

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

December 9, 2024

[REDACTED]
QUINCY RETIREMENT COMMUNITY
[REDACTED]

QUINCY VILLAGE, HOPE LAMBERT ED
[REDACTED]

RE: PARKER HOUSE ASSISTED LIVING
6596 ORPHANAGE ROAD
WAYNESBORO, PA, 17268
LICENSE/COC#: 33317

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/29/2024, 10/30/2024 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: PARKER HOUSE ASSISTED LIVING License #: 33317 License Expiration: 04/24/2025
 Address: 6596 ORPHANAGE ROAD, WAYNESBORO, PA 17268
 County: FRANKLIN Region: CENTRAL

Administrator

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

Legal Entity

Name: QUINCY RETIREMENT COMMUNITY
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: I-2 Date: 01/18/2017 Issued By: Quincy Township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 56 Waking Staff: 42

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 10/30/2024

Inspection Dates and Department Representative

10/29/2024 - On-Site: [REDACTED]
 10/30/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 48 Residents Served: 42

Special Care Unit
 In Home: Yes Area: Parker House #2 Capacity: 16 Residents Served: 14

Hospice
 Current Residents: 0

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 42
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 14 Have Physical Disability: 0

Inspections / Reviews

10/29/2024 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/22/2024

11/22/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 12/05/2024
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 12/06/2024

Inspections / Reviews *(continued)*

12/09/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/05/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

65i Training topics

1. Requirements

2800.

65.i. Training topics for the annual training for direct care staff persons shall include the following:

- 1. Medication self-administration training.
- 6. Safe management techniques.

Description of Violation

Staff Member A did not receive training in the following topics during the training year 2023:

- 1. Medication self-administration
- 6. Assisted living service needs of the resident

Plan of Correction

Accepted [redacted] - 11/22/2024)

Staff member A received the required training in 1/2024. On 11/4/24 ALRA reviewed all staff members current training plan and completion. Staff will be educated at staff meeting on 12/3&12/4 on the importance of completing Relias modules training in a timely manner. ALRA on 11/6 made the scheduler aware that anyone returning from LOA must first complete their outstanding Relias before working the floor. HR will send out monthly updates of outstanding Relias modules to ALRA to allow audit of individuals to begin 11/14/24.

Licensee's Proposed Overall Completion Date: 12/05/2024

Implemented [redacted] - 12/09/2024)

65j Annual training content

2. Requirements

2800.

65.j. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- 1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
- 2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
- 3. Resident rights.
- 4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.708).
- 5. Falls and accident prevention.

Description of Violation

Staff Member A did not receive training in in the following topics during training year 2023:

- 1. Fire safety by a fire safety expert or staff trained by FSE
- 2. Emergency preparedness procedures
- 3. Resident rights
- 4. Older Adult Protective Services Act (OAPSA)
- 5. Falls and accident prevention

65j Annual training content (continued)

Plan of Correction

Accept () - 11/22/2024)

Staff member A received the required training in 1/2024. On 11/4/24 ALRA reviewed all staff members current training plan and completion. Staff will be educated at staff meeting on 12/3&12/4 on the importance of completing Relias modules training in a timely manner. ALRA on 11/6 made the scheduler aware that anyone returning from LOA must first complete their outstanding Relias before working the floor. HR will send out monthly updates of outstanding Relias modules to ALRA to allow audit of individuals to begin 11/14/24.

Licensee's Proposed Overall Completion Date: 12/05/2024

Implemented () - 12/09/2024)

82c Locked poisons

3. Requirements

2800.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the residence are able to safely use or avoid poisonous materials.

Description of Violation

On () at 11:06am, the following items were observed unlocked and accessible on Resident () bathroom sink:

- () The manufacturer's label states "keep out the reach of children under 6. If more than used for brushing is accidentally swallowed, get medical help, or contact a poison control center right away."
- () The Safety Data Sheet states "Always get medical attention when product is swallowed or when symptoms are significant or persist."
- () The manufactures label states to "keep out the reach of children."

