

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

August 22, 2024

[REDACTED], ADMINISTRATOR  
QUINCY RETIREMENT COMMUNITY  
6596 ORPHANAGE ROAD  
[REDACTED]  
WAYNESBORO, PA, 17268

RE: QUINCY RETIREMENT COMMUNITY  
6596 ORPHANAGE ROAD  
QUINCY, PA, 17247  
LICENSE/COC#: 30652

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/30/2024, 07/31/2024 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: *QUINCY RETIREMENT COMMUNITY* License #: 30652 License Expiration: 08/29/2025  
Address: 6596 ORPHANAGE ROAD, QUINCY, PA 17247  
County: FRANKLIN Region: CENTRAL

**Administrator**

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

**Legal Entity**

Name: *QUINCY RETIREMENT COMMUNITY*  
Address: 6596 ORPHANAGE ROAD, [REDACTED], WAYNESBORO, PA, 17268  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-2 LP Date: 05/28/1975 Issued By: *Department of Labor & Industry*

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 24 Waking Staff: 18

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: 07/31/2024

**Inspection Dates and Department Representative**

07/30/2024 - On-Site: [REDACTED]  
07/31/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information			
License Capacity: 52	Residents Served: 24		
Secured Dementia Care Unit			
In Home: No	Area:	Capacity:	Residents Served:
Hospice			
Current Residents: 0			
Number of Residents Who:			
Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 24		
Diagnosed with Mental Illness: 0	Diagnosed with Intellectual Disability: 0		
Have Mobility Need: 0	Have Physical Disability: 0		

**Inspections / Reviews**

07/30/2024 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: 08/12/2024

Inspections / Reviews *(continued)*

08/16/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/22/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 08/26/2024

08/22/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/22/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

91 - Telephone Numbers

1. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

On 7/30/24 at approximately 10:00 AM, there were no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in Resident Room numbers 105, 110, 114 and 115.

Plan of Correction

Accept ( ) - 08/16/2024

The required phone numbers were placed beside phones immediately by PC Aide for rooms 105, 110, 114 and 115. Re-education to on-site staff was conducted by PC Aide on 7/30/24 and to all staff by PC Administrator on 8/7/24. PC Administrator or designee will conduct audits of resident rooms weekly for 4 weeks and then monthly for 2 months to confirm compliance.

Audit results will be reported to Quality Assurance in Sept., Oct., and Nov.

Licensee's Proposed Overall Completion Date: 08/09/2024

Implemented ( ) - 08/22/2024

103d - Storing Food Off Floor

2. Requirements

2600.

103.d. Food shall be stored off the floor.

Description of Violation

On 7/30/24 at approximately 9:50 AM an unopened box of frozen sweet potatoes and a Ziplock bag of frozen omelets were observed stored on the floor in walk-in freezer.

Plan of Correction

Accept ( ) - 08/16/2024

Unopened box was immediately returned to the appropriate shelf by dietary staff. The ziploc bag of omelets were immediately discarded by dietary staff.

Re-education was conducted by Assistant Director of Dining to dietary staff on 7/31/24.

Assistant Director of Dining or designee will conduct audits of 5 random food storage items weekly for 4 weeks and then audit monthly for 2 months to confirm compliance.

Audit results will be reported to Quality Assurance during Sept., Oct., and Nov.,

Licensee's Proposed Overall Completion Date: 08/09/2024

Implemented ( ) - 08/22/2024

103f - Refrigerator/Freezer Temps

3. Requirements

2600.

103f - Refrigerator/Freezer Temps (continued)

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 7/30/24 at approximately 9:50 AM there was no thermometer observed in chest freezer in the basement.

Plan of Correction

Accept ( ) - 08/16/2024

A thermometer was immediately placed in the freezer by Dietary staff member.

A re-education was conducted by Asst. Director of Dining to dietary staff on 7/31/24.

Asst. Director of Dining or designee will conduct audits of 10 random cold storage areas weekly for 4 weeks and then monthly for 2 months to confirm compliance.

Audit results will be reported to Quality Assurance Sept., Oct., Nov.

Licensee's Proposed Overall Completion Date: 08/09/2024

Implemented ( ) - 08/22/2024

141b1 - Annual Medical Evaluation

4. Requirements

2600.

