



January 21, 2020

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 annual inspection on September 19, 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.

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: INDIANA SQUARE PERSONAL CARE HOME
Address: 1703 WARREN ROAD,, INDIANA, PA 15701
County: INDIANA

License Number: 44744

Region: WESTERN

Administrator

Name: Sherri Reno

Phone: 7244712140

Email: indianasquarepch@gmail.com

Legal Entity

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

Certificate(s) of Occupancy

Type: C-2 LP

Date: 12/17/1993

Issued By: L&I

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 51

Waking Staff: 38

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal,Complaint

Inspection Dates and Department Representative

09/19/2019 - On-Site: Belinda Graziano, Joe Eveges

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 50

Residents Served: 34

Secured Dementia Care Unit

In Home: Yes

Area: Lower Level

Capacity: 16

Residents Served: 9

Hospice

Current Residents: 10

Number of Residents Who:

Receive Supplemental Security Income: 2

Are 60 Years of Age or Older: 34

Diagnosed with Mental Illness: 12

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 17

Have Physical Disability: 0

20b8 - Quarterly Account

Regulations

- 2600.
- 20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:
 - 8. The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

Description of Violation

The home provides financial assistance for resident #1; however, resident #1 has never received a quarterly account of financial transactions.

Plan of Correction (POC)

2600.20(b)

A quarterly financial transaction was sent out to all resident in which the facility was assisting with their financial management. Moving forward all these residents will receive a quarterly financial transaction.

Legal Entity Representative

Sherr Reno
Signature

Sherr Reno Administrator 11/5/19
Printed Name and Title Date

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

The above plan of correction is approved as of 1/8/20
(Date)

Plan of correction implementation status as of 1/8/20
(Date)

The above plan of correction was approved by *JW*
(Initials)

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

85a - Sanitary Conditions

Regulations

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

At approximately 9:45 a.m. there were three large piles of feces on the floor next to the office on the 1st floor of the home. There was a strong odor in this hallway.

Plan of Correction (POC)

2600.85(a)

Immediately, housekeeping was notified, and floor was cleaned and disinfected

Staff were immediately educated to call for another staff person in the secured unit to assist if this situation was to ever happen in the future. So that the situation could be confined and taken care of in a more urgent way.

Legal Entity Representative

Sherr Reno
Signature

Sherr Reno Administrator
Printed Name and Title

11/5/19
Date

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131f - Fire Extinguisher Inspection

Regulations

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

The fire extinguisher in the east courtyard does not have a tag indicating when it was last inspected by a fire safety expert.

Plan of Correction (POC)

2600.131(f)

Immediately the fire extinguisher was removed and replace with a fire extinguisher that was inspected and marked as such. Immediately the maintenance director completed an audit to ensure all fire extinguishers were inspected and tagged. A monthly inspection of all fire extinguishers will be done by maintenance.

Legal Entity Representative

Sherr Reno
Signature

Sherr Reno Administrator 11/5/19
Printed Name and Title Date

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185a - Implement Storage Procedures

Regulations

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.

Description of Violation

Resident #3 is prescribed Diclofenac Sodium Topical Gel 1%, apply two grams topically to left hand four times daily as needed; however, this medication was not available in the home.

Plan of Correction (POC)

2600.185(a)

Immediately all med-techs were educated on the importance of this regulation.

The medication was ordered on 9/18/2019 and was delivered on the evening of 9/19/2019. A med-cart audit of all PRN medication was completed. An audit will be done weekly for 4 weeks then biweekly for 4 weeks then monthly by Resident Care Coordinator or Administrator.

Legal Entity Representative

Sheri Reno
Signature

Sheri Reno Administrator 11/5/19
Printed Name and Title Date

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186a - Authorized Prescriber

Regulations

2600.

186.a. Each prescription medication must be prescribed in writing by an authorized prescriber. Prescription orders shall be kept current.

Description of Violation

The home has been administering Lorazepam 0.5mg once daily from 9/10/19 through 9/18/19 to resident #2 at bedtime; however the home does not have a current prescription order for this medication.

Plan of Correction (POC)

2600.186(a)

All narcotic orders will be audited, and any new narcotic orders will be verified by two staff to ensure all orders are filed in resident's charts. All resident's charts will be audited by November 20, 2019.

Staff have been educated to ensure all narcotic orders are checked and filed into each resident's chart.

Resident #2 no longer resides in the home.

JW 1/8/20

Legal Entity Representative

Sherr Reno
Signature

Sherr Reno Administrator 11/5/19
Printed Name and Title Date

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187d - Follow Prescriber's Orders

Regulations

2600.187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #3 is prescribed Sodium Chloride Irrigation Solution 0.9%, use to cleanse right heel stage two pressure ulcer Monday, Wednesday, Friday; however, resident #3 received this treatment daily from 9/11/19 to 9/19/19.

Repeat Violation: 10/2/2018

Plan of Correction (POC)

2600.187(d)

Staff were verbally educated of the importance to follow physician's orders. A training is scheduled on November 4, 2019 to ensure all medication administrative staff are completely understanding the importance for following physician orders.

An audit will be conducted to ensure all treatments are following physician orders weekly for 4 weeks, and then bi-weekly for 4 weeks and then monthly by Resident Care Coordinator.

Legal Entity Representative

Sheri Reno
Signature

Sheri Reno Administrator 11/5/19
Printed Name and Title Date

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231c - Preadmission Screening

Regulations

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident #4 was admitted to the Secure Dementia Care Unit (SDCU) on 4/5/2019. However, resident #4's written cognitive preadmission screening was completed on 4/6/2019. Also this written preadmission screening form does not indicate the level of supervision needed. This area is blank.

Plan of Correction (POC)

2600.231(c)

From this day forward all preadmission screenings will be conducted 72 hours prior to admission into the secured unit. The administrator will ensure that the preadmission screening is completed properly.

Immediately an audit was conducted to ensure all resident's in secured unit prescreens were completed properly.

Legal Entity Representative

Sherril Reno
Signature

Sherril Reno Administrator 11/5/19
Printed Name and Title .. Date

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