

Department of Human Services  
Bureau of Human Service Licensing

July 14, 2022

[REDACTED]  
PARKER PERSONAL CARE INC  
103 SEWARD STREET  
PARKER, PA, 16049

RE: PARKER PERSONAL CARE FACILITY  
103 SEWARD STREET  
PARKER, PA, 16049  
LICENSE/COC#: 42656

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/19/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Suzy Quinn

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: *PARKER PERSONAL CARE FACILITY* License #: *42656* License Expiration: *11/09/2022*  
Address: *103 SEWARD STREET, PARKER, PA 16049*  
County: *ARMSTRONG* Region: *WESTERN*

**Administrator**

Name: [REDACTED] Phone: *7243994356* Email: [REDACTED]

**Legal Entity**

Name: *PARKER PERSONAL CARE INC*  
Address: *103 SEWARD STREET, PARKER, PA, 16049*  
Phone: *724-664-3465* Email: [REDACTED]

**Certificate(s) of Occupancy**

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *36* Waking Staff: *27*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint, Incident* Exit Conference Date: *01/19/2022*

**Inspection Dates and Department Representative**

*01/19/2022 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *40* Residents Served: *33*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *3*

**Number of Residents Who:**

Receive Supplemental Security Income: *3* Are 60 Years of Age or Older: *30*  
Diagnosed with Mental Illness: *14* Diagnosed with Intellectual Disability: *1*  
Have Mobility Need: *3* Have Physical Disability: *0*

**Inspections / Reviews**

**01/19/2022 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/13/2022*

**02/04/2022 - POC Submission**

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/11/2022*

Inspections / Reviews (*continued*)

04/15/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *04/23/2022*

07/14/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 42b - Abuse

**1. Requirements**

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

**Description of Violation**

On or about 12/2/21, direct care staff person A showered resident #1 in the resident's bathroom. While drying off resident #1, direct care staff person A began to kiss [REDACTED] on the lips, and touched [REDACTED] genitals with [REDACTED] hand.

On or about 1/3/22, direct care staff person A and resident #1 began to kiss each other in resident #1's bedroom. This progressed to direct care staff person A touching resident #1's genitals and engaging in oral sex with the resident.

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

State Police were notified of this incident and found no illegal activity. Upon receipt of DHS findings, staff person A has been discharged from duties effective [REDACTED]. Appropriate relationships with a resident have been discussed with all staff and will become a part of our orientation including continued education through the year.

On 03/09/2022 Armstrong County Area Agency on Agency Ombudsman came to the facility and held a training on resident rights, sexual harassment, professional boundaries between staff and residents.

**Directed:**

By 4/22/22, weekly thereafter for 1 month and monthly thereafter for 3 months, the administrator or designee shall privately interview 3 residents regarding their care and treatment. Documentation shall be kept and shall be reviewed at quality management plan reviews.

**S.Q. 4/15/22****Completion Date:** 03/09/2022**Document Submission****Implemented**

see attached training record with signature of AAA Ombudsman.