



**MAILING DATE: July 31, 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 inspection on March 7, 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 "Janine Wenzig". The signature is written in a cursive, flowing style.

Janine Wenzig  
Human Services Licensing Supervisor

Enclosure  
Violation Report

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

<b>PCH Name:</b> INDIANA SQUARE PERSONAL CARE HOME		<b>License Number:</b> 44744
<b>Address:</b> 1703 WARREN ROAD, INDIANA, PA 15701		<b>County:</b> Indiana
<b>Administrator:</b> Sherri Reno		<b>Region:</b> WEST
<b>Legal Entity Name:</b> PREMIER QUALITY ENTERPRISE INC		
<b>Legal Entity Address:</b> 1703 WARREN ROAD, INDIANA, PA 15701		
<b>Certificate(s) of Occupancy</b> C-2 LP 11/24/1993 Dept of Labor and Industry		RECEIVED MAY 23 2019 WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
<b>Resident Support:</b> 0	<b>Total Daily Staff:</b> 46	<b>Waking Staff:</b> 35
<b>Type of Inspection:</b> Partial	<b>BHA Docket Number:</b>	<b>Notice:</b> Unannounced
<b>Reason(s) for Inspection(s)</b>		
Incident		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
03/07/2019: McConnell, Deb		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
<b>Partial or Full Triggers:</b>		<b>Random Indicators:</b>
<b>Resident Demographic Data as of Inspection Dates</b>		
<b>Licensed Capacity:</b> 55 <b>Number of Residents Served:</b> 33 <b>Secured Dementia Care Unit in Home:</b> Yes <b>Area:</b> Lower Level <b>Secured Dementia Unit Capacity, if Applicable:</b> 16 <b>Number of Residents Served in Secured Dementia Care Unit, if applicable:</b> 7 <b>Number of Current Hospice Residents:</b> 1 <b>Number of Hospice Residents in past year:</b> 1	<b>Number of Residents who:</b> <b>Receive Supplemental Security Income:</b> 3 <b>Are 60 Years of Age or Older:</b> 33 <b>Have Mental Illness:</b> 14 <b>Have an Intellectual Disability:</b> 0 <b>Have a Mobility Need:</b> 13 <b>Have a Physical Disability:</b> 0	

Violation Report: 44744 - 03/07/2019 - McConnell, Deb  
 PCH Name: INDIANA SQUARE PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**  
 2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

**2a. DESCRIPTION OF VIOLATION**  
 Resident #1 was admitted on 6/1/18. The assessment for resident #1, dated 6/1/18, does not address the resident's exit-seeking behaviors as indicated in multiple staff interviews.

**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 attached

SEE PAGE 2A OF 3

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Sherrri Reno</i>	Date <i>05/23/2019</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>7/17/19</u> (Date)  The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	Plan of correction implementation status as of <u>7/17/19</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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## Regulation 2600.225(a)

### Initial and Annual Assessment

- This regulation is important because it allows homes to keep a detailed profile of the resident's needs and how to meet their needs.
- This regulation was violated because the resident's support plan did not address that the resident was exit-seeking.
- Immediately the Resident Care Coordinator and Administrator will check all support plans to make sure all information is included and correct. This will be completed by May 31, 2019. Support plans will be monitored for accuracy monthly for the next 3 months. As they come due annually or sooner, the Resident Care Coordinator or designee will ensure that support plans are updated accurately.
- All direct care staff were trained on the RASP's on May 9, 2019. Documentation will be kept.

The assesment for resident #1 was updated to address resident #1's exit-seeking behavior. - JRW 7/17/19

Violation Report: 44744 - 03/07/2019 - McConnell, Deb  
 PCH Name: INDIANA SQUARE PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**  
 2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

**2a. DESCRIPTION OF VIOLATION**  
 Resident #1's support plan, dated 6/1/18, does not address how the home will meet the resident's needs related to multiple diagnoses including constipation, insomnia and abnormal weight loss.

**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 attached*

SEE PAGE 3A OF 3

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Sherrri Reno</i>	Date <i>05/23/2019</i>
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## **Regulation 2600.227(a)**

### **Development of the support plan**

To ensure proper completion of all assessments and support plans a Residents Audit/Tracking was created a full audit and review will be completed on each resident by May 31, 2019. All assessments and support plans will be completed by the new Administrator, new Resident Care Coordinator and Assistant Resident Care Coordinator. This will be reviewed at the Quality Management meeting for sustained compliance.

The support plan for resident #1 was updated to address the identified medical diagnoses. - JRW 7/17/19