



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAY 10 2019

Mr. Larry Liang  
Owner  
Pennstate Best Care, Inc.  
347 73<sup>rd</sup> Street  
Brooklyn, New York 11209

RE: Haskins House  
1009 Rhoads Avenue  
Secane, Pennsylvania 19018  
License #: 138550

Dear Mr. Liang:

As a result of the Department's Bureau of Human Services Licensing annual inspection on February 11, 2019 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, appearing to read 'J. Rowe'.

Jacqueline L. Rowe  
Director

Enclosure  
Violation Report

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

PCH Name: HASKINS HOUSE		License Number: 13855
Address: 1009 RHOADS AVENUE, SECANE, PA 19018		County: Delaware
Administrator: Sonja Maher		Region: SOUTHEAST
Legal Entity Name: PENSTATE BEST CARE INC		
Legal Entity Address: 347 73RD STREET, BROOKLYN, NY 11209		
Certificate(s) of Occupancy C-2 LP 09/03/1996 Dpt. Of L-I		APR 12 2019
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 19	Waking Staff: 14
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 02/11/2019; Carrion, David		
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: 22 ✓ Number of Residents Served: 18 ✓ 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: 1 ✓ Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 17 ✓ Have Mental Illness: 17 ✓ Have an Intellectual Disability: 3 ✓ Have a Mobility Need: 1 ✓ Have a Physical Disability: 0 ✓	

Violation Report: 13855 - 02/11/2019 - Carrion, David  
 PCH Name: HASKINS HOUSE

1. REGULATION 55 Pa.Code §2600  
 2600.52 - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (36 P.S. §§ 10225.101-10225.6102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

2a. DESCRIPTION OF VIOLATION  
 Staff member A, hired on 01/16/19, did not have a criminal history background clearance completed until 01/17/19.

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.

Administer will monitor that employee criminal background check is done. Administer will ensure that employees have background check prior to starting employment.

Administrator will create a template/checklist that will prompt the need for a background check to be completed for all employer prior to being hired or in accordance with the cited reg. 4/23/19

A.A.A

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
SONIA MORALES BROWN				4/2/19
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>				
The above plan of correction is approved as of		4/23/19	Plan of correction implementation status as of	
		(Date)	4/23/19	
			(Date)	
The above plan of correction was approved by		A.A.A	<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	
		(Initials)		

Violation Report: 13855 - 02/11/2019 - Carrion, David  
 PCH Name: HASKINS HOUSE

1. REGULATION 66 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

Direct care staff person B does not have a high school diploma, GED diploma, or active registration status on the Pennsylvania nurse aide registry.

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 2/24 18 administrator received high school diploma from staff person B.  
 Administer to monitor records so all paper work needed for employment is received at time of hire.

Within 10 days of receiving this POC and quarterly thereafter, the Administrator will audit all staff's record to ensure that all are in compliance with the cited reg. 4/23/19

AAA

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Sonia M. Miller, Administrator Date 4/2/19

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The above plan of correction is approved as of <u>4/23/19</u> (Date)	Plan of correction implementation status as of <u>4/23/19</u> (Date)
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: 13855 - 02/11/2019 - Carrion, David  
 PCH Name: HASKINS HOUSE

1. REGULATION 55 Pa.Code §2600  
 2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

2a. DESCRIPTION OF VIOLATION  
 Staff person C, the home's administrator, completed only 19 hours of annual training in training year 2018.


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.

Administrator completed 6 hour course on 3/19/19. Administrator will make sure to complete 24 hours of annual training and have that documentation on file.

Administrator will be required to complete a total of 23 hours of training for the 2019 training year. Only half of the 24 hours required training shall be completed online. Administrator will develop a tracking sheet for training hours to ensure continual compliance. 4/23/19

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



Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Sonia Miller Administrator/CPW	4/2/19

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The above plan of correction is approved as of 4/23/19  
 (Date)

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

Plan of correction implementation status as of 4/23/19  
 (Date)

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

Violation Report: 13855 - 02/11/2019 - Carrion, David  
 PCH Name: HASKINS HOUSE

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

2a. DESCRIPTION OF VIOLATION  
 On 02/11/19, at 4 pm, 7 gallons of mayonnaise with expiration dates of 07/19/18 and 12/20/18, was located in the home's food pantry 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.