Resident () is unable to safely use or avoid poisonous materials based on the resident's ASP dated 09/02/24.

On () 11:13am, the following items were observed unlocked and accessible on Resident () bathroom and kitchen sink:

- () The manufacture's label states "Keep out the reach of children. If swallowed, get medical help, or contact a Poison Control Center right away."
- () The manufacture's label states "Keep out the reach of children under 6. If more than used for brushing is accidentally swallowed, get medical help, or contact a poison control center right away."
- () Safety Data Sheets states "May be harmful if swallowed. May cause gastrointestinal irritation with nausea, vomiting and delayed diarrhea."
- () The manufacture's label states to 'Keep out the reach of children.'

Resident () is unable to safely use or avoid poisonous materials based on the resident's ASP dated 04/09/24.

Plan of Correction

Accept () - 11/22/2024)

10/31/24 Environmental Service Director ordered locking cabinets for each resident bathroom. On 10/31/24 ALRA had staff member in house 2 remove all items that are potentially hazardous to the residents and have them locked up in the spa room until individual cabinets can be installed. ALRA will hold staff meeting on 12/3&12/4 and educate all staff on the risks of having hazardous items unlocked and in reach of the residents. ALRA or designee

82c Locked poisons (continued)

will audit 5 random resident rooms monthly for any hazardous items left out and assessable to the residents beginning 12/15/24.

Licensee's Proposed Overall Completion Date: 12/05/2024

Implemented (█ - 12/09/2024)

103f Fridge/Freezer Temps

4. Requirements

2800.

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 █ at approximately 10:30 AM, there was no thermometer observed in the freezer location in the █ kitchen

Plan of Correction

Accept █ - 11/22/2024)

█ LPN placed a thermometer in the freezer in house 1. 10/31/24 ALRA checked all freezers for thermometers. ALRA will educate all staff at staff meeting on 12/3&12/4 on importance of having thermometers in freezers at all times. Daily audit tool for temperature checks on freezers to be done by night shift staff beginning 11/15/24. ALRA or designee will do monthly audits on all freezers for thermometers beginning 12/15/24.

Licensee's Proposed Overall Completion Date: 12/05/2024

Implemented █ 12/09/2024)

103i Outdated food

5. Requirements

2800.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

On █ at 10:58 AM, there were two unlabeled, and undated packages of frozen waffles in the Freezer in the pantry area of █

Plan of Correction

Accept █ - 11/22/2024)

10/29/24 LPN had staff remove the waffles and throw them out. 10/31/24 ALRA checked all freezers for outdated and undated food items. ALRA will educate all staff at staff meeting on 12/3&12/4 on the importance of making sure food is dated before being place in the freezers and after opened. 11/18/24 ALRA will assign staff on night shift to audit all fridge and freezers for undated and outdated foods daily. ALRA or designee will audit each house monthly for undated or outdated foods beginning 12/15/24..

Licensee's Proposed Overall Completion Date: 12/05/2024

Implemented █ - 12/09/2024)

132h Designated meeting place

6. Requirements

132h Designated meeting place (continued)

2800.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire safe area during each fire drill.

Description of Violation

During the fire drill conducted on [redacted] at 11:08 AM, two residents in [redacted] did not evacuate to a designated meeting place away from the building or within the fire-safe area.

During the fire drill conducted on [redacted] at 5:23 AM, four residents in [redacted] did not evacuate to a designated meeting place away from the building or within the fire-safe area.

During the fire drill conducted on [redacted] at 9:06 PM, one resident in [redacted] did not evacuate to a designated meeting place away from the building or within the fire-safe area.

During the fire drill conducted on [redacted] at 4:56 PM, one resident in [redacted] did not evacuate to a designated meeting place away from the building or within the fire-safe area.

Fire Drill records ranging in dates from [redacted] to 10/2024, show Exit Route locations as, "North to South" or "South to North" for [redacted] and, "East to West" or "West to East" for [redacted] and [redacted] referring to the fire safe areas. However, the fire drill records do not indicate a specific meeting place within the areas of refuge.

