



MAILING DATE: August 30, 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 June 10, 2019 and June 11, 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, appearing to read "Janine Wenzig". The signature is fluid and cursive.

Janine Wenzig
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report

RECEIVED
July 26 2019
WEST REGION FIELD OFFICE
Human Services Licensing

Facility Information

Name: *INDIANA SQUARE PERSONAL CARE HOME*
Address: *1703 WARREN ROAD, INDIANA, PA 15701*
County: *INDIANA* Region: *WESTERN*

License Number: *447440*

Administrator

Name: *Sherri Reno* Phone: *7244712140* Email: *WAMALONE123@YAHOO.COM*

Legal Entity

Name: *PREMIER QUALITY ENTERPRISE INC*
Address: *1703 WARREN ROAD, INDIANA, PA, 15701*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *01/24/1993* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *59* Waking Staff: *44*

Inspection

Type: *Partial* BHA Docket #: Notice: *Unannounced*
Reason: *Incident*

Inspection Dates and Department Representative

06/10/2019 - On-Site: Debora McConnell, Karen Georgoulis
06/11/2019 - On-Site: Debora McConnell, Karen Georgoulis

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *50* Residents Served: *35*

Secured Dementia Care Unit

In Home: *Yes* Area: *lower* Capacity: *16* Residents Served: *8*

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *2* Are 60 Years of Age or Older: *35*
Diagnosed with Mental Illness: *14* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *24* Have Physical Disability: *0*

15b - Supervisor Plan

Regulations

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On 5/20/19, the home became aware of an allegation of physical abuse of resident #7 by staff person A. Staff person A was suspended on 5/20/19. However, on 5/31/19, prior to the completion of the investigation of the allegation of abuse, staff person A returned to work on the 3:00 pm - 11:00 pm shift, providing unsupervised direct care.

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.)

2600.15(b)

Moving forward if there is an allegation of abuse of a resident involving a home's staff person, the staff person will be suspended until DHS completes their investigation.66c

Immediately - All staff persons will be educated on this requirement. - JRW 7/26/19

Legal Entity Representative


Signature

Sherri Reno Admin. 7/25/19
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 7/26/19
(Date)

Plan of correction implementation status as of 8/2/19
(Date)

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

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

60a - Staff/Support Plan

Regulations

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

The home routinely schedules only 3 staff persons on the 11:00 pm.-7:00 am. shift, and on 6/1/19, only 2 staff persons worked on the 11:00 pm.-7:00 am. shift. The home serves 35 residents, at least 20 with mobility needs, including 15 who are physically immobile, 13 residents requiring 2-person assistance to transfer, including residents #1 and #2, and 8 residents with cognitive mobility needs who are served in the secured dementia care unit (SDCU).

In the event of an emergency, the home's night staffing is insufficient to safely evacuate the residents.

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 June 1, 2019 3 staff members were scheduled and present in the facility on the 11pm-7am shift. (See attached punch detail).

Since 6/11/2019 we have increased staff to 4 staff members for the 11pm-7am shift.

Immediately - The administrator or designated staff person will review the staffing schedule daily and the administrator to ensure staffing needs, including transferring and supervision needs, are sufficient at all times to meet residents' needs based on the residents' assessments and support plans. --JRW 7/26/19

Legal Entity Representative

Sherril Reno
Signature

Sherril Reno Admin. 7/25/19
Printed Name and Title Date

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66c - Training Documentation

Regulations

2600.

66.c. Documentation of compliance with the staff training plan shall be kept.

Description of Violation

The home provides catheter care for resident #3, and wound care for multiple residents including resident #4. However, the home does not maintain documentation of completion of training in catheter and wound care.

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.)

2600.66(c)

I immediately scheduled a training for catheter care and wound care. Please see the attached training information.

