

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

June 27, 2023

[REDACTED], OWNER/ADMINISTRATOR
4701 NORTH 13TH STREET
PHILADELPHIA, PA, 19141

RE: CLARKE PERSONAL CARE HOME
4701 NORTH 13TH STREET
PHILADELPHIA, PA, 19141
LICENSE/COC#: 11406

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/28/2023 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: CLARKE PERSONAL CARE HOME **License #:** 11406 **License Expiration:** 06/02/2023

Address: 4701 NORTH 13TH STREET, PHILADELPHIA, PA 19141

County: PHILADELPHIA **Region:** SOUTHEAST

Administrator

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

Legal Entity

Name: MARJORIE CARASQUERO

Address: [REDACTED]

Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: Other **Date:** 03/05/2012 **Issued By:** City of Philadelphia

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 8 **Waking Staff:** 6

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**

Reason: Renewal, Complaint **Exit Conference Date:** 04/28/2023

Inspection Dates and Department Representative

04/28/2023 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 12 **Residents Served:** 8

Secured Dementia Care Unit

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

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 8 **Are 60 Years of Age or Older:** 6

Diagnosed with Mental Illness: 8 **Diagnosed with Intellectual Disability:** 1

Have Mobility Need: 0 **Have Physical Disability:** 0

Inspections / Reviews

04/28/2023 - Full

Lead Inspector: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 05/22/2023

Inspections / Reviews (*continued*)

05/22/2023 POC Submission

Submitted By: [REDACTED] Date Submitted: 06/26/2023
Reviewer: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 05/31/2023

05/30/2023 POC Submission

Submitted By: [REDACTED] Date Submitted: 06/26/2023
Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 06/26/2023

06/27/2023 Document Submission

Submitted By: [REDACTED] Date Submitted: 06/26/2023
Reviewer: [REDACTED] Follow Up Type: Not Required

20b6 - Interest Bearing Account

1. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

6. If a home is holding more than \$200 for a resident for more than 2 consecutive months, the administrator shall notify the resident and offer assistance in establishing an interest-bearing account in the resident's name at a local Federally-insured financial institution. This does not include security deposits.

Description of Violation

The home held money for resident #1, from November 2022 to present, during which time the balance of those funds did not fall below [REDACTED]. The home has not offered assistance in establishing an interest-bearing account in the resident's name

Plan of Correction

Accept [REDACTED] - 05/30/2023)

The Administrator will be responsible person to assist the resident with financial money management and opening an interest-bearing bank account at Citizens Bank or bank of [REDACTED] choose in [REDACTED] name. In following the guidelines in the RCG, and not holding more than \$200 in the account. This violation was corrected, and on 5/8/23 an account was opened, and active from that date. A monthly review of bank statements and quarterly financial sheet with be completed with the Administrator and resident. After review and agreement, the resident will initial the form before filing.

Licensee's Proposed Overall Completion Date: 05/27/2023

Implemented [REDACTED] - 06/27/2023)

25b - Contract Signatures

2. 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

The resident-home contract dated [REDACTED], for resident #2 was not signed by the administrator and resident.

Plan of Correction

Accept [REDACTED] - 05/30/2023)

The administrator will be the responsible person in ensuring the resident contract is completed and signed by the resident on the date of admission and in her files. On 4/29/23 the correction was completed. The Administrator will review and check that all documentation is completed in its entirety in resident files on final admission. A checklist was created as a tool to help in reviewing files upon all admission and on annually update.

Licensee's Proposed Overall Completion Date: 05/27/2023

Implemented [REDACTED] - 06/27/2023)

26b - Quality Management Plan Content

3. Requirements

2600.

26.b. The quality management plan shall address the periodic review and evaluation of the following:

1. The reportable incident and condition reporting procedures.
2. Complaint procedures.
3. Staff person training.

26b Quality Management Plan Content (continued)

- 4. Licensing violations and plans of correction, if applicable.
- 5. Resident or family councils, or both, if applicable.

Description of Violation

The home's quality management review dated 03/02/23 did not address reportable incident and condition reporting procedures, complaint procedures, staff person training, licensing violations and plans of correction, resident or family councils.

Plan of Correction

Accept (████) - 05/30/2023

A written documentation of the procedure and method used will be kept for all training and discussions held at the facility. The Administrator will be the responsible person in following up with the completed review data including the method used and date completed. On 4/30/23 the information was completed, and method used was through verbal discussion.

