



Pennsylvania Department of Human Services

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: JUNE 6, 2025

[REDACTED]

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

RE: Clarke Personal Care Home
License #: 114061

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspection December 11, 2024 and January 13 and 24, 2025 of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby Refuses to renew your certificate of compliance 11406 dated June 2, 2024 through June 2, 2025 and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026(b)(1) ;(4) and 55 Pa. Code § 20.71(a)(2) ;(3) ;(4) ;(5) ;(6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from June 6, 2025 to December 6, 2025.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

If you disagree with the decision to issue a FIRST PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35.

If you decide to appeal your FIRST PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

[REDACTED]

[REDACTED], Workload Manager
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Forum Place, 6th Floor
PO Box 2675
Harrisburg, PA 17105-2675
[REDACTED]

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:

[REDACTED]

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: Total Daily Staff: *10* Waking Staff: *8*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Monitoring* Exit Conference Date: *12/11/2024*

Inspection Dates and Department Representative

12/11/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *12* Residents Served: *10*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *10* Are 60 Years of Age or Older: *9*
Diagnosed with Mental Illness: *10* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

12/11/2024 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/24/2025*

02/05/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/07/2025

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 02/10/2025

02/19/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/07/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 03/07/2025

05/01/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/07/2025

Reviewer: [REDACTED]

Follow-Up Type: Enforcement

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 12/11/2024, at 9:00 AM, resident records were unlocked, unattended, and accessible in the home's office. At this time no staff member was present in the home.

Plan of Correction

Accept ([redacted] - 02/19/2025)

In 12/11/24, the immediate action was to lock the office door. On 12/12/24, staff was trained on keeping the resident records confidential and secured by keeping the doors locked and being present in the site daily. The administrator will verbally remind staff on duty to keep the door locked to protect, and secured storage of confidential records in an enclosed area. Staff and administrator will be responsible to ensure this is maintained daily for the next month. The administrator will continue monitoring this violation daily

Licensee's Proposed Overall Completion Date: 02/05/2025

Not Implemented ([redacted] - 05/01/2025)

42b - Abuse

2. 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

On 12/11/2024 from 8:55 AM to 9:38 AM there were no staff members present in the home. 7 residents were present at the time and abandoned for 43 minutes. Resident #4 is prescribed [redacted] at 9:00am. At 9:03am, this resident performed [redacted] independently due to staff absence. This resident is not assessed to be capable of self-administration of medications. At 9:19 AM a resident's case manager entered the home to deliver medications and reported that they have visited the home on several occasions in the past where no staff were present. Medications are typically left in the refrigerator.

Plan of Correction

Directed ([redacted] - 02/19/2025)

On 12/12/25, A verbally meeting was held with staff and case managers/team members on this violation. All visitors to ring the door bell before entering the home and wait for staff to acknowledge their presents in the home. All medications and documents must be delivered by hand to staff on duty. On 12/12/24. this was implemented by the administrator and staff will be responsible to be present to receive all medications and visitors from outside services and provide adequate supervision to the residents in the home at all times to ensure the welfare and health of the residents in the home. This will be monitored by administrator for the next two months to ensure staff is always present and visible.. The door will be kept locked and visitors to ring door bell and knock before entering. Training was complete with staff member on this violation.

42b - Abuse (continued)

Directed Plan of Correction:

Within 5 days of the receipt of the acceptable plan of correction, the administrator shall educate all staff on the requirements of remaining in the home and available to residents at all times while residents are present in the home.

Starting 5 days from the receipt of the acceptable plan of correction, the administrator shall conduct unannounced observations of staff on all shifts at least three times per week for one month, once a week for one month, and monthly thereafter. Documentation of observations shall be maintained.

Directed Completion Date: 03/07/2025

Not Implemented ([REDACTED] - 05/01/2025)

51 - Criminal Background Check

3. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

On 12/11/2024 from 8:55 AM to 9:05 AM, a contracted maintenance person was present in the home, unsupervised, to perform painting. The home did not have a completed background check for this individual.

