

Department of Human Services
Bureau of Human Service Licensing

August 4, 2022

[REDACTED], EXECUTIVE DIRECTOR

RE: QUINCY RETIREMENT COMMUNITY
6596 ORPHANAGE ROAD
QUINCY, PA, 17247
LICENSE/COC#: 30652

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/14/2021, 07/19/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *QUINCY RETIREMENT COMMUNITY* License #: *30652* License Expiration: *08/29/2021*
Address: *6596 ORPHANAGE ROAD, QUINCY, PA 17247*
County: *FRANKLIN* Region: *CENTRAL*

Administrator

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

Legal Entity

Name: *QUINCY RETIREMENT COMMUNITY*
[REDACTED]

Certificate(s) of Occupancy

Type: *C-1* Date: *05/28/1975* Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *27* Waking Staff: *20*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Incident* Exit Conference Date: *07/14/2021*

Inspection Dates and Department Representative

07/14/2021 - On-Site: [REDACTED]
07/19/2021 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *52* Residents Served: *27*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *27*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *3*

Inspections / Reviews

07/14/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/08/2021*

Inspections / Reviews (*continued*)

07/21/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/28/2022*

07/29/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *08/05/2022*

08/04/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

The last licensing inspection summary that was posted was dated 7/2/18.

Plan of Correction

Accept

1. This was posted immediately on 7/14 by [REDACTED], covering PCHA. The posting was the inspection summary dated 6/26/2019 (no inspection during 2020).
2. Education was provided to the [REDACTED], Acting Personal Care Home Administrator to post most current information and maintain current postings.
3. Ongoing PCHA will audit postings regularly to ensure that appropriate current items are posted.

Completion Date: 07/15/2021

Document Submission

Implemented

1. This was posted immediately on 7/14 by [REDACTED], covering PCHA. The posting was the inspection summary dated 6/26/2019 (no inspection during 2020).
2. Education was provided to the [REDACTED], Acting Personal Care Home Administrator to post most current information and maintain current postings.
3. Ongoing PCHA will audit postings regularly to ensure that appropriate current items are posted.

All steps are completed and corrective action implemented

85d - Trash Receptacles

1. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

There was no cover on the trash can in the first floor shower room.

Plan of Correction

Accept

1. 7/14/2021 Trash receptacle identified in shower room without a cover
2. 7/14/21 Cover was attached to the trash receptacle by [REDACTED], covering PCHA
3. An initial audit was completed of trash receptacles for covers on 7/15/2021
4. Personal Care Home Administrator [REDACTED] provided education to staff to use covered trash receptacles, completed 7/30.
5. Audit of trash receptacles initiated July 2021 by Personal Care Aide and results monitored x3 months.
5. Ongoing audits will occur and be monitored through Quality Assurance and Performance Improvement

Completion Date: 10/30/2021

85d - Trash Receptacles (continued)

Document Submission

Implemented

- 1. 7/14/2021 Trash receptacle identified in shower room without a cover
- 2. 7/14/21 Cover was attached to the trash receptacle by [REDACTED], covering PCHA
- 3. An initial audit was completed of trash receptacles for covers on 7/15/2021
- 4. Personal Care Home Administrator [REDACTED] provided education to staff to use covered trash receptacles, completed 7/30.
- 5. Audit of trash receptacles initiated July 2021 by Personal Care Aide and results monitored x3 months.
- 5. Ongoing audits will occur and be monitored through Quality Assurance and Performance Improvement

All steps are completed and corrective action implemented

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

- 141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
 - 1. A general physical examination by a physician, physician's assistant or nurse practitioner.
 - 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 - 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 - 4. Special health or dietary needs of the resident.
 - 5. Allergies.
 - 6. Immunization history.
 - 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 - 8. Body positioning and movement stimulation for residents, if appropriate.
 - 9. Health status.
 - 10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident 1's medical evaluation, completed [REDACTED], does not include special health or dietary needs, if any.

Plan of Correction

Accept

- 1. Resident # 1 was missing a box checked for special dietary needs on DME form. 7/14/2021 [REDACTED], covering PCHA completed the form for Resident #1.
- 2. A whole house audit of DME forms will be completed to ensure forms include indication of any special dietary needs by [REDACTED], covering PCHA on 7/15/2021
- 3. Personal Care Home Administrator [REDACTED] provided education to LPN staff ensure forms include indication of any special dietary needs, if it is not indicated this information will be clarified by the physician. 7/26/2021.
- 4. Ongoing audits of DME completion will take place x3 months to ensure compliance and accuracy beginning July 2021, completion Oct. 2021.