Wound care training completed on 6/19/19, provided by a Wound Care Certified Registered Nurse. Catheter care training completed on 7/2/19, provided by a Registered Nurse. -JRW 7/26/19

Immediately - The administrator will ensure all staff training is documented and kept. - JRW 7/26/19

Legal Entity Representative

Sheri Reno
Signature

Sheri Reno Admin. 7/25/19
Printed Name and Title Date

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141b1 - Annual Medical Evaluation

Regulations

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident 1's medical evaluation, dated 1/24/19, and resident #4's medical evaluation, dated 7/17/18, do not include a list of the residents' medications. The medical evaluations indicate "see attachment", however, there are no attachments.

Repeat Violation: 10/2/18

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.)

2600.141.(b).1

The list of medications had been attached as staple holes are present. List has been reattached and the Resident Care Coordinator will audit all DME's monthly to ensure all medication list are attached and have not been removed.

Immediately - A designated staff person will review all newly completed medical evaluations to ensure they are completed in full, including a list of the residents' medications. - JRW 7/26/19

Legal Entity Representative

Shemi Reno
Signature

Shemi Reno Admin. 7/25/19
Printed Name and Title Date

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187b - Date/Time of Medication Admin.

Regulations

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #5 is prescribed Carb/Levo tab 25-100mg, 3 times a day and Metformin, 500mg, twice daily. The resident's May 2019 medication administration record (MAR) does not include the initials of the staff person who administered the medications as follows:

Metformin - 5/12/19 at 12:00 pm

Carb/Levo - 5/12/19 at 11:30 am

Resident #6 is prescribed Humalog R, inject before meals and bedtime as per sliding scale. The resident's June 2019 MAR does not include the initials of the staff person(s) who administered the medication, amount of medication administered, or the blood sugar reading at 8:00 pm on 6/1/19, 6/2/19 and 6/3/19.

2600.187(b)

A staff meeting is scheduled for August 1, 2019.

Staff will be educated on the importance of proper documentation. The complications of improper documentation will be reviewed and discussed. Upon training of med techs, much emphasis will be placed on proper documentation as well as potential problems that could occur from medications not being properly documented.

Resident #6 see attached

Immediately and at least weekly thereafter- A designated staff person will review the MAR to ensure it is completed accurately. - JRW 7/26/19

Legal Entity Representative

Sherrin Reno
Signature

Sherrin Reno Admin 7/25/19
Printed Name and Title Date

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225c - Additional Assessment

Regulations

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.
- 2. If the condition of the resident significantly changes prior to the annual assessment.
- 3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident #7's assessment, dated 6/7/19, does not include the resident's order for a mechanical soft diet, as indicated on the medical evaluation, dated 6/5/19. The assessment indicates the resident has a regular diet.

Plan of Correction (POC)

2600.225©

The assessment was immediately update to mechanical soft diet. However, the resident was receiving mechanical soft diet.

Immediately - The administrator will develop and implement a system to ensure all new physician orders and other changes to residents' needs are updated on the residents' assessments. - JRW 7/26/19

Within 60 days of receipt of this plan of correction - The administrator or designee will review the assessments of all residents to ensure they are complete and accurate. - JRW 7/26/19

Legal Entity Representative

Sherrin Reno
Signature

Sherrin Reno Admin 7/25/19
Printed Name and Title Date

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227a - Support Plan 30 Days

Regulations

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.

Description of Violation

Resident #4's support plan, dated 9/6/18, does not address the resident's need for wound care for right heel and coccyx.

Resident #1's support plan, dated 3/1/19, does not address the types and frequency of services provided by hospice.

Plan of Correction (POC)

2600.227(a)

Resident #4's support plan was immediately updated to address wound care for right heel and coccyx area.

Resident # 1's support plan was immediately updated to address the type and frequency of services provided by hospice.

Immediately - The administrator will develop and implement a system to ensure all new physician orders and other changes to residents' care needs are updated on the residents' support plans. - JRW 7/26/19

Within 60 days of receipt of this plan of correction - The administrator or designee will review the support plans of all residents to ensure they are complete and accurate. - JRW 7/26/19

Legal Entity Representative

Sherrri Reno

Signature

Sherrri Reno Admin 7/25/19

Printed Name and Title

Date

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