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

Description of Violation

Resident #1's most recent medical evaluation was completed on ( )

Repeated Violation-1/18/23, et al.

Plan of Correction

Accept ( ) - 08/16/2024

Per Resident #1's VA Center's PCP ( ) will be doing a visit with ( ) on 8/13/2024 and a new DME will be completed at that time. A DME was previously given to ( ) during the last visit with resident #1 and was to be faxed back to us, but was not. VA center staff education was completed by PC Aide related to the DME completion needs and regulation 2600 141b1 on 7/30/24.

PC Administrator provided education to LPN and PC Aide staff on 8/7/24 related to the scheduling and timely completion of Medical Evaluations.

Beginning 8/12/24 PC Administrator or designee will audit resident medical evaluations monthly to ensure they are completed as required.

Audit findings will be reported to Quality Assurance committee Sept., Oct., and Nov.

Licensee's Proposed Overall Completion Date: 08/12/2024

Implemented ( ) - 08/22/2024

181c - Self-administration Assessment

5. Requirements

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

## 181c - Self-administration Assessment (continued)

**Description of Violation**

On 7/30/24 at 10:30 AM, there was a tube of arthritis pain Diclofenac Sodium Topical Gel, 1% was observed in Resident #2's bathroom. The resident's assessment and support plan dated [REDACTED] states that the resident cannot self-administer medications.

**Plan of Correction**

Accept [REDACTED] - 08/16/2024)

OTC medication was immediately removed from Resident #2's bathroom medicine cabinet and destroyed by PC Aide. Resident #2 stated [REDACTED] did not use that medication and had forgotten [REDACTED] had it. Education was provided immediately by PC Aide/Med Trainer to resident, regarding regulation 181c.

Room audit was completed on 7/30/24 by PC Aide to ensure no other medications were found in violation of regulation.

Education was conducted for PC staff by Administrator on 8/7/2024. Re education was conducted to all residents by PC Aide on 8/8/24.

Beginning 8/11/24 weekly audits will be completed by PC Aide or Licensed staff for 4 weeks and then monthly x 2 months to ensure compliance.

Audits will be reported to Quality Assurance during Sept., Oct., and Nov.

Licensee's Proposed Overall Completion Date: 08/11/2024

Implemented [REDACTED] - 08/22/2024)

## 184a - Resident's Meds Labeled

**6. Requirements**

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

**Description of Violation**

Resident #1 is prescribed Liquacell Liquid Protein Lemon Take 30ML by Mouth Daily. DX: Nutrition. The Medication did not contain a Pharmacy label to include the resident's name, the name of the medication, the date the prescription was issued, the prescribed dosage and instructions and the name and title of the prescriber.

Resident #2 is prescribed Lidocaine 5% Patch. Apply One Patch Topically to Back daily in the AM & Remove 12 Hours later at Bedtime. DX: Compression Fracture Pain. The Pharmacy label did not include the prescribed dosage and instructions.

**Plan of Correction**

Accept [REDACTED] - 08/16/2024)

The correct labels were immediately placed on medications for residents #1 and #2.

Health Direct pharmacy and VA Center were informed of missing labels and educated regarding expectations for labeling by PC Administrator on 7/31/24.

An education was provided to staff present on 7/31/24 by PC Med Trainer and again to all staff by PC Administrator on 8/7/24. A weekly audit of all resident's medication will begin on 8/11/24 and will be conducted by PC Aide or LPN staff for 4 weeks and then monthly x2 months to ensure compliance.

Licensee's Proposed Overall Completion Date: 08/11/2024

184a - Resident's Meds Labeled (continued)

Implemented ( ) - 08/22/2024)

187d - Follow Prescriber's Orders

8. Requirements

2600. 187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #2 is prescribed the following medications which were not administered:

- Oyster Shell Calcium 500MG Tab. Take One tablet by mouth twice daily w/ Food. DX: Osteoporosis. The medication was only administered once on 7/6/24 and 7/11/24. This medication was not administered on 7/7/24.
- Vitamin D3 25 MCG (1000 IU) TB. Take One Tablet by mouth daily. DX: Osteoporosis. the medication was not administered to the resident on 07/06/24, 07/07/24 , 07/11/24, and 07/12/24.

