



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

SENT VIA EMAIL: [indianasquarepch@gmail.com](mailto:indianasquarepch@gmail.com)  
[wamalone123@yahoo.com](mailto:wamalone123@yahoo.com)

MAILING DATE: April 9, 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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on February 13, 2020, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "Janine Wenzig".

Janine Wenzig  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

## Violation Report

### Facility Information

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

License Number: *44744*

### 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:                      Issued By:

### Staffing Hours

Resident Support Staff: *0*                      Total Daily Staff: *51*                      Waking Staff: *38*

### Inspection

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

### Inspection Dates and Department Representative

*02/13/2020 - On-Site: Josh Hoover*

### Resident Demographic Data as of Inspection Dates

#### General Information

License Capacity: *50*                      Residents Served: *36*

#### Secured Dementia Care Unit

In Home: *Yes*                      Area: *Lower Level*                      Capacity: *16*                      Residents Served: *10*

#### Hospice

Current Residents: *NA*

#### Number of Residents Who:

Receive Supplemental Security Income: *2*                      Are 60 Years of Age or Older: *36*  
Diagnosed with Mental Illness: *14*                      Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *15*                      Have Physical Disability: *0*

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Western Region

226a - Mobility Assessment

Regulations

2600.

226.a. The resident shall be assessed for mobility needs as part of the resident's assessment.

Description of Violation

The assessment for resident #1, dated 7/12/2019, indicates that the resident has minimal mobility needs; however, resident #1 resides in the home's Secured Dementia Care Unit (SDCU).

Plan of Correction (POC)

2600.226a

Immediately resident #1 DME was corrected on 2/14/2020. This will become the new annual for resident #1. (See attached DME)

Immediately a complete audit of all resident's DME was completed.

A monthly audit will be completed by Resident Care Coordinator /designee.

Legal Entity Representative

Signature *Shawn Reno*

*Shawn Reno Administrator*  
Printed Name and Title

*03/17/2020*  
Date

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

The above plan of correction is approved as of *3/31/20*  
(Date)

Plan of correction implementation status as of *3/31/20*  
(Date)

The above plan of correction was approved by *[Signature]*  
(Initials)

Implemented  
 Not Implemented

231b - Medical Evaluation

Regulations

2600.

231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

The medical evaluation for resident #1, dated 7/17/2019, does not indicate the need for the resident to be served in an SDCU. Resident #1 was admitted to the SDCU on 9/16/19.

The initial medical evaluation for resident #2, admitted to the SDCU on 1/21/2020, was not completed until 1/22/2020. Also, the medical evaluation does not include a diagnosis of dementia or indicate the need for the resident to be served in an SDCU.

The medical evaluation for resident #3, dated 1/3/2020, does not include a diagnosis of dementia or the need for the resident to be served in an SDCU. Resident #3 was admitted to the SDCU on 1/8/2020.

Plan of Correction (POC)

2600.231b

Resident #1 DME was updated on 02/14/2020. Resident #2 DME was updated on 02/14/2020 to indicate dementia diagnosis. Resident #3 DME was updated to indicate dementia diagnosis. (See attached)

The Resident Care Coordinator and designee have been educated on 02/14/2020 on the guidelines as to Medical Evaluation requirements upon admission to the SDCU.

In-Service training was provided for the Resident Care Coordinator and designee to review Medical Evaluation diagnosis requirements.

The Resident Care Coordinator will review compliance during weekly meeting with the Administrator.

The Resident Care Coordinator will review all current medical evaluations for resident's residing in the SDCU to ensure they contain a diagnosis of Alzheimer's disease or other dementia and the need to be served in the SDCU. This will be completed by 03/18/2020.

Legal Entity Representative


*Sherril Reno*  
Signature

*Sherril Reno Administrator* 03/17/2020  
Printed Name and Title Date

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(Date)

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(Initials)

Implemented  
 Not Implemented

231e - No Objection Statement

Regulations

2600.  
231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

Description of Violation

There is no documentation that resident #3 and her designated person do not object to admission into an SDCU. Resident #3 was admitted to the SDCU on 1/8/2020.

Plan of Correction (POC)

2600.231e

Immediately Resident #3 was given the No Objection Statement. The statement is now signed and in her file. See attached.

Immediately a file audit was completed by the administrator to ensure compliance with the No Objection Statement being present in their file.

Quarterly an audit will be completed by the administrator/designee to ensure compliance.

Administrator trained designee on the importance of having the memory care addendum signed during the move in process.

Legal Entity Representative

*Sherr Reno*

Signature

Sherr Reno Administrator 03/17/2020

Printed Name and Title


Date

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Not Implemented

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234a - Admission Support Plan

Regulations

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident #1 was admitted to the SDCU on 9/16/2019; however, a new support plan was not completed upon admission to the SDCU. The support plan for resident #1, dated 7/12/2019, does not indicate that the resident is receiving services in an SDCU and does not address the resident's exit seeking behaviors, as described in progress notes as the primary reason resident was transferred to the SDCU.

Resident #3 was admitted to the SDCU on 1/8/2020; however, the support plan for resident #3 was not completed until 1/13/2020.

Plan of Correction (POC)

2600.234a

Rasp updated to reflect Resident #1 is being served in the SDCU along with exit seeking being addressed.

02/14/2020 A new RASP has been completed with the significant change for Resident #1.

The Resident Care Coordinator/designee will be in serviced by the Administrator on Regulation 234.a and the need for the service plan to be completed withing 72 hours of admission.

All residents admitted within one year prior to 09/16/2019 will be audited for the initial support plan being completed within the 72 hours following admission. This audit will be completed by 03/18/2020.

All new residents being admitted will have a support plan completed within 72 hours of admission. All new resident files will be audited by the Administrator or designee to ensure compliance with the 72-hour requirement for the support plan to be completed. Audits will be reviewed by the managers at the morning meeting to monitor compliance

Legal Entity Representative

*Sherr Reno*  
Signature

Sherr Reno Administrator  
Printed Name and Title

03/17/2020  
Date

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