



March 5, 2020

Ms. Marjorie Carasquero
Administrator
Marjorie Carasquero
4701 North 13th Street
Philadelphia, Pennsylvania 19141

RE: Clarke Personal Care Home
License #: 114060

Dear Ms. Carasquero:

As a result of the Department's Bureau of Human Services Licensing annual inspection on September 30, 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 (relating to Personal Care Homes) 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.

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 "Kevin Hancock", written over a white background.

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: *CLARKE PERSONAL CARE HOME*
 Address: *4701 NORTH 13TH STREET,, PHILADELPHIA, PA 19141*
 County: *PHILADELPHIA* Region: *SOUTHEAST*

License Number: *11406*

Administrator

Name: *Marjorie Carasquero* Phone: *2154553080* Email: *MCARASQUERO@MSN.COM*

Legal Entity

Name: *MARJORIE CARASQUERO*
 Address: *4701 NORTH 13TH STREET, PHILADELPHIA, PA, 19141*

Certificate(s) of Occupancy

Type: *Other* Date: *03/15/2012* Issued By: *City of Phila. Dept.L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *9* Waking Staff: *7*

Inspection

Type: *Full* BHA Docket #: Notice: *Unannounced*
 Reason: *Renewal*

Inspection Dates and Department Representative

09/30/2019 - On-Site: David Carrion

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *12* Residents Served: *9*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: <i>8</i>	Are 60 Years of Age or Older: <i>4</i>
Diagnosed with Mental Illness: <i>9</i>	Diagnosed with Intellectual Disability: <i>7</i>
Have Mobility Need: <i>0</i>	Have Physical Disability: <i>0</i>

64c - Annual Training

Regulations

2600.

64.c. An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.

Description of Violation

Staff person A, the home's administrator, completed only 7 hours of Department-approved training in training year 2018.

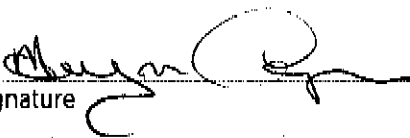
Plan of Correction (POC)

(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.)

In correcting the above violation the administrator is registered for training: completed 6 hours 2/18 (neurocognitive training and other upcoming trainings 4/7/20, Fall safety and preventive of injuries 4 hrs, 4/14/20, Common Medical Emergencies 4 hrs, Medication Recertification Training, 4/8/12 Residents Rights Training 1hr, 5/21/20 Abuse Investigation Training 6 hrs, 5/12/20 Best Practices in Medication safety & Prevention 4 hrs. The administrator will be held responsible to register and complete the required 24hours annual training in avoiding this occurrence from happening in the future.

see attached

Legal Entity Representative


Signature

Marjorie Parasquero
Administrator
Printed Name and Title

2/29/20
Date

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

The above plan of correction is approved as of 3/4/20
(Date)

Plan of correction implementation status as of 3/4/20
(Date)

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

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

Pg#2

Regulation 2600-64c

Description of Violation

Staff person A, the home administrator, completed only 7 hours of Department-approved training in training year 2018.

Plan of Correction (POC):

In correcting the above violation the administrator did register for training and have completed training. 2/18, 6hrs (neurocognitive training and another upcoming trainings 4/7/20, (4hrs) Fall Safety and preventive injuries, 4/14/20, (4hrs) Common medical emergencies, medication recertification training, 4/8/20, (1hrs) residents right training, 5/12/20, (4hrs) best practices in medication safety & prevention and 5/21/20 (6 hrs) Abuse investigation. The administrator will be held responsible to register and complete the required 24 hours of annual department training to avoid this occurrence from happening in the future, so at the beginning of each year she complete the registration of all posted and available training offered.

3/4/20 *MJ*



Marjorie Carasquero



Date

93a - Handrails

Regulations

2600.

93.a. Each ramp, interior stairway and outside steps must have a well-secured handrail.

Description of Violation

The exterior steps has a hand rail that is loose and poorly secured.