Plan of Correction

Accept ( ) - 08/16/2024)

Audit was conducted by PC Aide to ensure Resident #2 medications in cart were immediately checked with current physician medication orders to ensure all medications had been delivered by pharmacy and nothing was missing, 7/31/24.

Education was provided by Med Trainer to PC staff on 8/5 and re-education was conducted by PC Administrator to PC staff on 8/7/24.

PC Admin or designee will conduct Medication Cart and MD Order audits weekly x4 weeks starting 8/11/24 and then monthly x2 months to confirm compliance.

Audit findings will be reported to Quality Assurance in Sept., Oct. and Nov.

Licensee's Proposed Overall Completion Date: 08/11/2024

Implemented ( ) - 08/22/2024)

225c - Additional Assessment

9. Requirements

2600. 225.c. The resident shall have additional assessments as follows:

Description of Violation

Resident #1's most recent assessment was completed on ( )

Repeated Violation- 1/18/23, et al.

Plan of Correction

Accept ( ) - 08/16/2024)

Resident #1's DME was completed on 7/31/24 by PC Administrator.

An audit of resident's DME was conducted by PC Administrator 7/31/24 and audit tool created 8/7/24.

Education was provided by PC Administrator on 8/7/24 to PC licensed staff and PC aides re: Completion of DME's.

225c - Additional Assessment (continued)

Ongoing audit of DME's will be completed between 8/7/24 and end of 3rd quarter by PC Administrator or designee and will be reported to Quality Assurance in Sept., Oct., and Nov.,

Licensee's Proposed Overall Completion Date: 08/09/2024

Implemented (█) - 08/22/2024)

227d - Support Plan Medical/Dental

10. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #2's Medical Evaluation dated █ states Special Diet: No Added Sodium, and Low Cholesterol. However, the resident's RASP dated █ does not indicate an assessment or a support plan to meet the special dietary needs.

Resident #3's Medical Evaluation dated █ indicates Special Diet: No Added Sodium, Low Cholesterol, Heart Healthy, and No Concentrated Sweets. However, the resident's RASP dated █ does not include an assessment or a support plan to meet the special dietary needs.

Resident #4's Medical Evaluation dated █ states Special Diet: No Added Sodium, Low Cholesterol, and Hearth Healthy. The resident's RASP dated █ does not indicate an assessment or a support plan to meet the special dietary needs.

Repeated Violation-1/18/23, et al.

Plan of Correction

Accept (█) - 08/16/2024)

Resident #2, 3, and 4 RASP were updated in "special diet" per regulations, by PC Administrator on 8/2/24.

Audit of current resident support plans for supporting special dietary needs will be conducted by PC Administrator starting on 8/12/24.

Education was provided to PC Staff by PC Administrator on 8/7/24.

Support plans completed throughout the 3rd quarter will be audited by PC Administrator or designee on a monthly basis and will be updated as needed.

Support plan audit findings will be reported to Quality Assurance in Sept., Oct and Nov.

Licensee's Proposed Overall Completion Date: 08/12/2024

Implemented (█) - 08/22/2024)

252 - Record Content

11. Requirements

2600.

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

252 - Record Content (continued)

**Description of Violation**

*Resident's #2 and #4 records include a picture of the residents; however, the records do not include the date that the pictures were taken.*

**Plan of Correction**

**Accept (█ - 08/16/2024)**

*Photographs of resident #2 & #4 were retaken by PC Administrator 7/31/24 due to no record of date last taken.*

*An audit of all resident pictures will be completed and photos updated as needed by PC Administrator 8/12/24.*

*Education was conducted by PC Admin to all staff on 8/7/24 re: photo expectations.*

*Pictures will be taken of all new admissions at admission by PC Administrator or designee and weekly audit will be completed by designee for new admission photos.*

*Monthly audit will be conducted by PC Administrator or designee to ensure all photographs are within regulation time frame. Date of photo will be verified on PC Administrators phone used for photos and in saved photo files with date.*

*Audit results will be reported to Quality Assurance during Sept., Oct and Nov.*

**Licensee's Proposed Overall Completion Date: 08/12/2024**

**Implemented (█ - 08/22/2024)**