

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

February 6, 2026

[REDACTED]
PARKER PERSONAL CARE INC
[REDACTED]
[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 10/15/2025 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: *11/09/2025*
 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

Type: *I-1* Date: *11/02/2011* Issued By: *Bureau Veritas North America, Inc*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *34* Waking Staff: *26*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *10/15/2025*

Inspection Dates and Department Representative

10/15/2025 - On-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: *3*

Number of Residents Who:
 Receive Supplemental Security Income: *1* Are 60 Years of Age or Older: *30*
 Diagnosed with Mental Illness: *16* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *2* Have Physical Disability: *0*

Inspections / Reviews

10/15/2025 Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/10/2025*

11/24/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *01/05/2026*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/01/2025*

Inspections / Reviews (*continued*)

12/16/2025 POC Submission

Submitted By: [REDACTED] Date Submitted: 01/05/2026

Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 01/02/2026

02/06/2026 Document Submission

Submitted By: [REDACTED] Date Submitted: 01/05/2026

Reviewer: [REDACTED] Follow Up Type: Not Required

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted] at 4:30 PM, while standing in the hallway by the medication room, resident [redacted] became upset with resident [redacted] telling resident [redacted] to let go of another resident's wheelchair before [redacted] "kicks [redacted] Resident [redacted] responded [redacted] would kick resident [redacted] [redacted]. Staff person A intervened and the residents were directed to stay away from each other. However, this allegation of abuse was not reported to the local Area Agency on Aging.

Plan of Correction

Directed [redacted] - 12/16/2025)

On 10/16/25 an Act 13 report was completed and sent followed by a telephone report, by the Administrator to protective services. Residents [redacted] and [redacted] were made aware of the filed reports and reminded of our house rules and resident rights in the home as discussed previously post incident. The Administrator has scheduled a staff meeting for 12/19/25. The Administrator will reeducate the staff regarding policy and regulation to immediately report any allegations of abuse to the Armstrong Area Agency on Aging via the Mandatory Abuse Report Form within 48 hours of the initial verbal report. Documentation of any report will permanently be kept in the resident's file.

On 12/1/25 the Administrator or designee will audit any allegations of abuse and ensure all proper documentation has been submitted to Armstrong Area Agency on Aging within 48 hours. Documentation of allegations, the audit, and staff person who completed the audit will be kept in the resident's permanent file. Documentation will be kept by the Administrator of any reports of abuse.

Proposed Overall Completion Date: 11/26/2025

Directed:

During the 12/19/25 staff meeting, the administrator will educate all staff regarding the requirement to immediately call the local Area Agency on Aging to report any allegations of abuse and within 48 hours of the initial verbal report, the administrator or designee will submit a Mandatory Abuse Reporting Form to the local Area Agency on Aging. Documentation will be kept.

[redacted] 12/16/25

Directed:

By 12/23/25 and weekly thereafter, the administrator or designee will audit all allegations of abuse to ensure all allegations of abuse are immediately called into the local Area Agency on Aging, and within 48 hours of the initial verbal report, the administrator or designee will submit a Mandatory Abuse Reporting Form to the local Area Agency on Aging. Documentation will be kept.

[redacted] 12/16/25

Directed Completion Date: 11/26/2025

Implemented ([redacted] - 02/06/2026)

16c - Written Incident Report

2. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted] at 4:30 PM, while standing in the hallway by the medication room, resident [redacted] became upset with resident [redacted], telling resident [redacted] to let go of another resident's wheelchair before [redacted] "kicks [redacted]." Resident [redacted] responded [redacted] would kick resident [redacted]. Staff person A intervened and the residents were directed to stay away from each other. However, this allegation of abuse was not reported to the Department.

Plan of Correction

Accept [redacted] - 12/16/2025)

On 10/16/25 an incident report was completed and sent by the Administrator to the department after an ACT 13 was filed with protective services. Residents [redacted] and [redacted] were made aware of the filed reports and reminded of our house rules and resident rights in the home as discussed previously post incident.

The Administrator has scheduled a staff meeting for 12/19/25. The Administrator will reeducate the staff regarding policy and regulation to immediately report any allegations of abuse to the Department of Human Services via incident report form and Mandatory Abuse Report Form if available at time of reporting within 24 hours of the initial verbal report. Documentation of any report will permanently be kept in the resident's file.

