

Department of Human Services
Bureau of Human Service Licensing

October 8, 2021

[REDACTED], ADMINISTRATOR
[REDACTED]
[REDACTED]
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/01/2021, 09/02/2021, 09/08/2021 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: *INDIANA SQUARE PERSONAL CARE HOME* License #: *44744* License Expiration Date: *06/20/2022*
Address: *1703 WARREN ROAD, INDIANA, PA 15701*
County: *INDIANA* Region: *WESTERN*

Administrator

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

Legal Entity

[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: *42* Waking Staff: *32*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *09/08/2021*

Inspection Dates and Department Representative

09/01/2021 - On-Site: [REDACTED]
09/02/2021 - Off-Site: [REDACTED]
09/08/2021 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *50* Residents Served: *27*

Secured Dementia Care Unit

In Home: *Yes* Area: *level 1* Capacity: *1* Residents Served: *11*

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *27*
Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *15* Have Physical Disability: *0*

Inspections / Reviews

09/01/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/20/2021*

10/5/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *10/08/2021*

10/8/2021 - Document Submission

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

54a - Direct Care Staff

1. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A, hired [REDACTED], does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Repeat Violation 3/12/21, et all

Plan of Correction

Accept

-Staff member A is no longer employed at facility.

-New plan in place that will require copy of GED/Diploma/CNA license prior to first day of employment.

-Audit of all employee files was completed on 9/17/2021 to ensure all correct documents are present and up to date.

-Audits on employee files will be done monthly

Completion Date: 09/20/2021

Document Submission

Implemented

Attached is the completion of the Audit that was preformed on 9/17/2021 of all employee files to ensure all the essential papers needed where indeed in the employees file.

60a - Staff/Support Plan

1. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

60a - Staff/Support Plan (continued)

Description of Violation

The home's schedule indicates that routinely only 2 staff persons work on the 10:00 p.m.-6:00 am. shift. In the event of an emergency evacuation, the home's night staffing is inadequate to meet the supervision/evacuation needs of the residents. The home serves 27 residents, including 11 residents in the secured dementia care unit (SDCU). The home has identified 12 residents as physically immobile, including 3 residents requiring 2-person assistance in the SDCU and 3 residents requiring 2-person assistance in personal care.

During an emergency evacuation residents in the SDCU would be unsupervised while residents in the personal care are assisted by the 2 staff persons present in the home.

Plan of Correction**Accept**

--Immediately upon notification of violation, 10PM-6AM has been staffed with 3 employees.

--Administrator, Assistant Administrator, and Resident Care Coordinator immediately reviewed all resident mobility needs and staffing needs to ensure the safety of all residents and staff.

--Administrator and Assistant Administrator will monitor staffing ,review schedules weekly, and resident/employee ratio per shift to ensure we are following regulations as stated by DHS.

Completion Date: 09/20/2021

Document Submission**Implemented**

Attached is copies of schedules to show we have been working 3 on at all times for all shifts for the past month.

225c - Additional Assessment

1. Requirements

2600.

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

1. Annually.

Description of Violation

Resident #1's assessment, dated [REDACTED], does not include the resident's need for 2-person assistance in transfers and ambulation for safety. The assessment indicates she requires only prompting and cueing for these activities.

225c - Additional Assessment (*continued*)**Plan of Correction****Accept**

--RASP was updated immediately on [REDACTED]. All staff were educated on Residents updated Care plan and needs she is required.

--A complete audit and review of all Resident Care Plans was completed on [REDACTED] to ensure accuracy for mobility needs and supervision needs.

--Audits will be completed monthly from here on out on all RASPS by Resident Care Coordinator/Designee.

Completion Date: 09/20/2021

Document Submission**Implemented**

Attached is a copy of residents updated RASP indicating that [REDACTED] is now a 2 person assist. Attached is the audit that was completed on residents charts checking mobility on RASPS.