Plan of Correction

Directed ([REDACTED] - 02/19/2025)

The administrator acknowledge this violation and plan to be more proactive in following up on obtaining the record. On 12/13/24, a new request was completed as the previous request was unobtainable. The administrator will be responsible for requesting and checking on all criminal background checks for persons servicing the home upon employment and will keep a copy in their file.. An audit was done on the other files and this will be checked quarterly and upon hiring of a new employee..

Proposed Overall Completion Date: 02/05/2025

Directed Plan of Correction:

Within 5 days of the receipt of the acceptable plan of correction, the administrator shall obtain/review criminal background checks for all staff scheduled to work in the home unsupervised. Prior to allowing a contractor to work unsupervised in the home, the administrator shall ensure that a criminal background check has been obtained and a response received and reviewed in full prior to the contractor performing any unsupervised work.

Directed Completion Date: 02/24/2025

Not Implemented ([REDACTED] - 05/01/2025)

57a - Designee Present/Age

4. Requirements

2600.

57a - Designee Present/Age (continued)

57.a. At all times one or more residents are present in the home a direct care staff person who is 21 years of age or older and who serves as the designee, shall be present in the home. The direct care staff person may be the administrator if the administrator provides direct care services.

Description of Violation

On 12/11/2024, from 8:55 AM to 9:38 AM, 7 residents were present in the home. During this time, there was no staff person present in the home.

Plan of Correction

Directed (████ - 02/19/2025)

On 12/11/24, training was provided to staff on this violation. A staff person would be available and present at all times. and for the next month this will be reviewed by administrator daily. The administrator will be responsible to ensure a staff person will be present at the home at all times.

Proposed Overall Completion Date: 02/05/2025

Directed Plan of Correction:

Starting within 5 days of the receipt of the acceptable plan of correction, the administrator shall review the schedule weekly to ensure a staff person who may act as a designee is scheduled when the administrator is not present in the home.

Starting within 5 days of the receipt of the acceptable plan of correction, the administrator shall perform three unscheduled observations for staff presence at least three times per week for four weeks, weekly for one month. and monthly thereafter. Documentation of observations shall be maintained.

Directed Completion Date: 03/07/2025

Implemented (████ - 05/01/2025)

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 12/11/2024, from 8:55 AM to 9:38 AM, 7 residents were present in the home. During this time no staff persons were present in the home who were certified in first aid, obstructed airway techniques and CPR.

Plan of Correction

Directed (████ - 02/19/2025)

On 12/11/25, this was immediately address with staff and training was provided on the importance of being present and available at the home at all times. The staff is certified in first aid and CPR. The administrator will be responsible to ensure the home is adequately supervision by trained staff in CPR and First aid for the next two months. from 12/12/24 to 2/12/25.

Proposed Overall Completion Date: 02/05/2025

Directed Plan of Correction:

63a - First Aid/CPR Training (continued)

Starting within 5 days of the receipt of the acceptable plan of correction, the administrator shall review the schedule weekly to ensure a staff person trained in CPR and first aid is scheduled in the home at all times.

Starting within 5 days of the receipt of the acceptable plan of correction, the administrator shall perform three unscheduled observations for staff presence at least three times per week for four weeks, weekly for one month. and monthly thereafter. Documentation of observations shall be maintained.

Directed Completion Date: 02/05/2025

Implemented (████) - 05/01/2025

85a - Sanitary Conditions

6. Requirements

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

Description of Violation

On 12/11/2024 at 8:58 AM, rivulets of yellow grease was observed leaking from the vent over the stove. A large ketchup dispenser was observed on a tray in the kitchen countertop with the lid covered in dirt and grease and a black substance at the tip of the dispenser.

At 9:25 AM the second-floor bathroom near the stairs smelled strongly of urine.

At 9:33 AM the second-floor bathroom at the end of the hallway smelled heavily of urine. Repeat Violation: 8/6/24

Plan of Correction

Directed (████) - 02/19/2025

On 12/13/24, the wall and vent was cleaned and grease removed. Staff and administrator will be responsible for keeping the wall and countertop clean and grease free. The toilet will be kept clean by staff on duty the area will be checked daily for the next two months; at 10am , 1:30 pm , 4pm, 7:30 pm. and 9 pm by staff on duty.

