

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

April 17, 2024

[REDACTED]
PARKER PERSONAL CARE INC
[REDACTED]

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

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/05/2023, 12/21/2023, 12/26/2023 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: *PARKER PERSONAL CARE FACILITY* License #: 42656 License Expiration: 11/09/2023
 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: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

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

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint, Incident* Exit Conference Date: 12/26/2023

Inspection Dates and Department Representative

12/05/2023 - On-Site: [REDACTED]
 12/21/2023 - On-Site: [REDACTED]
 12/26/2023 - Off-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: 0

Number of Residents Who:
 Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 31
 Diagnosed with Mental Illness: 17 Diagnosed with Intellectual Disability: 1
 Have Mobility Need: 4 Have Physical Disability: 0

Inspections / Reviews

12/05/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: 01/14/2024

01/11/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 04/16/2024
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: 01/19/2024

Inspections / Reviews *(continued)*

02/23/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/16/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 04/15/2024

04/17/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/16/2024

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

Resident [REDACTED], admitted [REDACTED], has a diagnosis of moderate to severe dementia and is non-verbal. The resident's assessment dated [REDACTED] indicates the resident is independent for ambulation and transferring. Multiple staff interviews indicated that resident [REDACTED] normal routine was walking around the home and rarely if ever needing a wheelchair. On [REDACTED] staff member A worked from [REDACTED] to [REDACTED] and observed resident [REDACTED] at [REDACTED] baseline behavior, walking around the home unassisted. On [REDACTED], staff member B worked from [REDACTED] to [REDACTED]. At approximately [REDACTED] staff member B observed resident [REDACTED] at [REDACTED] baseline, walking around the home without assistance.

On [REDACTED] approximately [REDACTED], the resident began to show signs of being in pain and this continued until the resident was sent to the hospital on [REDACTED] at approximately [REDACTED]. Multiple staff interviews indicated witnessing the resident in pain between [REDACTED] and [REDACTED] to include the resident gripping a staff members arm, taking additional staff to transfer the resident from [REDACTED] wheelchair to [REDACTED] bed due to the resident being in pain, a ping pong sized bruise on the resident's left hip, the resident holding onto her leg, wincing in pain and turning in of the resident's left foot. On [REDACTED] several staff members to include staff member I, a Registered Nurse, assessed the resident and indicated that the resident needed medical attention and should be sent to the hospital.

On [REDACTED], at [REDACTED] Physician's Mobile X-Ray arrived at the home and performed an exam of resident [REDACTED]. A report from Physician's Mobile X-Ray indicates that resident [REDACTED] fracture had occurred a couple days before the exam was performed. On [REDACTED], at approximately [REDACTED], the local Emergency Medical Services transported resident [REDACTED] to the hospital where the resident was subsequently admitted for a closed fracture of the left hip secondary to an unwitnessed fall. The home failed to send the resident to the hospital for multiple days despite showing signs of being in pain.

Plan of Correction**Directed [REDACTED] 02/23/2024)**

On [REDACTED], the Administrator informed staff of this potential violation. They were told that moving forward, any and all changes in a resident's behavior are to be immediately reported regardless of time or day and despite how unsure the staff may be of the change being emergent or not.

On [REDACTED], staff were educated by the Administrator and Asst. Administrator on identifying possible changes to comfort for non-verbal residents by observing their facial expressions, ambulation changes, possible sounds that could represent pain or discomfort, posture, and the position of arms and legs including bruises or unexplainable marks on the body.

New hires will be educated to report any and all changes to the on-call supervisor for immediate assessment and treatment as necessary. All staff are now required to document said changes in our daily communication sheet for each shift and fill out injury reports so that communication and documentation can be kept for each resident as needed.

Proposed Overall Completion Date: 01/19/2024

42b - Abuse (continued)

Directed:

Within 14 days of receipt of the accepted plan of correction all staff to include the administrator shall be educated by the Armstrong County Ombudsman or another outside agency approved by the Department on the topic of resident rights with an emphasis on the right to be free from neglect, and the right to prompt medical treatment.

