

Department of Human Services
Bureau of Human Service Licensing

November 18, 2021

[REDACTED]
PREMIER QUALITY ENTERPRISE INC
1703 WARREN ROAD
INDIANA, PA 15701

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/21/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Jason Williams

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: *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: *43* Waking Staff: *32*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *09/23/2021*

Inspection Dates and Department Representative

09/21/2021 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *50* Residents Served: *26*

Secured Dementia Care Unit

In Home: *Yes* Area: *Level 1* Capacity: *16* Residents Served: *11*

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *2* Are 60 Years of Age or Older: *26*
Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *17* Have Physical Disability: *0*

Inspections / Reviews

09/21/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/04/2021*

Inspections / Reviews (*continued*)

11/3/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *11/10/2021*

11/18/2021 - 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 Repeat Violation

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

Transcript not signed by the school and indicates not official if not signed by an official. Staff is currently shadowing/training

REPEAT 3/12/21, et all

Plan of Correction**Accept**

--Attached is the signed copy of the above named employee's transcript

--Resident Care Coordinator did an audit of all transcripts/GED/Highschool diplomas/CNA license of all employees to ensure they were the correct copy (signed) needed for employment.

--Attached is audit that was completed on 10/8/2021 of all named above.

--Audits will be done quarterly on all employee files. Also for new employees Administrator and Resident Care Coordinator have been educated to watch for the appropriate seal and sign on all transcripts/ GEDS/ Diplomas

Completion Date: 11/03/2021

Document Submission**Implemented**

--Attached is audit that was completed on 10/8/2021 of employees to ensure the accuracy of Diplomas/GEDS.

--Audits will be done quarterly on all employee files. Administrator and Resident Care Coordinator have been educated to watch for appropriate seal and sign on all transcripts/GEDS/Diplomas

81b - Resident Personal Equipment

1. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

The enabler bar on resident #1's bed has an uncovered opening of approximately 16"w by 12"h, causing a potential safety/entrapment hazard.

Plan of Correction**Accept**

-Attached is picture of cover on enabler bar that was placed over the opening. Until cover arrived, enabler bar was removed to ensure safety of the resident.

-Resident Care Coordinator and Administrator did a walk through of all residents rooms, wheelchairs, and walkers of any hazards.

-Monthly Checks will be completed to ensure the safety of all residents.

--Attached is the check list of items inspected for each resident

Completion Date: 11/03/2021

81b - Resident Personal Equipment (continued)**Document Submission****Implemented**

--Attached is the audit that was done on a walk through of all residents rooms, wheelchairs, and walkers. Audit was done on 10/1/21

--Monthly checks will be completed on all residents rooms, wheelchairs, and walkers to ensure safety.

--Also attached is the picture of the cover that was purchased for enabler bar.