



Pennsylvania Department of Human Services

Sent via e-mail [REDACTED]
May 6, 2025

[REDACTED]
Administrator
Marjorie Carasquero
4701 North 13th Street
Philadelphia, Pennsylvania 19141

RE: Clarke Personal Care Home
License #: 11406

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing (Department) review on November 15, 2024 and May 6, 2025 of the above facility, we have determined that your submitted plan of correction for the October 22, 2024 inspection is not fully implemented. Correction of these violations in accordance with the specified plan of correction is required. Continued compliance must be maintained.

Sincerely,

[REDACTED]

Enclosure
Licensing Inspection Summary

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

Facility Information

Name: *CLARKE PERSONAL CARE HOME* License #: *11406* License Expiration: *06/02/2025*
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: *4701 NORTH 13TH STREET, PHILADELPHIA, PA, 19141*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *Other* Date: *03/15/2012* Issued By: *City of Philadelphia*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *12* Waking Staff: *9*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *10/22/2024*

Inspection Dates and Department Representative

10/22/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

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

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *12* Are 60 Years of Age or Older: *9*
Diagnosed with Mental Illness: *12* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

10/22/2024 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/15/2024*

11/15/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/30/2024

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 11/20/2024

11/20/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/30/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 12/02/2024

05/06/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/30/2024

Reviewer: [REDACTED]

Follow-Up Type: Exception

85a - Sanitary Conditions

1. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 10-22-24 at 11:30 am, the outer surface of the glucometer for resident #1 was stained with a red circular shaped smear.

Plan of Correction

Accept ([redacted] - 11/15/2024)

On 10/22/24, the outer surface was immediately cleaned off with rubbing alcohol pad before storing. Staff and administration will check to ensure this is not repeated by daily checking the surface after each use and before storing effective 10/22/24.

Proposed Overall Completion Date: 11/11/2024

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

Implemented ([redacted] - 05/06/2025)

85b - Infestation

2. Requirements

2600.
85.b. There may be no evidence of infestation of insects or rodents in the home.

Description of Violation

On 10-22-24 evidence of bed bugs was present on the mattress of resident # 2.

Plan of Correction

Directed ([redacted] - 11/20/2024)

On 10/22/24, we were in the process of removing and changing mattresses and encasements from the beds after the treatment for infestation by the exterminator on 9/11/24, 9/17. Follow-ups treatment was done on 9/28 and 10/3/24. The next follow-up is scheduled for 10/15/24. The Resident were educated about the bug infestation and what they can do to help to eliminate this infestation. Staff will do daily checks and report to administrator and exterminator. Both staff and administrator will be responsible for daily checks of the resident rooms, beds and toilets.

Proposed Overall Completion Date: 11/15/2024

Proposed Overall Completion Date: 11/17/2024

Directed Plan of Correction:

Starting within 5 days of the receipt of the acceptable plan of correction, the administrator or designee shall review the daily check reports at least weekly for 4 weeks and monthly thereafter.

Starting within 5 days of the receipt of the acceptable plan of correction, the administrator shall personally conduct weekly physical site audits for 4 weeks and monthly for 6 months for the presence of infestation.

Directed Completion Date: 11/29/2024

Implemented ([redacted] - 01/03/2025)

162e - Menu Changes

3. Requirements

2600.

162.e. A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with § 2600.161 (relating to nutritional adequacy).

Description of Violation

On 10-22-24, tuna sandwich, Cole slaw and soup were listed on the menu for the lunch meal. The home did not serve Cole slaw, and no alternative was provided. No notice was provided to the residents of the change/deletion of the Cole slaw in advance of the meal.

Plan of Correction

Directed (████ - 11/20/2024)

On 10/22/24, prior to the servicing lunch the administrator informed the residents of the change and deletion of Cole slaw from the menu. with no substitution for Cole slaw. In the future and moving forward the residents will always be notified of the menu change and substitution in advance by the staff or administrator..

Proposed Overall Completion Date: 11/17/2024

Directed Plan of Correction:

Starting immediately, on a weekly basis, the administrator shall review the weekly menu and the available food in the home to ensure the home is capable of providing the meals indicated on the menu.

Starting immediately, the administrator or designee shall post any change to a menu in a conspicuous and public place in the home which is accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with 161.

Directed Completion Date: 11/17/2024

Implemented (████ - 05/06/2025)

187a - Medication Record

4. 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 #3 is prescribed Tradjenta 5mg tablets. However, resident's #3 medication administration record does not indicate the diagnosis or purpose of the medication.

Plan of Correction

Directed (████ - 11/20/2024)

On 10/22/24 this was corrected by the administrator. On 11/11/20, the pharmacy was contacted to ensure the diagnosis and purpose is included on the mars, and under each medication. This reviewed was completed with staff. The administrator will be responsible to check and review the monthly mars when delivered to the home.

Proposed Overall Completion Date: 11/29/2024

Directed Plan of Correction:

In addition to the above, beginning within 5 days of the receipt of the acceptable plan of correction, the

187a - Medication Record (continued)

administrator or other staff person qualified to administer medications will review all resident MARs and prescription orders at least monthly to ensure all prescribed medications are documented on the MARs including the medication dose and the purpose or diagnosis for each medication. Documentations of reviews shall be maintained.

Directed Completion Date: 11/29/2024

251b - Record Entries Legible**5. 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

The diagnosis codes on the medication administration record for resident #3's medications, including Famotidine, Nystatin, Chlorhexidine, Pravastatin, Vitamin D and Aspirin were handwritten and illegible.

Plan of Correction

Accept ([REDACTED] - 11/20/2024)

On 11/11/24, the pharmacy was contacted to ensure the diagnosis is included on the monthly mars starting in December. Around the 25th of the current month the mars are delivered. This review will be done monthly and the correction will be completed to include the diagnosis by administrator or staff member, and the diagnosis will be clearly written for others to follow..

Proposed Overall Completion Date: 11/26/2024

Licensee's Proposed Overall Completion Date: 11/26/2024