Completion Date: 10/31/2021

Document Submission

Implemented

- 1. Resident # 1 was missing a box checked for special dietary needs on DME form. 7/14/2021 [REDACTED], covering PCHA completed the form for Resident #1.
- 2. A whole house audit of DME forms will be completed to ensure forms include indication of any special dietary

141a 1-10 Medical Evaluation Information (continued)

needs by M. Dietrich, covering PCHA on 7/15/2021

- 3. Personal Care Home Administrator [REDACTED] provided education to LPN staff ensure forms include indication of any special dietary needs, if it is not indicated this information will be clarified by the physician. 7/26/2021.
- 4. Ongoing audits of DME completion will take place x3 months to ensure compliance and accuracy beginning July 2021, completion Oct. 2021.

All steps are completed and corrective action implemented

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.

Description of Violation

The preadmission screening forms for Residents 1 and 2 do not include a determination that the needs of the residents can be met by the services provided by the home.

Plan of Correction

Accept

- 1. Resident #1 and 2 prescreen form did not indicate needs of the applicant can be met in this personal care home.
- 2. [REDACTED], covering PCH Administrator completed forms for Res #1 and 2 on July 14, 2021.
- 3. A whole house audit was completed by [REDACTED], covering PCHA on 7/15/2021 to ensure that pre-screen forms included whether needs of the applicant can be met in this personal care home
- 4. 7/26/2021 [REDACTED], Acting PCHA educated LPN staff to monitor the pre-admission screening to ensure proper completion within 30 days prior to admission of the resident.
- 5. Audit x3 mo. to ensure ongoing compliance was initiated July 2021 and completed Oct 2021 by LPN staff.

Completion Date: 10/31/2021

Document Submission

Implemented

- 1. Resident #1 and 2 prescreen form did not indicate needs of the applicant can be met in this personal care home.
- 2. [REDACTED], covering PCH Administrator completed forms for Res #1 and 2 on July 14, 2021.
- 3. A whole house audit was completed by [REDACTED], covering PCHA on 7/15/2021 to ensure that pre-screen forms included whether needs of the applicant can be met in this personal care home
- 4. 7/26/2021 [REDACTED], Acting PCHA educated LPN staff to monitor the pre-admission screening to ensure proper completion within 30 days prior to admission of the resident.
- 5. Audit x3 mo. to ensure ongoing compliance was initiated July 2021 and completed Oct 2021 by LPN staff.

All steps are completed and corrective action implemented

225c - Additional Assessment

1. Requirements

2600.

225c - Additional Assessment (continued)

225.c. The resident shall have additional assessments as follows:

- 2. If the condition of the resident significantly changes prior to the annual assessment.
- 3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

The current assessment for Resident 3, completed [REDACTED], does not identify behaviors and cognitive needs, such as irritability, judgement, agitation, and aggression, that should be addressed as a result of a physical altercation between this and another resident.

Plan of Correction

Accept

- 1. RASP was not completed following a behavioral incident for resident #3
- 2. RASP was completed by [REDACTED], covering PCHA on 7/15/2021 for Resident #3 due to changes in behaviors and cognitive needs as a result of altercation with another resident. Changes reflected changes in irritability, judgement, agitation and aggression.
- 3. There were no other behavioral incidents identified
- 4. July 17, 2021 [REDACTED], Personal Care Home Administrator provided education to staff to complete RASP if behavior change/sig change incidents occur including change in functional ability, health condition or cognitive behavior.

Completion Date: 07/17/2021

Document Submission

Implemented

- 1. RASP was not completed following a behavioral incident for resident #3
- 2. RASP was completed by [REDACTED], covering PCHA on 7/15/2021 for Resident #3 due to changes in behaviors and cognitive needs as a result of altercation with another resident. Changes reflected changes in irritability, judgement, agitation and aggression.
- 3. There were no other behavioral incidents identified
- 4. July 17, 2021 [REDACTED], Personal Care Home Administrator provided education to staff to complete RASP if behavior change/sig change incidents occur including change in functional ability, health condition or cognitive behavior.

All steps are completed and corrective action implemented