Plan of Correction

Accepted [redacted] 11/22/2024)

ALRA educated maint staff on 11/21 on the importance of documenting the specific meeting place for each drill. ALRA will educate all staff at staff meetings on 12/3&12/4 of the importance not allowing residents to refuse to participate in a drill. ALRA will begin performing random audits of drill execution and documentation in 12/2024

Licensee's Proposed Overall Completion Date: 12/05/2024

Implemented [redacted] 12/09/2024)

171b5 Transportation first aid kit

7. Requirements

2800.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

- 5. The vehicle must have a first aid kit with the contents as specified in § 2800.96 (relating to first aid kit). The inclusion of an automatic external defibrillation device in a vehicle is optional.

Description of Violation

The first aid kit in the residence's minivan used to transport residents does not include a breathing shield.

Plan of Correction

Accepted [redacted] 11/22/2024)

On 10/29/24 the LPN placed a breathing shield in the first aid kit in the minivan. on 10/31 ALRA audited all transportation vehicle first aid kits for required items. On 11/21 ALRA will educate Transportation staff on the importance of having all items needed in the first aid kit at all times. ALRA or designee will audit the minivan, and all other vehicles used for transportation first aid kits for appropriate items on a monthly basis beginning 12/15/24.

Licensee's Proposed Overall Completion Date: 12/05/2024

171b5 Transportation-first aid kit (continued)

Implemented [redacted] - 12/09/2024)

185a Storage procedures

8. Requirements

2800.

185.a. The residence 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

On [redacted] at 11:54 AM, [redacted] one drop in both eyes 2 times a day for glaucoma belonging to Resident [redacted] was in the Resident [redacted] locked Medication Cabinet.

Plan of Correction

Accept ([redacted] - 11/22/2024)

10/30/24 LPN removed eyedrops from resident [redacted] med box. 11/21/24 LPN performed med box audits on 5 resident rooms with no negative findings. ALRA will educate all staff at staff meetings on 12/3&12/4 on the importance of medication storage. Staff will initiate weekly med box audits during weekly room cleans beginning 11/25/24. ALRA or designee will conduct monthly audits on 3 med boxes in each house beginning 12/15/24.

Licensee's Proposed Overall Completion Date: 12/05/2024

Implemented [redacted] - 12/09/2024)

187d Follow prescriber's orders

9. Requirements

2800.

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

Description of Violation

Resident [redacted] is prescribed [redacted] Instill one drop in both eyes 2 times a day for [redacted]. However, the medication was not administered to Resident [redacted] on 10/07/24 at 11:01PM.

Resident [redacted] is prescribed [redacted] daily at 9:00 PM. On 11/10/23, Resident #'s 9:00pm dose was administered to another resident.

On 11/10/23 Resident [redacted] was not administered the bedtime medications as follows:

- [redacted]
- [redacted]

Resident [redacted] is prescribed [redacted] two times a day. On 11/11/23 the resident was not administered the medication. Resident [redacted] was also prescribed [redacted] tablet twice daily for week. DX Abd pain. On 11/19/23, both tablets were administered to the resident at the same time.

Resident [redacted] is prescribed the following medications which were not administered to the resident on 11/13/24 as follows:

- [redacted]
- [redacted]
- [redacted]

Resident [redacted] is prescribed [redacted] Capsule daily at 6:31am. On 02/04/24, the medication was not

187d Follow prescriber's orders (continued)

administered to Resident [REDACTED]

Resident [REDACTED] is prescribed the following medications which were not administered to the resident the morning of 06/16/24:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

Resident [REDACTED] is prescribed [REDACTED] Tablet by mouth for depression. On 06/20/24, Resident [REDACTED] was given [REDACTED] only.

Resident [REDACTED] is prescribed [REDACTED]. On 09/01/24 the resident was not administered the 2:00pm dose.