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 correction was completed by securing the exterior hand rails to a stable position and I have included picture to show the repairs. The administrator will ensure in moving forward that the repairs will be done in a timely manner and monthly checks will be done to avoid this from occurring in the future. The administrator will be held responsible in checking and follow-up with having the repairs completed.

Legal Entity Representative

Signature 

(Administrator)
Magione Carasquero
Printed Name and Title

3/29/20
Date

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(Date)

Plan of correction implementation status as of 3/4/20
(Date)

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

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100a - Exterior - Free of Hazards

Regulations

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

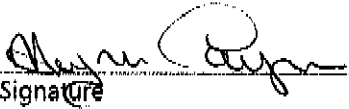
On 09/30/19, the front porch main entrance steps had several cracks approximately 12" long. The unstable steps pose a tripping hazard for the residents.

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.)

The correction was completed and the exterior area was resurfaced and in avioding this occurence from occurring the administrator do monthly checks and have the repairs completed immediately to maintain a hazard free building. I have attached picture/s to show the repair.

Legal Entity Representative



Signature

Marjorie Casasuen Administrator 2/27/20

Printed Name and Title

Date

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107d - Procedure Emergency Management Agency Submission

Regulations

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures have not been submitted to the municipal emergency management agency.

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.)

In correcting this violation the administrator In In coreccting In corecctn correcting this violation the administrator registered mail and get the fax confirmation page to show the documents was sent to the Emergency department. When a respond is not recieved to followup with the process until a respond is received. The documenta will be available for inspectors review. The administrator will be responsible to follow-up with this process annually until completion. In corection of the above violation the

Legal Entity Representative


Signature

MARJORIE CAROSQUEW Administrator 03/30/20
Printed Name and Title Date

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(Date)

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(Date)

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(Initials)

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- Not Implemented

CLARKE PERSONAL CARE HOME

11406

121a - Unobstructed Egress

Regulations

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 09/30/19, at 10:15 am, a metal bed frame blocked egress from the home's 2nd floor fire escape.

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.)

In the process of correcting the above violation the bed rail was removed and the area is accessible, the administrator and staff will ensure this occurrence is not repeated by checking the entrance and exit monthly and immediately reporting concerns to administrator.

Legal Entity Representative

Margie Carasquero
Signature

Margie Carasquero Administrator 2/29/20
Printed Name and Title Date

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132b - Safety Inspection/Fire Drill

Regulations

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The last fire safety inspection and drill observed by a fire safety expert was conducted on 07/11/19. The previous fire safety inspection and drill observed by a fire safety expert was conducted on 03/17/18.

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.)

Type text here

In correcting the above violation the administrator will be responsible for contacting the Fire Department engine #73 located at Loudon Street to visit the home to complete the annual fire drill observation, the observation will be documented and available for the inspectors to review upon request. The administrator will follow-up with the fire department in ensuring the fire drill is completed annually, and documented. I have contacted the fire department to have this year fire drill completed.

see attached

Legal Entity Representative


Signature 

Administratrix
Marjorie Saragnew
Printed Name and Title
3/4/20
Date

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Pg#7

Regulation 2600 – 132b


Description of Violation

The last fire safety inspection and drill observed by a fire safety expert was conducted on 07/11/19. The previous fire safety inspection and drill observed by a fire safety expert was conducted on 03/17/18.

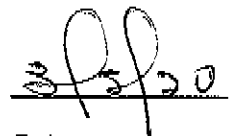
Plan of Correction (POC):

In correcting the above violation the administrator will be held responsible for contacting the Fire Department engine #72 located at Loudon Street to visit the home to complete the annual fire drill and safety observation, the observation will be documented and available for the inspector/s to review upon request. The administrator will follow-up with the fire department in ensuring the fire drill is completed annually and documented. I have contacted the fire department to have this year fire drill completed, see attached document.

3/4/20 



Marjorie Carasquero



Date