



MAILING DATE: July 10, 2019

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 inspection on January 18, 2019, of the above facility, the citations 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.

Sincerely,

A handwritten signature in black ink that reads "Suzy Quinn". The signature is fluid and cursive, with a long horizontal stroke at the end.

Suzy Quinn
Human Services Licensing Supervisor

Enclosure
Violation Report

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

PCH Name: PARKER PERSONAL CARE FACILITY		RECEIVED	License Number: 42656
Address: 103 SEWARD STREET, PARKER, PA 16049			County: Armstrong
Administrator: Brandy Grossman		MAR 25 2019	Region: WEST
Legal Entity Name: PARKER PERSONAL CARE INC		WEST REGION FIELD OFFICE	
Legal Entity Address: 103 SEWARD STREET, PARKER, PA 16049			
Certificate(s) of Occupancy			
I-1 11/02/2011 City of Parker			
Staffing Hours			
Resident Support: 0		Total Daily Staff: 38	Waking Staff: 29
Type of Inspection: Partial		BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)			
Incident			
On-Site Inspections Dates and Department Representatives On-Site			
01/18/2019: Garvey, Jody			
Off-Site Inspection Dates and Inspectors, if Applicable			
Other Details			
Partial or Full Triggers:		Random Indicators:	
Resident Demographic Data as of Inspection Dates			
Licensed Capacity: 40 Number of Residents Served: 34 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 3 Number of Hospice Residents in past year: 8		Number of Residents who: Receive Supplemental Security Income: 8 Are 60 Years of Age or Older: 31 Have Mental Illness: 6 Have an Intellectual Disability: 2 Have a Mobility Need: 4 Have a Physical Disability: 0	

Violation Report: 42656 - 01/18/2019 - Garvey, Jody
PCH Name: PARKER PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

On 1/5/19 at approximately 8:45 p.m., resident # 1, a recipient of hospice services, sustained an unwitnessed fall and was found by staff person A on the floor of her bedroom leaning against her bed. She was bleeding from her nose, had swelling around her left eye and was complaining of shoulder pain. Staff person A failed to initiate the home's written emergency medical plan which was necessary to avoid the clear and serious threat to the physical well-being of the resident. Instead, at approximately 8:55 PM, staff person A notified the hospice agency and a hospice nurse arrived at approximately 10:00 p.m. The nurse assessed the resident and administered Morphine. At approximately 10:30 p.m., the resident was administered Ativan by the nurse. The nurse's assessment indicated the resident had a swollen left clavicle area the size of a softball and was unable to move her left hand, arm, and shoulder. The left side of her face was swollen with ecchymosis and her left eye was swollen shut. After speaking to the resident's Doctor, 911 was called by staff person A at approximately 11:23 p.m. and the ambulance arrived to the home at approximately 11:40 p.m. The responding paramedic indicated that the resident had an "obvious deformity" to her left shoulder and significant bruising to the left eye. The resident was transported to an Emergency Department and treated for multiple facial bone fractures, acute left proximal humerus fracture, and a 1-2 mm left frontal acute subdural hematoma within the left frontal lobe. The resident was discharged to Shipperville HCRC on 1/10/19.

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 page 2a of 2

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 7/2/19 (Date)

The above plan of correction was approved by (Initials)

Plan of correction implementation status as of 7/2/19 (Date)

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

Parker Personal Care
07/01/19
Plan of Correction for Regulation Violation 2600.42(b)

In respect to the violation mentioned, the following plan of care for the incident on 1/5/19 is as follows:

1. Administration immediately notified all participating Hospice Representatives that it is regulated by DHS that all hospice patients seek immediate emergency care for any medical emergency.
2. Parker Personal Care held a staff meeting on 1/24/19, with an emphasis on hospice patient injuries, protocol for urgent reporting after an injury, and advising family of the regulation requirements.
3. Families currently using and possibly seeking hospice services have been advised that regardless of the incident or injury, emergency services will have to be provided based on immediate assessment by personnel on scene. Hospice will not be notified prior to emergency service personnel.
4. Administration will host a staff meeting on July 24th to review the emergency medical plan and the regulatory requirements to ensure resident safety and expedient medical services.

If a resident has a serious medical or dental condition, reasonable efforts shall be made to obtain consent for treatment from the resident or the resident's designated person, in accordance with 2600.142c. If the medical or dental condition requires immediate medical attention, the home should call 911 immediately.

 7/1/19

Brandy Grossman

Brandy Grossman

07/01/19