Proposed Overall Completion Date: 02/05/2025

Directed Plan of Correction:

Starting within 5 days of the receipt of the acceptable plan of correction, the administrator audit the sanitary conditions in the home at least three times per week for four weeks, weekly for one month. and monthly thereafter. Documentation of audits shall be maintained.

Directed Completion Date: 02/05/2025

Implemented (████) - 05/01/2025

101j6 - Mirror

7. Requirements

- 2600.
- 101.j. Each resident shall have the following in the bedroom:
 - 6. A mirror.

Description of Violation

There is no mirror in the bedroom of resident 2.

Plan of Correction

Directed () - 02/19/2025

On 12/11/24, the mirror was put on the wall in the resident bedroom and the picture was removed with the resident permission. At the time the mirror was in closet of room. The resident verbally agreed to keep the mirror on the wall of room. Staff will do daily checks to ensure the mirror is in place in the resident room. This will be reviewed by administrator for the next upcoming month from 12/11/24 to 2/12/25..

Proposed Overall Completion Date: 02/05/2025

Directed Plan of Correction:

Starting within 5 days of the receipt of the acceptable plan of correction, the administrator audit for the presence of mirrors weekly for one month. and monthly thereafter. Documentation of audits shall be maintained.

Directed Completion Date: 02/05/2025

Implemented () - 05/01/2025

102i - Soap Dispenser

8. Requirements

- 2600.
- 102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

On 12/11/2024 at 9:13 AM there was no soap dispenser in the bathroom connected to the kitchen. This bathroom is used by residents.

Plan of Correction

Accept () - 02/19/2025

On 12/11/24, the soap dispenser was on the ledge of the sink in the staff bathroom connected to kitchen. Staff on duty will be responsible to conduct daily checks to ensure the soap dispenser is there an in place.. This will be check daily by staff on duty for the next month.(10am, 12pm, 2pm, 4pm and 7pm. The administrator will conduct audit weekly and follow-up on check list.

Licensee's Proposed Overall Completion Date: 02/05/2025

Implemented () - 05/01/2025

105g - Lint Removal and Duct Cleaning

9. Requirements

- 2600.
- 105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

105g - Lint Removal and Duct Cleaning (continued)

Description of Violation

On 12/11/2024 at 9:13 AM, there was an approximate 1/4-inch accumulation of lint, dirt, and paper in the lint trap, and cigarettes butts in the drum of the dryer in the bathroom by the kitchen presenting the risk of a fire hazard. There were no clothes in the dryer at the time.

Plan of Correction

Accept ([redacted] - 02/19/2025)

On 12/11/24, the lint and dirt was removed from the dryer that was unplugged and not working at the time. The administrator will check and maintain a fire free hazardous area. the dryer will remain unplugged and cleaned while not in use. Staff will be reminded of the importance of maintain a clean area by daily checking for the next month from 12/11/24. The administrator will do a weekly follow-up check.

Licensee's Proposed Overall Completion Date: 02/05/2025

Not Implemented ([redacted] - 05/01/2025)

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

6/3/25

182b - Prescription Medication

11. Requirements

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

1. A physician, licensed dentist, licensed physician’s assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
2. A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
3. A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff Persons A and B administered [redacted] medication prescribed for resident #3.. Neither staff person A or B are licensed or have an approved regulatory waiver:

- On 12/2/2024 at 8 AM staff person A administered this medication
- On 12/9/2024 at 8 AM staff person B administered this medication

Plan of Correction

Directed ([redacted] - 02/19/2025)

On 12/12/24, [redacted] nurse was contacted and the request was made to have the nurse come out weekly to administer [redacted] as prescribed and educate the resident. Also the medication was removed from the site. The nurse will bring the medication with [redacted] as of 12/13/24.. I have verbally spoken to the visiting nurse and I have requested documentation of the from the agency and [redacted] the agency that provides [redacted] medications and services. The administrator will be the person taking responsible in getting the done in the next month..

Proposed Overall Completion Date: 02/05/2025

Directed Plan of Correction:

Starting within 5 days of the receipt of the acceptable plan of correction, the administrator audit medication records weekly for four weeks and monthly thereafter.

Directed Completion Date: 03/07/2025

Not Implemented ([redacted] - 05/01/2025)

183b - Meds and Syringes Locked

12. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident’s room.

