



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]
May 19, 2021

[REDACTED]
Administrator
Marjorie Carasquero
4701 North 13th Street
Philadelphia, Pennsylvania 19141

RE: Clarke Personal Care Home
License #: 11406

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing (Department), licensing inspections on April 15, 2021 found violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). The enclosed Licensing Inspection Summary (LIS) specifies the violations.

On April 28, 2021, we sent the above LIS along with a letter requesting that you complete a plan to correct the violations. On May 10, 2021, we sent an overdue plan of correction letter requesting that you complete and submit a plan to correct the violations by May 15, 2021. To date, we have not received an acceptable plan to correct the violations; therefore, we have attached a directed plan to correct the violations.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

If you have any questions, please contact me at 717-580-1331 or [REDACTED]

Sincerely,

Claire Mendez

Claire Mendez
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: CLARKE PERSONAL CARE HOME License #: 11406 License Expiration Date: 06/02/2021
Address: 4701 NORTH 13TH STREET, PHILADELPHIA, PA 19141
County: PHILADELPHIA Region: SOUTHEAST

Administrator

Name: [REDACTED] Phone: 2154553080 Email: [REDACTED]

Legal Entity

Name: MARJORIE CARASQUERO
Address: 4701 NORTH 13TH STREET, PHILADELPHIA, PA, 19141
Phone: 2154553080 Email: [REDACTED]

Certificate(s) of Occupancy

Type: R-2 Date: 03/15/2012 Issued By: City of Philadelphia

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 7 Waking Staff: 5

Inspection

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 04/15/2021

Inspection Dates and Department Representative

04/15/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 12 Residents Served: 7

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 7 Are 60 Years of Age or Older: 3
Diagnosed with Mental Illness: 7 Diagnosed with Intellectual Disability: 1
Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

04/15/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 06/03/2021

63b - Current First Aid Training

1. Requirements

2600.

63.b. Current training in first aid and certification in obstructed airway techniques and CPR shall be provided by an individual certified as a trainer by a hospital or other recognized health care organization.

Description of Violation

All Staff members completed an online CPR/First Aid kit training course. This training source is not certified as a trainer by a hospital or other recognized health care organization

Plan of Correction

Directed

Directed Plan of Correction 5/19/2021 CM:

Immediately: The administrator will ensure at least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and cardiopulmonary resuscitation will be present in the home at all times.

The administrator will audit the schedule weekly to ensure staff persons meeting the requirement are scheduled and present in the home.

Within 30 days of the accepted plan of correction: Staff members will complete a CPR/First Aid kit training course. This training source will be certified as a trainer by a hospital or other recognized health care organization.

Completion Date:

103f - Refrigerator/Freezer Temps

1. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

There was no thermometer in the freezer in the basement.

Plan of Correction

Directed

Directed Plan of Correction 5/19/2021 CM:

Immediately: The administrator shall check all refrigerators and freezers at least weekly to ensure all refrigerators and freezers have thermometers and food requiring refrigeration is stored at or below 40 degrees Fahrenheit and frozen food is stored at or below 0 degrees Fahrenheit.

Within 30 days of receipt of the accepted plan of correction: All staff persons involved in food storage and preparation shall be educated on safe food storage including all refrigerators and freezers have thermometers and food requiring refrigeration is stored at or below 40 degrees Fahrenheit and frozen food is stored at or below 0 degrees Fahrenheit. Documentation of education shall be kept.

Completion Date:

107d - Procedure Emergency Management Agency Submission

1. Requirements

2600.

107d - Procedure Emergency Management Agency Submission (continued)

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

Description of Repeat Violation

The home's annual written emergency procedures plan was submitted to the emergency management agency over the time frame of 12 months and grace period this chapters permits.

Repeated Violation: 9/30/2019

Plan of Correction**Directed****Directed Plan of Correction 5/19/2021 CM:**

mmediately: The administrator will submit the home's annual written emergency procedures plan to the emergency management agency and obtain written documentation of the receipt of the plan to be provided to the Department.

mmediately: The administrator will develop a tracking system to ensure that the annual emergency procedures are sent to the emergency management agency at least two weeks prior to the due date.

Completion Date:

130h - Inoperable Smoke Detector**1. Requirements**

2600.

130.h. The home's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.

Description of Violation

The home's emergency procedures do not indicate what procedures will be implemented when a smoke detector or fire alarm is inoperable.

Plan of Correction**Directed****Directed Plan of Correction 5/19/2021 CM:**

mmediately, the home will revise the emergency procedures to include a procedure that will be implemented when a smoke detector or fire alarm is inoperable.

mmediately: The administrator will review all occurrences of fire alarm or smoke detector failure to ensure the home s procedures were immediately and properly implemented.

Completion Date

162c Menu Posted**1. Requirements**

2600.

162.c. Menu, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

162c - Menus Posted (*continued*)**Description of Violation**

The home's menu for the week of 4/11/21-4/17/21 was posted, the menu of the follow week was not posted at advance in a conspicuous and public place in the home.

Plan of Correction**Directed****Directed Plan of Correction 5/19/21 CM:**

Immediately: The administrator will create a current weekly menu and a menu for the following week stating specific food being served at each meal. These menus will be posted in a public place in the home.

Immediately: The administrator will create and review menus weekly to ensure each meal is specified and indicated on the menu.

Completion Date:

225a - Assessment 15 Days

1. Requirements

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 [REDACTED]

Plan of Correction**Directed****Directed Plan of Correction 5/19/21 CM:**

Immediately, Resident #1 will have an assessment completed by the administrator or designee.

Within 15 days of receipt of the plan of correction: The administrator or designee will review all resident assessments for accuracy and completion. Any incomplete or inaccurate assessments will be corrected immediately.

Completion Date:

227a - Support Plan 30 Days

1. Requirements

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident 1 was admitted on [REDACTED]; however, the resident's initial support plan was not completed.

227a - Support Plan 30 Days (continued)

Plan of Correction

Directed

Directed Plan of Correction 5/19/21 CM:

Immediately: The administrator or designee will complete a support plan for Resident 1.

Immediately: The administrator or designated staff person will review all resident records to ensure all residents have a current support plan completed.

Within 15 days of the receipt of the accepted plan of correction: The administrator will develop and implement a policy and procedure to ensure all residents have a support plan completed within 30 days of admission.

Completion Date:

227d - Support Plan Medical/Dental

1. Requirements

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

All contents and topics in the assessment and support plan for resident 2, dated [REDACTED], were blank.

Plan of Correction

Directed

Directed Plan of Correction 5/19/2021 CM:

Immediately: The administrator or designee will complete Resident 2's assessment and support plan.

Immediately: The administrator or designated staff person will review all current and newly completed resident support plans for accuracy and completion accuracy of support plans including the care and services the home will provide.

Within 15 days of the receipt of the accepted plan of correction: All staff persons completing or reviewing support plans will be educated regarding the completion and accuracy of support plans including the care and services the home will provide. Documentation of education shall be kept

Completion Date: