



pennsylvania
DEPARTMENT OF HUMAN SERVICES

December 20, 2019

Mr. Austin Virgo
Administrator
Quality Assisted Care Inc
3411 North 17th Street
Philadelphia, Pennsylvania 19140

RE: Quality Assisted Care
License #: 193050

Dear Mr. Virgo:

As a result of the Department's Bureau of Human Services Licensing inspection on August 20, 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Ayus Adelanwa".

Ayus Adelanwa
Workload Manager

Enclosure
Violation Report

Violation Report

Facility Information

Name: *QUALITY ASSISTED CARE*
Address: *3411 NORTH 17TH STREET,, PHILADELPHIA, PA 19140*
County: *PHILADELPHIA* Region: *SOUTHEAST*

License Number: *19305*

Administrator

Name: *Austin Virgo* Phone: *2152234475* Email: *AUSTINVIRGO81@GMAIL.COM*

Legal Entity

Name: *QUALITY ASSISTED CARE INC*
Address: *3411 NORTH 17TH STREET, PHILADELPHIA, PA, 19140*

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: Total Daily Staff: *14* Waking Staff: *11*

Inspection

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

Inspection Dates and Department Representative

08/20/2019 - On-Site: David Carrion

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *15* Residents Served: *14*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *14* Are 60 Years of Age or Older: *6*
Diagnosed with Mental Illness: *14* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *0*

25a - Written Contract and Review

Regulations

2600.

25.a. Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

Description of Violation

Resident #1, admitted 07/31/19, did not have a resident-home contract completed.

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 misplace Folder with Written Contract for Resident #1 Since then as now being located

To Assure Continued Compliance; All staff member was Trained & Reinstructed To Return Resident Records back to file cabinet. The administrator will daily monitor files & record for ongoing compliance within 24 hours of admission all resident will have a contract in place Administrator will create a checklist to track admission requirements and a designated person to verify compliance. 12/13/19

Legal Entity Representative

Austin Virgo
Signature

Austin Virgo Administrator 10/22/19
Printed Name and Title Date

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

The above plan of correction is approved as of 12/13/19 (Date)

Plan of correction implementation status as of 12/13/19 (Date)

The above plan of correction was approved by A-A (Initials)

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

42c - Treatment of Residents

Regulations

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

Resident #2, expressed to Staff person A, that he likes to dress in woman's clothing. Resident #2 requested old clothes back from admission. Staff person A denied access to residents clothes. Resident #2 was dressed in woman's clothing in face sheet picture.

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.)

IT IS OUR POLICY TO TREAT EVERY RESIDENT WITH DIGNITY AND RESPECT REGARDLESS OF GENDER PREFERENCES. CLOTHING THAT WAS LAUNDED FOR RESIDENT #2 AS ALWAYS BEING RETURNED. HOWEVER THE HOME SUPPLY ADDITIONAL CLOTHING FOR RESIDENT #2 BUT ARE KEPT IN BASEMENT AREA UNTILL TIME OF NEED

TO COMPLY WITH RESIDENT WISHES AND GUIDELINE ALL CLOTHING WERE RELOCATE FROM BASEMENT TO RESIDENT CLOSET.

ALL RESIDENTS WILL BE TREATED WITH DIGNITY & RESPECT AND HAVE ACCESS TO THEIR CHOSES. STAFF WILL BE RETRAINED ON RESIDENT RIGHT ON FRIDAY 11/1/19

Legal Entity Representative

Austin Virgo
Signature

Austin Virgo Administrator 10/22/19
Printed Name and Title Date

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Within 30 days of receiving this POC, the Administrator will schedule all staff to receive a training from a third-party presenter on residents abuse, neglects and rights. The training will be documented. 12/13/19

A.A.A

65d - Initial Direct Care Training

Regulations

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
3. Initial direct care staff person training to include the following:
 - i. Safe management techniques.
 - ii. ADLs and IADLs
 - iii. Personal hygiene.
 - iv. Care of residents with dementia, mental illness, cognitive impairments, an intellectual disability and other mental disabilities.
 - v. The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - vi. Implementation of the initial assessment, annual assessment and support plan.
 - vii. Nutrition, food handling and sanitation.
 - viii. Recreation, socialization, community resources, social services and activities in the community.
 - ix. Gerontology.
 - x. Staff person supervision, if applicable.
 - xi. Care and needs of residents with special emphasis on the residents being served in the home.
 - xii. Safety management and hazard prevention.
 - xiii. Universal precautions.
 - xiv. The requirements of this chapter.
 - xv. Infection control.
 - xvi. Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

Description of Violation

Direct care staff person B, hired on 06/18/2017, began providing unsupervised ADL services on 07/01/2017. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test.