On 2/11/19 the 7 gallons of mayonnaise were thrown away. Owner to monitor expiration of food in storage room and discard any food that has expired.

-weekly

Administrator or designee will create a routine checklist to monitor the house food supply weekly and thus ensures compliance with the cited reg. 4/23/19

A-A-A

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Sandra Miller Administrator</i>	Date <i>4/23/19</i>
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Violation Report: 13856 - 02/11/2019 - Carrlon, David PCH Name: HASKINS HOUSE	
1. REGULATION 56 Pa.Code §2600 2600.109(b) - Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.	
2a. DESCRIPTION OF VIOLATION On 02/11/19, a cat was present at the home. The home does not have a current certificate of rabies vaccination for the cat.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
<p>On 3/12/19 the cat was taken to clinic and received 3yr rabies vaccination.</p> <p>Administrator to ensure the cat receives rabies vaccination by 3/12/22.</p>	
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)	Date
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The above plan of correction was approved by: <u>AAA</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 13855 - 02/11/2019 - Carrion, David  
 PCH Name: HASKINS HOUSE

1. REGULATION 66 Pa.Code §2800  
 2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

2a. DESCRIPTION OF VIOLATION  
 The home has not notified the local fire department in writing of the address of the home, the location of resident bedrooms or the assistance needed in an evacuation.

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.

I disagree with this violation. There are multiple fire depts. in the area so it is sent to Upper Darby Township. On May 17, 2018 our Emergency Medical Plan, floor plan and resident list was sent to Upper Darby Township. Administrator to ensure that any updates to list or change in assistance are sent to Upper Darby Township.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
S... ..	4/23/19

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Violation Report: 13865 - 02/11/2019 - Carron, David  
 PCH Name: HASKINS HOUSE

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

2a. DESCRIPTION OF VIOLATION  
 Resident #1's medical evaluation was completed on 12/27/18. The previous medical evaluation was completed on 12/08/17.

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.*

Administrator to monitor medical  
 evaluations, <sup>daily</sup> keep track of dates to ensure  
 evaluations are done yearly.

Within 15 days of receiving this POC, the Administrator will audit all residents record to ensure that all are in compliance with the cited regulation. Administrator will create a checklist to track the due dates for the completion of medical evaluation as specified in the cited reg. 4/23/19

A.A.A

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Sandra ...</i>	Date <i>4/23/19</i>
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Violation Report: 13855 - 02/11/2019 - Carrion, David  
PCH Name: HASKINS HOUSE

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

On 02/11/19, resident #3's PRN acetaminophen 325 mg was not available 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.

For resident #3 PRN Tylenol 325mg received from pharmacy on 2/11/19. Administrator and nurses to monitor medications in drawers to match MAR! <sup>DAILY</sup> Administrator and nurses to do monthly MED audits to keep medication and MAR accurate.

The routine monthly med audit to ensure compliance with the cited reg. will be documented. 4/23/19

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)

Sonia M. Carrion, Administrator

Date

4/2/19

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(Date)

Plan of correction implementation status as of 4/23/19  
(Date)

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

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

Violation Report: 13855 - 02/11/2019 - Carrion, David  
PCH Name: HASKINS HOUSE

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

2a. DESCRIPTION OF VIOLATION

On 02/11/19, resident #4's straight order Aspir-Low 81mg EC tab , take one tablet daily, was not available 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.*

For resident #4 Asa 81mg received from pharmacy on 2/11/19 to administer daily. Administrator and nurses to monitor medications in drawers to match MAR, *daily*. Administrator and nurses to do monthly Med audits to keep medication and MAR accurate.

Within 7 days of receiving this POC, the Administrator or a designee will review all residents' record to ensure that their respective prescribed meds. are readily available at the home. Going forward, Administrator will review MARS monthly at the beginning of each med cycle or when a new doctor's order is given, to ensure the accuracy of the information recorded in MARS in accordance with the Physician's orders. The Review of MARS and pharmacy labels for accuracy will be documented. 4/23/19

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
SONYA MURPHY Administrator / LMA			4/23/19
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
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4/23/19 (Date)		4/23/19 (Date)	
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AAA (Initials)			