Description of Violation

On 12/11/2024 at 9:14 AM, current medication for all residents were in an unlocked, unattended, and accessible medication cart next to the kitchen.

Repeat violation: 5/7/2024

183b - Meds and Syringes Locked (continued)

Plan of Correction

Directed ([REDACTED] - 02/19/2025)

On 12/12/24, a review was conducted with staff on duty to secure medication after every administration is completed. Staff to lock the medication cart at all times before leaving the kitchen area. Daily, staff on duty will be responsible to secure all medication is the locked cart. The administrator conducted a review and continue monitoring this violation for the next month to ensure this is not repeated. Starting 12/12/24.

Proposed Overall Completion Date: 02/05/2025

Directed Plan of Correction:

Starting within 5 days of the receipt of the acceptable plan of correction, the administrator audit the presence of medications in the home at least three times per week for four weeks, weekly for one month. and monthly thereafter. Documentation of audits shall be maintained.

Directed Completion Date: 03/07/2025

Not Implemented ([REDACTED] - 05/01/2025)

183c - Refrigerated Meds Locked

13. Requirements

2600.

183.c. Prescription medications, OTC medications and CAM stored in a refrigerator shall be kept in an area or container that is locked.

Description of Violation

On 12/11/2024 at 9:19 AM, [REDACTED] prescribed for resident 3, was unlocked and accessible in the kitchen refrigerator.

Plan of Correction

Directed ([REDACTED] - 02/19/2025)

On 12/11/25, the medication was in a lock coded bin in the refrigerator and is kept there daily., after each use by staff. Staff will continue to be responsible for securing all medication is kept locked in the refrigerator. on 12/11/24, the administrator completed a review with staff on the importance of storing and securing of medications as prescribed. The administrator will review this with staff daily for the next month from 12/12/24..

Proposed Overall Completion Date: 02/05/2025

Directed Plan of Correction:

Starting within 5 days of the receipt of the acceptable plan of correction, the administrator audit the presence and security of medications in the home at least three times per week for four weeks, weekly for one month. and monthly thereafter. Documentation of audits shall be maintained.

Directed Completion Date: 03/07/2025

Not Implemented ([REDACTED] - 05/01/2025)

183d - Prescription Current

14. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

[redacted] prescribed for resident 4, was in the home's office filing cabinet; however, the medication was discontinued on 6/10/2024.

Plan of Correction

Directed ([redacted] - 02/19/2025)

The medication was returned the pharmacy. Staff will be responsible to return all discontinued medication to pharmacy immediately. On 12/12/24, Staff was retrained on this procedure and all medication was returned to pharmacy. This will be review by administrator monthly.

Proposed Overall Completion Date: 02/10/2025

Directed Plan of Correction:

Starting within 5 days of the receipt of the acceptable plan of correction, the administrator audit medications in the home at least three times per week for four weeks, weekly for one month. and monthly thereafter. Documentation of audits shall be maintained.

Directed Completion Date: 03/07/2025

Not Implemented ([redacted] - 05/01/2025)

183e - Storing Medications

15. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 12/11/2024 The following was found in a filing cabinet in the home's office:

- [redacted] for resident 1 that expired on 5/31/2023.
- A box of [redacted] for resident 3 that expired 1/26/2023.
- [redacted] for resident 5 that expired 2/28/24.

In the home's medication cart [redacted] for resident 4 was not dated with the day it was opened. Manufacturer's instructions indicate this must be discarded after 28 days.

Repeat violation: 5/7/2024

Plan of Correction

Directed ([redacted] - 02/19/2025)

On 12/12/24, all the medication was returned to [redacted] team members. on 12/12/24, trained was conducted with staff on the dating [redacted] when in use and in the medical cart. This was immediately reviewed and corrected by staff. This will be reviewed weekly by administrator for next month from 12/12/24.

Proposed Overall Completion Date: 02/10/2025

Directed Plan of Correction:

185a - Implement Storage Procedures (continued)

Plan of Correction

Directed ([redacted] - 02/19/2025)

On 12/11/24, staff will follow up on the refills and reordered medication in a timely manner as indicated on the blister to reorder. Staff to follow-up with pharmacy when orders or request is not delivered. So the situation can be resolved in a timely manner. This will be reviewed weekly and monthly by administrator, staff and pharmacy.