J.W. 2/23/24

Proposed Overall Completion Date: 03/15/2024

Directed Completion Date: 03/15/2024

Implemented [REDACTED] - 04/17/2024)

42c - Treatment of Residents

2. Requirements

2600.

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

Description of Violation

On [REDACTED], Resident [REDACTED] was admitted to the home. On [REDACTED] after dusk resident [REDACTED] attempted to go to the home's designated smoking area to have a cigarette. resident [REDACTED] was told by staff there was no smoking allowed after dusk. Resident [REDACTED] was unaware of the rule and began questioning staff regarding the rule. Staff member J then engaged resident [REDACTED], asking [REDACTED], do we have a problem here, and informing [REDACTED], if [REDACTED] did not like the rules of the home [REDACTED] could live elsewhere. Resident [REDACTED] felt intimidated and disrespected by the interaction between [REDACTED] and staff member J.

Plan of Correction

Directed [REDACTED] - 02/23/2024)

We wish to appeal this violation.

Proposed Overall Completion Date: 01/19/2024

Directed:

Within 24 hours of receipt of the accepted plan of correction the administrator or designee shall conduct a review with resident [REDACTED] on the topic of the home rules with emphasis on the approved hours for smoking and ensure that resident [REDACTED] has acknowledged the home rules with a signature.

[REDACTED] 2/23/24

Directed:

Within 14 days of receipt of the accepted plan of correction all staff to include the administrator shall be educated by the Armstrong County Ombudsman or another outside agency approved by the Department on the topic of resident rights with an emphasis on the right to be treated with dignity and respect.

[REDACTED] 2/23/24

Directed:

Within 7 days of receipt of the accepted plan of correction the administrator shall conduct a review with all residents on the topic of resident rights with an emphasis on the right to be treated with dignity and respect.

42c - Treatment of Residents (continued)

2/23/24

Directed Completion Date: 03/15/2024

Implemented 04/17/2024)

83a - Indoor Temperature

3. Requirements

2600.

83.a. The indoor temperature, in areas used by the residents, must be at least 70°F when residents are present in the home.

Description of Violation

On 12/5/23, at 4:32 p.m., and at 4:45 p.m., resident #2's room temperature was measured at 66.5° Fahrenheit.

Plan of Correction

Directed - 02/23/2024)

Immediately Maintenance adjusted the thermostat that controls the resident's bedroom. This action did not resolve the issue.

Corrective Action taken was resident was relocated to a different room until a new heating element can be installed in the bedroom.

Maintenance, on 01/02/24, checked all bedroom temperatures and found them to be in compliance. Maintenance will check monthly to ensure temperatures remain compliant through the rest of the winter season.

Proposed Overall Completion Date: 01/19/2024

Directed:

Within 7 days of receipt of the accepted plan of correction the administrator or designated staff shall begin conducting monthly room inspections to identify maintenance needs. documentation will be kept.

2/23/24

Directed Completion Date: 01/19/2024

Implemented - 04/17/2024)

225a - Assessment 15 Days

4. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident was admitted to the home on with a diagnosis of moderate to severe dementia. However, resident most recent assessment and support plan completed on, indicated an assessed need of supervision as none, resident requires no supervision either in the home or while in the community.

225a - Assessment 15 Days (continued)**Plan of Correction****Directed** [REDACTED] - 02/23/2024)

The resident was not present in the home when this violation occurred. Action was taken upon her return on 01/12/24.

Immediately, Asst. Administrator reevaluated the residents RASP and supervision status. A "significant change" RASP has been completed and supervision was listed as extensive both in the home and while in the community.

On 12/22/23, staff were made aware of this possible violation and were told the changes would be made for their review upon her return.

The Asst. Administrator will continue to monitor all residents in the home or supervision changes and document in the RASP and to staff as changes occur.

Proposed Overall Completion Date: 01/19/2024

Directed:

Within 7 days of receipt of the accepted plan of correction the administrator or designated employee shall conduct a review of all RASPs to ensure they are appropriate.

[REDACTED] 2/23/24

Directed Completion Date: 01/19/2024

Implemented [REDACTED] - 04/17/2024)