCH Name: INDIANA SQUARE PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.82(a) - Poisonous materials shall be stored in their original, labeled containers.

2a. DESCRIPTION OF VIOLATION

A spray bottle on a shelf in the kitchen's dishwashing area, containing a clear liquid did not have the original product labeling. Handwritten on the bottle was "bleach water."

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.

We received label for all bottles that didn't have them. Kitchen supervisor will check daily to make sure this doesn't happen again

Immediately - All staff persons will be reeducated on keeping poisonous materials in their original, labeled containers. -- JRW 1/14/19

Immediately and at least weekly thereafter- The administrator or designee will monitor the home to ensure that all poisons are stored in their original, labeled containers. -- JRW 1/14/19

Repeat Violation: Yes

Date(s) of Previous Violation(s):

10/06/2017 et al

Signature of Legal Entity Representative  
(Required on EVERY Page)

Barbara Dominguez

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

Barbara Dominguez Resident Coordinator

Date

12-17-18

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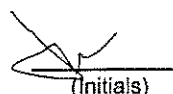
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WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

A container of mouthwash, with a manufacturer's label indicating "If accidentally swallowed contact Poison Control Center immediately," was unlocked and accessible to residents on the shelf behind the toilet in the shared bathroom between bedrooms 214, belonging to resident #3, and bedroom 213, belonging to resident #5.

Multiple, unlocked and unattended poisons with manufacturers' labels indicating, "If swallowed get medical attention," were in the first-floor shower room including the following:

- Diabetic Hydrating Lotion, in a 4-drawer plastic cart.
- Bottle of bleach under the sink
- Betadine solution in the medicine cabinet above the sink

Not all residents of the home, including resident #3 have been assessed capable of recognizing and using poisons safely.

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.

All containers with warning to call Poison Control or keep out of reach from children are now kept under lock and key. Administrator will check daily to see that it is done.

Immediately - All staff persons will be reeducated on keeping poisonous materials locked. -- JRW 1/14/19

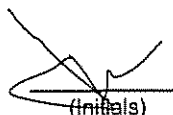
Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Barbara Dominguez*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Barbara Dominguez Resident Coordinator* Date *12-17-18*

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Violation Report: 44744 - 10/02/2018 - McConnell, Deb  
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WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION

There was no screen in the open window of bedroom 112.

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.

Screen was replaced in window of room 112

Immediately - A designated staff person will monitor the the home at least monthly, to ensure all windows have screens, and screens are in good repair. -- JRW 1/14/19

Repeat Violation: Yes

Date(s) of Previous Violation(s):

10/06/2017 et al

Signature of Legal Entity Representative  
(Required on EVERY Page)

Barbara Dominguez

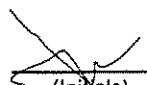
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Barbara Dominguez Resident Coordinator

Date 12-17-18

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Violation Report: 44744 - 10/02/2018 - McConnell, Deb  
PCH Name: INDIANA SQUARE PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

The home's written designated evacuation time from a fire safety expert, dated 12/18/17, was 4 minutes and 0 seconds. The home's fire drill log indicates on 7/31/18, at 9:28 a.m., the home evacuated in 10 minutes, 57 seconds.

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.

Attached is a letter from Indiana Fire Assoc. with the new time for evacuation.

Letter dated 8/10/18, from the Indiana Fire Association allows for an evacuation time of 10 minutes.

-- JRW 1/19/19

The administrator will ensure that residents evacuate the home for each fire drill within the period of time specified in writing within the past year by a fire safety expert. -- JRW 1/19/19

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Barbara Dominguez*

Printed Name and Title of Legal Entity Representative  
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Barbara Dominguez Coordinator

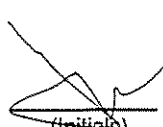
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PCH Name: INDIANA SQUARE PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION

The home did not conduct a sleeping hours fire drill once every 6 months. The last fire drill conducted during sleeping hours was on 6/20/18, at 6:23 a.m; however, the prior sleeping hours fire drill was conducted on 10/3/17, at 5:44 a.m.

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.

There was a sleeping fire drill on 10-29-17 at 5:46am (9 mins. 35 sec.)  
33 Residents in home 33 evacuated. 3 Staff. Sleeping fire drills  
will be conducted every 6 months with the alarm activated.  
[Monthly without activating the alarm\*] \* unacceptable portion of plan

A fire alarm or smoke detector shall be set off during each fire drill in accordance with 2600.132(i).

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Barbara Dominguez

Printed Name and Title of Legal Entity Representative  
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Barbara Dominguez Coordinator

Date 12-17-18

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WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION

The home routinely schedules 3 staff persons on the 11:00 p.m.-7:00 a.m. shift. The home has not conducted a fire drill with the minimum number of staff since 10/31/17.

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.

Fire drill was conducted on 10/29/18 with 3 staff people @ 5:46 AM  
Will do fire drill every 6 months.

Immediately - The administrator will ensure that all fire drills are held on different days of the week, different times of the day and night; not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low. -- JRW 1/14/19

Repeat Violation: No

Date(s) of Previous Violation(s):

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Barbara Dominguez

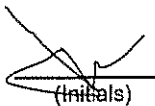
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Date 12-17-18

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WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

The medical evaluation for resident #6, dated 3/29/18, does not include the resident's ability to self-administer medications. This area is blank.

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.

Attached is signed DME by dr. that resident # 6 can not administer own medication

Immediately - The administrator or designated staff person will review all newly completed medical evaluations for accuracy and completion including ability to self-administer medications. -- JRW 1/14/19

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
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Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #5 refused multiple medications, including Memantine HCL, 10mg, 1 twice daily, and Metoprolol ER, 25mg, 1 daily, on the following dates; however, the refusals have not been reported to the prescriber.

