

Department of Human Services  
Bureau of Human Service Licensing

April 20, 2021

██████████ OWNER  
PREMIER QUALITY ENTERPRISE INC  
1703 WARREN ROAD  
INDIANA, PA 15701

RE: INDIANA SQUARE PERSONAL CARE  
HOME  
1703 WARREN ROAD  
INDIANA, PA, 15701  
LICENSE/COC#: 44744

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/12/2021, 03/15/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Larry Mazza

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY**

**Facility Information**

Name: *INDIANA SQUARE PERSONAL CARE HOME* License #: *44744* License Expiration Date: *06/20/2021*  
Address: *1703 WARREN ROAD, INDIANA, PA 15701*  
County: *INDIANA* Region: *WESTERN*

**Administrator**

Name: [REDACTED] Phone: *7244712140* Email: [REDACTED]

**Legal Entity**

Name: *PREMIER QUALITY ENTERPRISE INC*  
Address: *1703 WARREN ROAD, INDIANA, PA, 15701*  
Phone: *7244712140* Email: [REDACTED]

**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: *29* Waking Staff: *22*

**Inspection**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal, Complaint* Exit Conference Date: *03/15/2021*

**Inspection Dates and Department Representative**

*03/12/2021 - On-Site:* [REDACTED]  
*03/15/2021 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *50* Residents Served: *19*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Memory Care* Capacity: *16* Residents Served: *8*

**Hospice**

Current Residents: *5*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *19*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *10* Have Physical Disability: *0*

## Inspections / Reviews

03/12/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *03/31/2021*

4/5/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *04/09/2021*

4/12/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *04/16/2021*

4/20/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 25c12 - Bed Hold

## 1. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

12. Charges to the resident for holding a bed during hospitalization or other extended absence from the home.

## Description of Violation

*Resident #1's resident-home contract, dated 9/23/19, does not include the charges for holding a bed during an absence. This section of the resident-home contract is blank.*

## Plan of Correction

Do Not Accept

*Residents Power of Attorney initialed addition of holding fee on 3/25/2021. Documentation attached*

**Completion Date:** 03/25/2021

## Plan of Correction

Directed

*Residents POA was contacted and notified that bed holding in the contract needed updated. POA came and meet with administrator, reviewed bed holding fee and agreed upon said amount and initialed change. An audit of all residents files was completed on 3/25/2021 to ensure all contracts are correct. Documentation of updated bed holding fee attached.*

*DIRECTED: Within 48 hours of receipt of the plan of correction: Resident #1 shall review and initial the changes made to the resident-home contract. LM 4/6/21*

*DIRECTED: Within 5 days of receipt of the plan of correction: A designated staff person shall develop and implement a new-admission checklist to ensure a resident-home contract is completed in its entirety within 24 hours of admission for each newly-admitted resident. LM 4/6/21*

**Completion Date:** 03/25/2021

## Document Submission

Implemented

*Resident Admission Checklist Updated and attached*

## 26a - Quality Management Plan

## 1. Requirements

2600.

26.a. The home shall establish and implement a quality management plan.

## Description of Violation

*The home has not conducted a quality management review since 1/22/20.*

## Plan of Correction

Do Not Accept

*Meeting was held on 3/22/2021. Quality management meetings will be held every 6 months. Documentation attached*

**Completion Date:** 03/22/2021

## Plan of Correction

Accept

*Meeting was held on 3/22/2021. Quality management meetings will be held every 6 months to ensure the quality of care of our residents. Documentation attached of meeting held on 3/22/2021. Next meeting will be held no later than September 22,2021.*

**Completion Date:** 03/22/2021



## 54a - Direct Care Staff (continued)

**Plan of Correction****Directed**

Staff member B is no longer employed by us as of [REDACTED]. Audit was performed of all staff members files on 3/22/2021 to ensure all correct documentation was present.

*DIRECTED: Within 5 days of receipt of the plan of correction: A designated staff person shall develop and implement a new hire checklist to ensure a copy of direct care staff member's high school diploma, GED or active registry status on the Pennsylvania nurse aide registry is obtained prior to assisting residents. Documentation of the checklist shall be kept. LM 4/6/21*

**Completion Date:** 03/22/2021

**Document Submission****Implemented**

Attached is Checklist to ensure all correct documentation is present and correct prior to first day of employment.

## 91 - Telephone Numbers

**1. Requirements**

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

**Description of Violation**

On 3/12/21, there were no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in the personal care dining room.

**Plan of Correction****Do Not Accept**

We placed emergency contact numbers by each phone in the facility. We will check phones monthly to ensure there is emergency contact information.

**Completion Date:** 03/22/2021

**Plan of Correction****Accept**

An audit of all telephones emergency contacts was preformed immediately and corrected with the placement of emergency contact information. A monthly audit will be preformed by designated staff member to ensure emergency contact information is visible at all phones in facility.

**Completion Date:** 03/15/2021

**Document Submission****Implemented**

This did not have a directive to be completed

## 183e - Storing Medications

**1. Requirements**

2600.