Licensee's Proposed Overall Completion Date: 05/27/2023

Implemented (████) 06/27/2023

42c - Treatment of Residents

4. Requirements

- 2600.
- 42.c. A resident shall be treated with dignity and respect.

Description of Violation

On ██████ staff member A addressed resident#2 in the common area telling resident#2 in front of all the other residents that they were wearing the same clothes for two days in a row. Resident#2 was embarrassed and told staff member A that ██████ does not have enough clothes.

Plan of Correction

Accept (████) - 05/30/2023

Discussion was held with staff about the appropriate and respectful manner when communicating with the residents about ADL's and grooming. Resident to be treated with respect and dignity at all times. Staff will continue to follow these guidelines by respecting the residents at all times. This discussion was held on 4/29/23, and will be reviewed quarterly, and documented after each meeting or discussion.

Licensee's Proposed Overall Completion Date: 05/27/2023

Implemented (████) - 06/27/2023

63a - First Aid/CPR Training

5. Requirements

- 2600.
- 63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On 04/22/23 at 9am until 04/24/23, at 9am (a total of 48 consecutive hours), 8 residents were present in the home. During this time no staff persons was present in the home who was certified in first aid, obstructed airway techniques and CPR.

Plan of Correction

Accept (████) - 05/30/2023

The Administrator will be responsible in ensuring staff persons are certified in First Aid and CPR as required for their annual training hours and certification. Review of training will be done annually effective 4/30/23, and the

63a - First Aid/CPR Training (continued)

certificates will be in the files. Recertification was done for A.H. 1/20/23 and M.C. 5/9/23.

Licensee's Proposed Overall Completion Date: 05/27/2023

Implemented (████) - 06/27/2023)

101j1 - Mattress Fire Retardant**6. Requirements**

2600.

101.j. Each resident shall have the following in the bedroom:

1. A bed with a solid foundation and fire retardant mattress that is in good repair, clean and supports the resident. A legal entity with a personal care home license for the home as of October 24, 2005, shall be exempt from the requirement for a fire retardant mattress.

Description of Violation

On 4/28/23, the mattress belonging to resident#2 was caved in on one side of the bed. The mattress is in disrepair and needs to be replaced.

Plan of Correction

Accept (████) - 05/30/2023)

The Administrator and staff will be responsible for ensuring the bed and mattress is in good repair and supportive to the resident. During weekly room check the staff will check the resident bed and room. On 4/28/23, the bed frame was repaired, and a new frame was ordered and replaced the old frame on 5/18/23. A weekly checklist was implemented on of 4/30/23.

Licensee's Proposed Overall Completion Date: 05/27/2023

Implemented (████) - 06/27/2023)

161b - Well-Balanced Meals**7. Requirements**

2600.

161.b. At least three nutritionally well-balanced meals shall be offered daily to the resident. Each meal shall include an alternative food and drink item from which the resident may choose.

Description of Violation

As stated by resident 2 and resident 3 during interview, on ██████, lunch was not served and an alternative food was not available. Per resident#2 statements, when lunch was requested staff member A stated replied that since no one was in the home, no lunch was prepared.

Plan of Correction

Accept (████) - 05/30/2023)

The Administrator and staff will be responsible in ensuring the residents are serviced three meals daily, and alternate meals will be offered when requested. Staff will check with residents when leaving out the facility if their meal is to be held on their return. Effective immediately on 4/29/23, staff will offer three well-balance meals to the resident, and when the resident is not present the meal will be held, even when resident is not on time. As written in the house rules three meals served daily. Daily monitoring will be done by Administrator immediately.

Licensee's Proposed Overall Completion Date: 05/27/2023

Implemented (████) - 06/27/2023)

186a - Authorized Prescriber**8. Requirements**

186a Authorized Prescriber (continued)

2600.

186.a. Each prescription medication must be prescribed in writing by an authorized prescriber. Prescription orders shall be kept current.

Description of Violation

Resident 2 is prescribed [REDACTED] - take one tablet by mouth at bedtime- scheduled for 8pm, and [REDACTED] mg- Take one tablet by mouth at bedtime scheduled for 8pm. The home changed the time that these medications are to be administered from bedtime to 5pm. The home did not obtain an order from the prescriber to change the time.