Resident [REDACTED] is prescribed [REDACTED]. On 10/03/24 Resident [REDACTED] was not administered the mid-day dose.

Resident [REDACTED] is prescribed was prescribed the following medications which were not administered at 9:00pm on 10/04/24:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

Resident [REDACTED] is prescribed [REDACTED] for pain. On 10/05/24 the medication was not administered to Resident [REDACTED]

Resident [REDACTED] is prescribed [REDACTED] by mouth at 8:00pm for pain. On 10/17/24 at 8:00am the medication was administered to the resident in error.

Resident [REDACTED] was prescribed the following medications which were not administered on 10/19/24 during the morning medication pass:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

187d Follow prescriber's orders (continued)

Plan of Correction

Accept [REDACTED] - 11/22/2024)

ALRA will educate all staff at meetings on 12/3&12/4 on the importance of following prescribers orders and documenting appropriately when medications are not administered as ordered.

LPNs will perform random audits of the EMAR system on 5 residents from each house beginning 12/15/24.

Licensee's Proposed Overall Completion Date: 12/05/2024

Implemented [REDACTED] - 12/09/2024)

225a1 Assessment – annually

10. Requirements

2800.

225.a.1. The administrator or administrator designee, or an LPN, under the supervision of an RN, or an RN shall complete additional written assessments for each resident. A residence may use its own assessment form if it includes the same information as the Department's assessment form. Additional written assessments shall be completed as follows: Annually.

Description of Violation

Resident [REDACTED] most recent assessment was completed on 02/07/23.

Plan of Correction

Accept [REDACTED] - 11/22/2024)

11/3/24 LPN updated [REDACTED] annual assessment. 11/11-11/15 LPN's reviewed all resident care plans for accuracy and compliance. ALRA educated LPNs on 11/11/24 on importance to have care plans updated annually within the compliance guidelines. Monthly tracking system implemented on 11/19/24 by LPN. ALRA or designee will conduct monthly audits of [REDACTED] resident charts for compliance with annual ASP guidelines to begin 12/15/24.

Licensee's Proposed Overall Completion Date: 12/05/2024

Implemented [REDACTED] - 12/09/2024)

227d Support plan – med/dental

11. Requirements

2800.

227.d. Each residence shall document in the resident's final support plan the dietary, 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 residence to pay for the cost of these medical and behavioral care services. The final support plan must document the assisted living services and supplemental health care services, if applicable, that will be provided to the resident.

Description of Violation

On [REDACTED], Resident [REDACTED]'s Medical Evaluation determined that the resident's mobility needs are Total Immobile, stating resident requires total oral or physical assistance from one or more staff persons to evacuate in the event of an emergency. The resident's support plan, dated 07/14/24, does not assess this need or how this need will be met.

Plan of Correction

Accept [REDACTED] - 11/22/2024)

Resident [REDACTED] DME and ASP were updated to reflect current mobility status. LPNs reviewed for accuracy all resident mobility status during 11/11-11/15. All staff will be educated during staff meeting on 12/3&12/4 on the importance of resident mobility status and plan of care. ALRA or designee will conduct 5 random monthly audits on resident

227d Support plan – med/dental (continued)

mobility status ADME vs ASP to begin on 12/15/24

Licensee's Proposed Overall Completion Date: 12/05/2024

Implemented () - 12/09/2024)

233c Key-locking devices**12. Requirements**

2800.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The directions for operating the residence's locking mechanism was not conspicuously posted near the courtyard door in the special care unit.

Plan of Correction

Accept () - 11/22/2024)

10/30/24 LPN placed the code on the gate. 10/31/24 ALRA checked all doors and gates for code postings. ALRA to educate all staff at staff meeting on 12/3&12/4 of importance of having codes conspicuously placed at all exit doors/gates. ALRA or designee will conduct monthly audits to assure codes are in place at all doors to begin 12/15/24.

Licensee's Proposed Overall Completion Date: 12/05/2024

Implemented () - 12/09/2024)