

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

April 20, 2023

[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 07/12/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

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: [REDACTED] Email: [REDACTED]

Legal Entity

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

Certificate(s) of Occupancy

Type: *I-1* Date: 11/02/1991 Issued By: *City of Parker*

Staffing Hours

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

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: 07/21/2022

Inspection Dates and Department Representative

07/12/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 40 Residents Served: 32
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 4
 Number of Residents Who:
 Receive Supplemental Security Income: 4 Are 60 Years of Age or Older: 29
 Diagnosed with Mental Illness: 13 Diagnosed with Intellectual Disability: 1
 Have Mobility Need: 4 Have Physical Disability: 1

Inspections / Reviews

07/12/2022 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: 08/11/2022

10/07/2022 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 04/18/2023
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: 10/14/2022

Inspections / Reviews (*continued*)

03/09/2023 - POC Submission

Submitted By: [REDACTED] an

Date Submitted: 04/18/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 03/16/2023

04/14/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/18/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 04/19/2023

04/20/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/18/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

Resident #1's contract, dated [REDACTED] is not signed by the resident, nor is there a notation indicating the resident was given the opportunity to sign.

POC Submission

Accept (JW - 03/09/2023)

The contract was reviewed with the spouse and resident together, the resident was able to make a mark on the signature line which was completed on [REDACTED]. In the future, the contract will be immediately reviewed by the office manager after completion by the Administrator for all necessary signatures and addressed accordingly to ensure proper notation is made on all contract documents. All other contracts have been reviewed and remain in compliance.

Corrective steps were taken by the Office Manager. JW 3/9/23

Licensee's Plan Completion Date: 02/20/2023

Implemented (CB - 04/14/2023)

103g - Storing Food

3. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

A large bag of pasta in the pantry was opened and unsealed.

POC Submission

Directed (JW - 03/09/2023)

Immediately the bag of pasta was sealed and dated on 08/04/2022. The kitchen supervisor inspected the remaining food items in the pantry, refrigerator, and freezer to guarantee proper storage and sealing of all food items on 08/04/2022.

Corrective steps were taken by the Kitchen Supervisor JW 3/9/23

By 3/15/23 and weekly thereafter: The administrator or designee will check all food storage areas to ensure food is stored in closed or sealed containers. JW 3/9/23

Directed Completion Date: 02/20/2023

Implemented (CB - 04/14/2023)

133.1 - Exit Signs

4. Requirements

2600.

133.1. Exit Signs - The following requirements apply for a home serving nine or more residents: Signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

133.1 - Exit Signs *(continued)***Description of Violation**

The exit door in bedroom [REDACTED] is not labeled an emergency exit or not an exit.

POC Submission

Accept (JW - 03/09/2023)

Immediately a "Not an Exit" sign was placed on the door in room [REDACTED]. The other two bedrooms that have private doors also had the same sign placed on their doors to ensure any visitors or other residents are aware that those are not designated exit doors. Maintenance will ensure the signs are always posted and visible.

Corrective steps were taken by the Administrator. JW 3/9/23

By 3/15/23 and at least weekly thereafter: The administrator or designee shall check the home to ensure signs bearing the word "EXIT" in plain legible letters are placed at all exits. JW 3/9/23

Licensee's Plan Completion Date: 02/20/2023

Implemented (CB - 04/14/2023)

141b1 - Annual Medical Evaluation

5. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #2's most recent medical evaluation was completed on [REDACTED]. The resident's previous medical evaluation was completed on [REDACTED].

POC Submission

Accept (JW - 03/09/2023)

Immediately administration created a list of all residents with their annual medical evaluation and support plan renewal dates. This is to help better track when documentation needs to be completed by to remain in compliance. Asst. Administrator will be completing all DME's and working with PCP's to remain in compliance within the annual year.