Proposed Overall Completion Date: 02/10/2025

Directed Plan of Correction:

Starting within 5 days of the receipt of the acceptable plan of correction, the administrator audit the presence of medications in the home at least three times per week for four weeks, weekly for one month. and monthly thereafter. Documentation of audits shall be maintained.

Directed Completion Date: 03/07/2025

Not Implemented ([redacted] - 05/01/2025)

[Large redacted area containing multiple lines of obscured text]

[redacted]

6/3/25

[Redacted]

[Redacted] 6/3/25 [Redacted]

187a - Medication Record

19. Requirements

2600.

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

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident 1 is prescribed [Redacted]. However, resident 1's 12/2024 medication administration record does not indicate diagnosis or purpose for these medications, including pro re nata (PRN).

Resident 1 is prescribed [Redacted]. However, resident 1's 11/2024 medication administration record does not indicate diagnosis or purpose for these medications, including pro re nata (PRN).

Repeat violation: 8/06/2024 et al, and 5/7/2024

Plan of Correction

Accept ([Redacted]) - 02/19/2025

On 12/12/24, a complete audit was conducted of all residents to ensure the diagnosis or purpose is indicated on the MARS, and properly recorded. Any missing information was promptly updated and reviewed. The administrator will review the MARS monthly when delivered and when changes are made to be done promptly to ensure this violation is not repeated.

Proposed Overall Completion Date: 02/10/2025

Licensee's Proposed Overall Completion Date: 02/10/2025

187a - Medication Record (continued)

Not Implemented ([redacted] - 05/01/2025)

187b - Date/Time of Medication Admin.

20. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident 4 is prescribed [redacted] three times a day. On 12/11/2024 at 10:33am, this medication had already been initialed by staff person B as administered for noon and 5 PM.

Resident 4's [redacted] does not include the time [redacted].

Repeat violation: 5/7/2024

Plan of Correction

Directed ([redacted] - 02/19/2025)

On 12/11/24, the medication was sign off in error and was not administered by staff, and a medication error was completed indicating the error. On 12/12/24, staff was counselled on this error, and staff will follow the proper administrator medication procedure at all times. This will be reviewed monthly by administrator for the next two months.

Proposed Overall Completion Date: 02/10/2025

Directed Plan of Correction:

Starting within 5 days of the receipt of the acceptable plan of correction, the administrator audit medication records and complete medication administration observations at least three times per week for four weeks, weekly for one month. and monthly thereafter. Documentation of audits shall be maintained.

Directed Completion Date: 02/10/2025

Not Implemented ([redacted] - 05/01/2025)

187c - Refusal of Medication

21. Requirements

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

From 11/1/2024 through 12/11/2024, resident 1 refused [redacted], and from 11/1/2024 through 12/6/2024 resident 1 refused [redacted]. The home did not report these refusals to the resident's prescriber.

187c - Refusal of Medication (continued)

From 12/1/2024 to 12/5/2024 at 9 AM, noon, and 5 PM, resident 4 refused application [REDACTED] The home did not report the refusal to the resident's prescriber.

Plan of Correction

Accept ([REDACTED] - 02/19/2025)

On 12/11/24, the medication was reported to PCP and case management. On 12/20/24, the PCP discontinued the medication [REDACTED], and a new order was prescribed for [REDACTED] at 9am. On 12/20/24, PCP educated [REDACTED] on the importance of taking [REDACTED] medication daily as prescribed. The administrator will be responsible to review the MARS weekly and monthly starting 12/12/24.

Licensee's Proposed Overall Completion Date: 02/10/2025

Implemented ([REDACTED] - 05/01/2025)

251b - Record Entries Legible

22. 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

On resident 4's 12/2024 medication administration record the initials for the staff member who [REDACTED] on 12/1/2024 at 9 am is scribbled over and not legible. On 12/6/2024 indiscernible lines are written in for [REDACTED] at noon and 5 PM.