Plan of Correction

Accept [REDACTED] - 05/30/2023)

The Administrator and staff will follow-up with new orders of medication. The Administrator and staff will obtain the written orders from physician and pharmacy when changes are made by physicians. The Administrator will continue building rapport with patients, physicians and support services to ensure the written orders are received with new medication orders. effective 4/30/23.

Licensee's Proposed Overall Completion Date: 05/27/2023

Implemented [REDACTED] - 06/27/2023)

186c Change in Medications

9. Requirements

2600.

186.c. Changes in medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.

Description of Violation

Resident 2 is prescribed [REDACTED] - take one tablet by mouth at bedtime- scheduled for 8pm, and [REDACTED] [REDACTED] - Take one tablet by mouth at bedtime scheduled for 8pm. The home changed the time that these medications are to be administered from bedtime to 5pm. The home had not received a written order from an authorized prescriber for the change and does not have registered nurses authorized to receive verbal orders.

Plan of Correction

Accept [REDACTED] - 05/30/2023)

The Administrator and staff will check and compare all medications to ensure the medication is written on the resident MARS as prescribed by physician/s at the time received from the pharmacy. Medication review and observation was completed on 4/30/23 with the staff member. This goes into effect immediately on 4/30/23 and will be reviewed in six months.

Licensee's Proposed Overall Completion Date: 05/27/2023

Implemented [REDACTED] - 06/27/2023)

187a Medication Record

10. Requirements

2600.

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

Description of Violation

Resident #1 is prescribed [REDACTED], take one tablet by mouth every 8 hours as needed. This medication was administered; however, it is not included on resident #1's medication administration record.

187a Medication Record (continued)

Resident #2 is prescribed [REDACTED], apply one patch every day for 14 days. However, it is not included on resident #1's medication administration record.

Plan of Correction

Accept [REDACTED] - 05/30/2023)

The Administrator and staff will be responsible to compare and check all medication orders when received from pharmacy to ensure the correct documentation is completed and administered as prescribed daily. Medication review and observation completed on 4/30/23 with staff member. This goes into effect on 4/30/23 and will be reviewed monthly and when new medications are received.

Licensee's Proposed Overall Completion Date: 05/27/2023

Implemented [REDACTED] - 06/27/2023)

187d - Follow Prescriber's Orders

11. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #2 is prescribed [REDACTED], take one tablet as directed at bedtime (8pm) and [REDACTED] tabs, take one tablet by mouth at bedtime (8pm). However, resident #2 was administered [REDACTED] tabs and [REDACTED] tabs for all dates in April at 5pm.

Resident #2 is prescribed [REDACTED], apply one patch daily. However, resident #2 was not administered this medication from April 4 through April 22, 2023.

Plan of Correction

Accept [REDACTED] - 05/30/2023)

The staff will be responsible for administering and ensuring medication labels and MARS match and all changes of new orders by physicians are documented when medications are received from pharmacy with orders of change. Staff to indicate refusal on MAR on dates of administered. On 4/30/23, medication review was completed for staff member, and another review will be done in six months as of 4/30/23.

Licensee's Proposed Overall Completion Date: 05/27/2023

Implemented [REDACTED] - 06/27/2023)

224a - Preadmission Screen Form

12. 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

Resident #1 was admitted to the home on [REDACTED]; however, the resident's preadmission screening form was not completed.

224a - Preadmission Screen Form (continued)

Plan of Correction

Accept () - 05/30/2023)

The Administrator is responsible for ensuring all documentation is completed and signed upon admission. The Administrator will review upon acceptance and final admission that all documents are completed and signed within 30 days prior of admission as required. A check list was created as a tool to assist in having this completed. On 4/29/23 the correction was done..

Licensee's Proposed Overall Completion Date: 05/27/2023

Implemented () - 06/27/2023)

252 - Record Content

13. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

- 3. A photograph of the resident that is no more than 2 years old.

Description of Violation

Resident 3's record does not include a photograph of the resident that is no more than 2 years old.

Plan of Correction

Accept () - 05/30/2023)

The Administrator is responsible for ensuring the resident picture is updated every two years to avoid this violation. On (), the picture was taken and updated in () files. The Administrator will review his picture annually as of 4/29/23, the effective date.

Licensee's Proposed Overall Completion Date: 05/27/2023

Implemented () - 06/27/2023)