By 3/15/23 and at least monthly thereafter: the Administrator or designee shall review the list of medical evaluation dates to ensure each resident has a medical evaluation completed at least annually. JW 3/9/23

Licensee's Plan Completion Date: 02/20/2023

Implemented (CB - 04/14/2023)

185a - Implement Storage Procedures

6. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #3's glucometer is not calibrated to the current time.

POC Submission

Accept (JW - 03/09/2023)

Immediately the Asst. Administrator checked all other glucometers for accuracy of time and date on 08/09/2022.

185a - Implement Storage Procedures (continued)

Med trained staff will have a meeting with the Administrator and Asst. Administrator on 08/09/22 and will be shown how to change time and date to ensure coding for glucometers is correct at all times. Med Trained Staff will also be required to check glucometers for coding accuracy daily. Asst. Administrator will monitor all glucometers for accuracy of readings, including date and time accuracy.

Licensee's Plan Completion Date: 02/20/2023

Implemented (CB - 04/20/2023)

187a - Medication Record

7. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident #1 is prescribed Quetiapine Fumarate 50 mg and Desitin 40% paste. However, the resident's July, 2022 medication administration record (MAR) does not indicate the diagnosis or purpose.

POC Submission

Accept (JW - 03/09/2023)

Immediately PPC contacted the pharmacy and explained to them the importance of documenting the dx on each medication for our residents. A cart audit is scheduled to be performed on 08/08/2022 by the Administrator and Asst. Administrator at which time any medication without a dx will be changed by the pharmacy immediately. Asst. Administrator and Pharmacy Technician will be communicating and checking all medications have a DX listed for each new script.

Licensee's Plan Completion Date: 02/20/2023

Implemented (CB - 04/20/2023)

225c - Additional Assessment

8. Requirements

2600.

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

1. Annually.

Description of Violation

Resident #2's current assessment was completed on [REDACTED]. However, the resident's previous assessment was completed on [REDACTED].

Resident #4's current assessment was completed on [REDACTED]. However, the resident's previous assessment was completed on [REDACTED].

POC Submission

Accept (JW - 03/09/2023)

Immediately administration created a list of all residents with their annual medical evaluation and support plan renewal dates. This is to help better track when documentation needs to be completed by to remain in compliance.

225c - Additional Assessment (continued)

Asst. Administrator will be completing all DME's and working with PCP's to remain in compliance within the annual year.

By 3/15/23 and at least monthly thereafter: The Administrator or designee shall review the list of annual assessment dates to ensure each resident has an assessment completed annually. JW 3/9/23

Licensee's Plan Completion Date: 02/20/2023

Implemented (CB - 04/20/2023)

227g - Support Plan Signatures**9. Requirements**

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #1 participated in the development of his/her support plan on [REDACTED] However, the resident did not sign the support plan.

POC Submission

Accept (JW - 03/09/2023)

On [REDACTED] the resident was able to make a mark in the signature line of the support plan. Immediately Parker PCH Admin directed staff that any residents who are unable to sign the support plan or refuse to participate can make notation of the attempts to review or collect signatures and document the appropriate marking by placing a check in the boxes provided under the resident signature line. Administration will review support plans completed by the Asst. Administrator within 24 hours to guarantee all necessary signatures are obtained before profiling.

Licensee's Plan Completion Date: 02/20/2023

Implemented (CB - 04/20/2023)

251b - Record Entries Legible**10. Requirements**

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Correction fluid was used on the name and address of the responsible person making payment on resident #4's contract.

POC Submission

Accept (JW - 03/09/2023)

Immediately administration advised all staff that any changes to original documentation shall be made with either a new contract, or by placing one line through the previous notation with a date and initials to signify the change. Administrator and Office Manager will ensure all documentation errors are corrected with one line through the original documentation, a date provided, then followed by the correct documentation. No changes to contracts will be made by any staff other than Administrator and Office Manager.

Licensee's Plan Completion Date: 02/20/2023

251b - Record Entries Legible *(continued)*

Implemented (CB - 04/20/2023)