- 183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

**Description of Violation**

On 3/15/21, resident #3's Admelog Solostar 100 unit/ml insulin pen was open and undated.

183e - Storing Medications (*continued*)**Plan of Correction****Do Not Accept***Med techs were educated and advised to ensure they are dating all insulin pens upon opening.***Completion Date:** 03/23/2021**Plan of Correction****Accept***All Med Techs were educated during a meeting that was held on 3/23/2021 on the importance of dating all insulins upon opening. A monthly audit of all medications was done on 3/23/2021 by designated employee and from here on out monthly to ensure open dates are being applied when applicable.***Completion Date:** 03/23/2021**Document Submission****Implemented***This did not have a directive to be completed*

## 185a - Implement Storage Procedures

**1. Requirements**

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 #1 is prescribed Clonazepam 0.5 mg tablet-Take one tablet by mouth twice daily as needed. On 3/15/21, this medication was not available in the home.**Resident #2 is prescribed Celecoxib 200mg capsule-Take one capsule by mouth daily as needed. On 3/15/21, this medication was not available in the home.***Plan of Correction****Do Not Accept***Both meds were ordered and delivered on 3/16/2021 from the pharmacy. Documentation attached.***Completion Date:** 03/16/2021**Plan of Correction****Accept***Both meds were ordered and delivered on 3/16/2021 from the pharmacy. Documentation attached. During meeting on 3/23/2021, staff was educated on the importance of ordering all new medications immediately from pharmacy. Monthly audits will be preformed on medication carts to ensure all meds are present.***Completion Date:** 03/16/2021**Document Submission****Implemented***This did not have a directive to be completed*

## 224a - Preadmission Screen Form

**1. Requirements**

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.

224a - Preadmission Screen Form (*continued*)**Description of Violation**

*Resident #4's preadmission screening form, dated 7/10/20, indicates that the needs of the resident cannot be met by the services provided by the home.*

**Plan of Correction****Do Not Accept**

*Error was corrected, copy attached*

**Completion Date:** 03/22/2021

**Plan of Correction****Directed**

*Error was corrected as seen on attached documentation. Staff member who made mistake is no longer employed here, but designated employees involved with residents prescreening were educated on importance of documenting all paper work correctly. Audit was performed on all residents charts on 3/25/2021 to ensure they were all correct.*

*DIRECTED: Within 5 days of receipt of the plan of correction: A designated staff person shall review all preadmission screenings within 24 hours of completion to ensure accuracy. LM 4/6/21*

**Completion Date:** 03/25/2021

**Document Submission****Implemented**

*Attached is new residents checklist to ensure all documentation is collected upon admission also attached is a completed chart audit to check accuracy of all residents charts which included the preadmission screenings.*

## 231b - Medical Evaluation

**1. Requirements**

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**

*Resident #2 was admitted to the home's secured dementia care unit on 5/29/20; however, the resident's medical evaluation, dated 5/29/20, does not include the resident's temperature or the medical professional license number for the physician who completed the medical evaluation. These sections of the form are blank.*

*REPEAT VIOLATION: 2/13/2020*

**Plan of Correction****Do Not Accept**

*Contacted physician who completed DME and had them correct the errors on DME. Got temperature from medical records obtained by them at appointment and also had physician add their license number. Documentation attached*

**Completion Date:** 03/25/2021

## 231b - Medical Evaluation (continued)

**Plan of Correction****Directed**

Contacted physician who completed DME and had them correct the errors on DME. Got temperature from medical records obtained by them at appointment and also had physician add their license number. Documentation attached. Audit of all residents DME were preformed on 3/25/2021 to ensure all were documented correctly.

*DIRECTED: Within 5 days of receipt of the plan of correction: A designated staff person shall develop and implement a new-admission checklist to ensure a medical evaluation is completed in its entirety within 60 days prior to admission for each newly-admitted resident to the home's secured dementia care unit. LM 4/6/21*

**Completion Date:** 03/25/2021

**Document Submission****Implemented**

Attached is new resident checklist that will ensure all documentation is collected upon admission.

## 252 - Record Content

**1. Requirements**

2600.

252. Content of Resident Records - Each resident's record must include the following information:
3. A photograph of the resident that is no more than 2 years old.

**Description of Violation**

Resident #2's record does not include a photograph of the resident that is no more than 2 years old. The photograph of the resident in the record was taken on 1/13/19.

**Plan of Correction****Do Not Accept**

Updated photograph was taken on 3/01/2021 and has been placed in the residents file. Documentation attached

**Completion Date:** 03/22/2021

**Plan of Correction****Directed**

Updated photograph was taken on 3/01/2021 and has been placed in the residents file. Documentation attached. Audit of all residents files to ensure updated photos were present was preformed on 3/25/2021.

*DIRECTED: Within 5 days of receipt of the plan of correction: A designated staff person shall develop and implement a system to ensure a photograph of each resident is present that is no more than 2 years old. LM 4/6/21*

**Completion Date:** 03/25/2021

**Document Submission****Implemented**

Attached is documentation of chart audits completed on 4/15/2021 which included audits of residents photographs. Chart Audits will be completed monthly to ensure proper documentation is present.