Plan of Correction

Accept ([REDACTED] - 02/19/2025)

On 12/12/24, a review was immediately done and all meds on the MARs will be initial legible by staff on making the entry. The administrator will check weekly to ensure the initials are legible and not scribbled. Staff and administrator will adhere to signing of all medication in a legible manner. this will be done daily and reviewed monthly by administrator..

Licensee's Proposed Overall Completion Date: 02/05/2025

Not Implemented ([REDACTED] - 05/01/2025)

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 L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *10* Waking Staff: *8*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *01/24/2025*

Inspection Dates and Department Representative

01/13/2025 - On-Site: [REDACTED]
 01/24/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *12* Residents Served: *10*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *10* Are 60 Years of Age or Older: *9*
 Diagnosed with Mental Illness: *10* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

01/13/2025 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/23/2025*

02/26/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/23/2025

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 03/02/2025

03/26/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/02/2025

Reviewer: [REDACTED]

Follow-Up Type: Bypass Document Submission

03/31/2025 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/26/2025

Reviewer: [REDACTED]

Follow-Up Type: Enforcement

5a1 - DHS Access

1. Requirements

2600.

5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

- 1. Agents of the Department.

Description of Violation

On 1/13/2025, at approximately 9:30 am, an agent of the Department, requested access to resident 1's bank statements. Staff person A refused to provide access.

Repeat Violation: 8/6/24 et al.

Plan of Correction

Directed (█ - 03/03/2025)

On 2/1/25, all corrective actions was implemented and noted. The administrator will give immediate access to all documents upon request and will be more organized in doing so. By having the requested documents available and ready for inspection. The bank statements will be kept current and updated in the residents files. The Citizens bank accounts are currently accessible and available to down load from the computer for the administrator to review and copy. The administrator will be responsible for reviewing and auditing this monthly for the next two months starting 2/5/2025.

Proposed Overall Completion Date: 02/23/2025

Proposed Overall Completion Date: 03/01/2025

Directed step:

Immediately: The administrator shall develop a system of record keeping that ensures the agents of the Department, upon request, have immediate access to records including resident financial records.

Directed Completion Date: 03/05/2025

Implemented (█ - 03/26/2025)

20b1 - Financial Records

2. Requirements

2600.

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

- 1. The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

Description of Violation

The home manages the finances for resident 2. However, the home's financial records do not include the current balance. The home's financial records do not include the deposits and withdrawals from resident 2's savings account in the month of October 2024.

Plan of Correction

Directed (█ - 03/03/2025)

For the month of October the deposit and withdrawals was transacted through █ previous account by Social Security Agency. The officer stated it takes about two months for the change to occur and not to close the old

20b1 - Financial Records (continued)

account. The amount \$1.30 was left in the account. As of 11/1/2024, the deposit was made into [redacted] new bank account. This account will be maintained and all transactions and statements will be kept in resident files, detailing the date of deposit, withdrawals and balance. The administrator will audit this monthly from 2/1/25, and will be accessible for inspection.

Proposed Overall Completion Date: 03/01/2025

Directed step:

Within 10 days of receipt of the plan of correction: The administrator or designee shall reconcile all resident accounts, for whom the home is providing financial management from 2023 to the present including accountability of all resident funds and proper documentation in accordance with regulation 2600.20(b)(1). Any funds owed to residents shall be immediately refunded.

Directed Completion Date: 03/13/2025

Not Implemented ([redacted] - 03/26/2025)

20b5 - No Commingling

3. Requirements

2600.

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

5. Commingling of resident funds and home funds is prohibited.

Description of Violation

On 1/24/25, Supplemental Security Income (SSI) benefits for resident 1 were commingled in an account personally owned by staff person A. Staff person A provided a bank statement dated 11/7/24 which listed the staff person as the primary account holder.

Plan of Correction

Accept ([redacted] - 03/03/2025)

On 2/20/25, the administrator acknowledges this violation and immediately removed [redacted] name from the account. The account is currently in [redacted] name only, as of 2/20/25, I have no access to [redacted] account. Within the next month the statement will be mailed to [redacted]. On the first of each month, [redacted] will be taken to the bank by [redacted] case manager or the administrator to make the withdrawals from [redacted] account for [redacted] room and board and personal spending. The administrator will be responsible of this violation, commingling of residents funds and transactions effective immediately, 01/24/25. An audit will be done monthly with resident.