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.)

Direct Care Staff Person B Now as Completed and Pass the Department-Approved Direct Care Training Course

To Ensure Future Compliance with this Regulation the Administrator Will Review Direct Care Staff Qualification and To Double Check Training Record in a Timely Manner Administrator will Double Check Staff Training Record Every Two Week For Compliance.

65d - Initial Direct Care Training (continued)

Legal Entity Representative

Austin Virgo
Signature

AUSTIN VIRGO
Printed Name and Title

10/29/19
Date

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224a - Preadmission Screen Form

Regulations

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

There is no preadmission screening form for resident #1, admitted on 07/31/2019.

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 misplace folder with the Preadmission Screening For Resident #1 since then as now being located To assure continued compliance all staff member was Train & Reinstuctured To Return Resident Record back To File Cabinet. The Administrator will Daily monitor File & Record For on going compliance. Administrator will ensure all Residents have Preadmission Form within 30 day Prior to Ad mission.

Administrator will create a checklist to track admission requirements paperwork in compliance to the reg. A designated person will verify the completion of all regulatory admission paperwork 12/13/19

Legal Entity Representative

Austin Virgo
Signature

AUSTIN VIRGO Admin:
Printed Name and Title

10/22/19
Date

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225a - Assessment 15 Days

Regulations

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.

Description of Violation

An assessment was not completed for resident #1, who was admitted to the home on 07/31/19.

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 misplace folder with assessment for Resident #1 since then as now being located. To assure continued compliance all staff member was train & reinstructed to return resident record back to file cabinet. The Administrator will daily monitor file & record for on going compliance. Administrator will ensure that all resident have an initial assessment within 15 day of admission.

Within 15 days of receiving this POC, the Administrator will audit all residents record to ensure compliance with the cited reg. 12/13/19

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227d - Support Plan Medical/Dental

Regulations

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. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for resident #2, dated 01/12/19, indicates the resident has a need for urinary incontinence and behavioral health. The resident's support plan, dated 01/25/19 does not document how this need will be met.

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 #2 Assessment and Support Plan as now being up dated to reflect significant changes in his urinary incontinence related problems.

To assure continue compliance with this regulation the Administrator will review the D.M.E and speak with Resident's Primary Care Doctor about ANY significant changes Instruction. Administrator will review all Resident P.A.S.P by 11-1-19 to reflect any significant changes.

Legal Entity Representative

Austin Virgo
Signature

AUSTIN VIRGO Admin: 10/22/19
Printed Name and Title Date

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252 - Record Content

Regulations**2600.**

252. Content of Resident Records - Each resident's record must include the following information:

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
6. The name, address and telephone number of the resident's physician or source of health care.
7. The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms.
8. A list of prescribed medications, OTC medications and CAM.
9. Dietary restrictions.
10. A record of incident reports for the individual resident.
11. A list of allergies.
12. The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.
13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.
14. A support plan.
15. Applicable court order, if any.
16. The resident's medical insurance information.
17. The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
18. An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.
19. An inventory of the resident's property entrusted to the administrator for safekeeping.
20. The financial records of residents receiving assistance with financial management.
21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.
22. Copies of transfer and discharge summaries from hospitals, if available.
23. If the resident dies in the home, a copy of the official death certificate.
24. Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).
25. A copy of the resident-home contract.
26. A termination notice, if any.

Description of Violation

The home does not have a record for resident #1.

252 - Record Content (continued)

Plan of Correction (POC)

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The misplace folder with Record For Resident #1
Since then as now being Located

To Assure continued Compliance
All STAFF member WAS TRAIN & ReInstructed
To Place Resident Record in File Cabinet
The Administrator will Daily monitor Files
and Record For on going Compliance

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