- \* Memantine HCL - 9/3/18 and 9/8/18 at 9:00 a.m.
- \* Metoprolol - 9/3/18 at 9:00 a.m.

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 educated on when resident refuses medication to document and report it to the doctor. The staff coordinator will overlook this so it is done.

Immediately - A designated staff person will review the MAR daily to ensure prescribers are notified within 24 hours of a medication refusal. -- JRW 1/14/19

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Barbara Dominguez

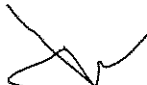
Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

Barbara Dominguez Coordinator

Date 12-17-18

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

The above plan of correction is approved as of 1/14/19  
(Date)

The above plan of correction was approved by   
(Initials)

Plan of correction implementation status as of 1/14/19  
(Date)

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

Violation Report: 44744 - 10/02/2018 - McConnell, Deb  
 PCH Name: INDIANA SQUARE PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
 Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION

Resident #3 is prescribed Trazodone, 50mg, daily at bedtime. The September 2018 MAR indicates resident #3 was "physically unable to take" the medication; however, staff interviews indicate the medication was not available in the home for administration on the following dates: 9/20/18, 9/22/18, 9/23/18, 9/24/18, 9/25/18, 9/26/18 and 9/27/17 at 8:00 p.m.

Resident #6 is prescribed Travatan Z eye drops, 0.004% at bedtime, and Memantine HCL 5mg, twice a day. The September 2018 MAR indicates resident #6 was "physically unable to take" the medications; however, staff interviews indicate the medications were not available in the home on the following dates: 9/2/18, 9/3/18, 9/5/18, 9/6/18, 9/7/18, 9/18/18, 9/9/18 and 9/10/18.

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.

Med tech's were educated on ordering medication before they are out of there medication. Care (staff) Coordinator will check weekly to see that all medication is here, by conducting a full medication audit. Documentation will be kept-- JRW 1/14/19

Repeat Violation: Yes

Date(s) of Previous Violation(s):

10/06/2017 et al

Signature of Legal Entity Representative  
 (Required on EVERY Page)

Barbara Dominguez

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

Barbara Dominguez Coordinator

Date

12-17-18

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

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 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

  
 (Initials)

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DEC 19 2018

Violation Report: 44744 - 10/02/2018 - McConnell, Deb  
PCH Name: INDIANA SQUARE PERSONAL CARE HOME

WEST DELAWARE COLLEGE  
Human Services Licensing

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

Residents #1 and #2 have not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

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.

Resident #1 and #2  
Sign resident's rights paper  
Attached are copies

Immediately - The administrator will develop and implement a system to ensure all residents are educated at the time of admission, of their right to refuse a medication if the resident believes there may be a medication error. -- JRW 1/14/19

Immediately - The administrator or designee will review the records of all residents to ensure there is documentation each resident was educated on their right to refuse a medication if the resident believes there may be a medication error. If there is no documentation in a resident's record, the resident will be reeducated and new documentation will be obtained. -- JRW 1/14/19

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Sheri Reno*

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

Sheri Reno Administrator

Date 12-19-18

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(Date)

The above plan of correction was approved by  
(Initials)

*[Signature]*

Plan of correction implementation status as of 01/14/19  
(Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44744 - 10/02/2018 - McConnell, Deb PCH Name: INDIANA SQUARE PERSONAL CARE HOME	WEST REGION FIELD OFFICE Human Services Licensing
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**1. REGULATION 55 Pa.Code §2600**  
 2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

**2a. DESCRIPTION OF VIOLATION**  
 The support plan for resident #3, dated 4/24/18, does not address how the home will meet the resident's needs related to the diagnoses of Parkinsons Disease, Alzheimers, Hyperlipidemia and Sleep Apnea as indicated on the assessment, dated 4/24/18. The support plan only indicates "take prescribed 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 support plan was updated with information that would help besides taking prescribed medication  
 Attached is update support plan.

Immediately - The administrator or designee will review all support plans for all current residents to ensure each is accurate, complete and includes all care needs and services. -- JRW  
 1/14/19


Immediately - All staff persons completing support plans will be educated regarding the completion and accuracy of the document including documentation of each resident's care, needs and services. -- JRW 1/14/19

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

<b>Printed Name and Title of Legal Entity Representative</b> (Required on EVERY Page) <i>Barbara Dominguez</i> <i>Coordinator</i>	<b>Date</b> <i>12-17-18</i>
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The above plan of correction is approved as of <u>1/14/19</u> (Date)  The above plan of correction was approved by  (Initials)	Plan of correction implementation status as of <u>1/14/19</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
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Violation Report: 44744 - 10/02/2018 - McConnell, Deb  
PCH Name: INDIANA SQUARE PERSONAL CARE HOME

WEST REGION HHS OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.231(e) - Each resident record shall have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the secured dementia care unit (SDCU) on 7/31/18. The home has no documentation that the resident and the resident's designated person have not objected to the admission.

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.

Attached is a signed document. Signed by Resident #1 and resident POA.

Immediately - All staff involved in admissions to the SDCU will be educated on this requirement.-- JRW 1/14/19

Immediately - The administrator or designee will review all records of current residents of the SDCU to ensure this documentation is present. -- JRW 1/14/19

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Sherrin Reno

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

Sherrin Reno Administrator

Date 12/19/18

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

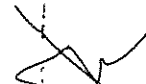
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1/14/19  
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Plan of correction implementation status as of 1/14/19  
(Date)

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