Proposed Overall Completion Date: 03/01/2025

Licensee's Proposed Overall Completion Date: 03/01/2025

Not Implemented ([redacted] - 03/26/2025)

42b - Abuse

4. Requirements

2600.

42b - Abuse (continued)

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

Staff person A manages finances for resident 3. On 12/31/23, Resident 3 signed the Addendum to Resident Admission Agreement increasing the residents rent from \$1453.30 to \$1492.00 effective 1/31/2024. The home disburses a Personal Needs Allowance of \$100.00 monthly. Per the homes handwritten financial statements and bank statement dated 11/7/2024, staff person A was withdrawing \$1602.00 monthly, beginning 1/4/2024 to 1/3/2025. Staff person A should have only been withdrawing \$1592.00 monthly per the signed agreement. The extra \$10.00 withdrawn from resident 3's account was not distributed to the resident. This has resulted in a total of \$130.00 of resident 3's funds that are unaccounted for. Staff person A has 3 bank accounts open for resident 3. There are 2 checking accounts and 1 savings account. One of the checking accounts in the resident's name incurs maintenance fees in the amount of \$9.99 monthly because there is no money being deposited in to the account. The \$9.99 monthly fees were effective 9/26/2023 to 1/31/2025. This has resulted in a monetary loss for resident 3 in the amount of \$159.84. The handwritten financial transaction record only includes the balance for the checking account that is incurring the monthly fee. There is \$1602.60 unaccounted for on the handwritten financial transaction record. This balance is reflected on the savings account statement dated 10/31/2024. Staff person A did not provide a current bank statement for the savings account. On 1/24/2025, during an interview with agents of the Department, resident 3 confirmed staff person A only presents the resident with the home's handwritten financial statements when funds are disbursed.

On 12/25/24 the home held a Pollyanna gift exchange that was facilitated by staff person A. All residents in the home receive Supplemental Security Income (SSI). Residents were informed by staff person A that they were required to contribute money from their Personal Needs Allowance in order to fund the gift exchange. Staff person A collected money from the residents and purchased the gifts that were distributed. Resident 4 contributed \$10 and received a bar of soap as a gift. Resident 5 informed agents of the Department that initially they did not want to participate in the gift exchange and declined because they could not afford it. Resident 5 stated that Staff person A then insisted resident 5 contribute money. Resident 5 contributed \$5 and received a bar of soap as a gift.

Plan of Correction**Directed (█ - 03/03/2025)**

The administrator acknowledges this violation and immediately made the necessary correction by reimbursing the resident the amount of \$159.97 t2/19/25. Currently the resident has two active accounts. The bank didn't close the old account. Social Security continues to make deposits into that account. instead of the new account. On 2/18/25, I dropped of another letter from the bank with the banking information. On 2/28/25, I will follow-up with Social Security. The bank will not close the account until the end of the next month after no activity is observed and the deposit is in █ new account. On 2/25, I dropped off another copy of the bank information to Social Security. On 2/28/5, I went into Social Security after funds was deposited in the old account. On 3/6/25, I was given an appointment to meet with an officer from Social Security. On 2/28, I transferred the funds to the new account to avoid the \$ 9.99 fee. The administrator will continue monitoring this and by 3/6/25 it will be resolved. Social Security did asked that I don't close the account until this is resolved and the funds are deposited to the account. I have attached a statement explaining the Polly Anna.

Proposed Overall Completion Date: 03/31/2025

Directed steps:

42b - Abuse (continued)

Within 20 days of receipt of the plan of correction: All direct care staff, ancillary staff persons, substitute personnel, volunteers and management staff including the administrator shall receive training in abuse reporting and prevention and resident rights from a Department-approved outside source. Documentation of training shall be kept in accordance with 2600.65i.

Within 20 days of receipt of the plan of correction: All residents shall be educated monthly for 3 months on residents' rights and their right to file a complaint without retaliation or intimidation. Documentation shall be kept.

Directed Completion Date: 03/23/2025

Not Implemented (█ - 03/26/2025)