On 12/1/25 the Administrator or designee will audit any allegations of abuse and ensure all proper documentation has been submitted to the Department of Human Services within 24 hours. Documentation of allegations, the audit, and staff person who completed the audit will be kept in the resident's permanent file. Documentation will be kept by the Administrator of any reports of abuse.

Licensee's Proposed Overall Completion Date: 11/26/2025

Implemented [redacted] - 02/06/2026)

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

A Pennsylvania State Police Criminal Background Check was not completed for staff person B, hired [redacted], until [redacted]

Plan of Correction

Directed [redacted] - 12/16/2025)

Staff person B was hired on [redacted] however the report was not completed until 08/22/24. On 11/24/25, the Administrator has directed the Office Manager to review all completed paperwork prior to or on the first day of work for all incoming employees. This includes ensuring a criminal history report is completed on or before the first day of work. All new hire paperwork will be reviewed by the Administrator or designee on the same day as completion to guarantee all necessary documentation.

Proposed Overall Completion Date: 11/26/2025

51 - Criminal Background Check (continued)

Directed:

By 12/31/25, the administrator or designee will audit all staff files to ensure a PA Criminal Background Check is present. Documentation will be kept.

█ 12/16/25

Directed Completion Date: 12/31/2025

Implemented █ - 02/06/2026)

65i - Training Record

4. Requirements

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The home had no documentation of annual training for staff person C for the █ training year.

Plan of Correction

Directed █ 12/16/2025)

Staff person C is a volunteer hairdresser who frequents Parker Personal Care on Thursdays. Immediately on 10/23/25 the required training for volunteers was completed. Staff person C has been made aware of the regulatory requirement to complete specific trainings as listed in 2600.65(g). The Office Manager has been directed to review required trainings with all new volunteers on their first day and annually every January with our long-term volunteers.

Proposed Overall Completion Date: 11/26/2025

Directed:

By 12/31/25, the administrator or designee will audit all staff training records to ensure the training records include the name of the staff person trained, date, source, content, length of each course and copies of any certificates received, along with completion of all required trainings in accordance with 2600.65. Documentation will be kept.

█ 12/16/25

Directed Completion Date: 12/31/2025

Implemented █ - 02/06/2026)

88a - Surfaces

5. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

At 10:59 AM, the floor in the bathroom of bedroom #4 contained a metal panel leading to a crawl space. The surface of the panel contained a rough, sticky residue.

Plan of Correction

Accept █ - 12/16/2025)

On 11/24/25, maintenance has been scheduled to repair the surface of the crawl space.

88a - Surfaces (continued)

Effective 10/16/25, maintenance has been directed by the Administrator to check all rooms weekly for any repair needs. All other staff were advised on 10/16/25 by the Administrator to make maintenance and administration aware of any damage or repair needs immediately.

Licensee's Proposed Overall Completion Date: 11/26/2025

Implemented [redacted] - 02/06/2026)

101o - Walls, Floors, Ceilings

6. Requirements

2600.

101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

At 10:59 AM, approximately 12 inches of plastic baseboard molding was pulled away from the wall in the bathroom of bedroom #4.

Plan of Correction

Accept [redacted] - 11/24/2025)

On 10/16/25, staff member A repaired the wall trim of bedroom #4. Effective 10/16/25, maintenance has been directed by the Administrator to check all rooms weekly for any repair needs. All other staff were advised on 10/16/25 by the Administrator to make maintenance and administration aware of any damage or repair needs immediately.

Licensee's Proposed Overall Completion Date: 11/10/2025

Implemented [redacted] 02/06/2026)

105g - Lint Removal and Duct Cleaning

7. 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.

Description of Violation

At 10:34 AM, there was an approximate 1/4 inch accumulation of lint in the lint trap of the laundry room's left dryer.

At 10:35 AM, there was an approximate 1/8 inch accumulation of lint in the lint trap of the laundry room's right dryer.

At 10:38 AM, the exterior dryer vent had a visible accumulation of lint on and around the vent cover, as well as lint buildup on the ground below the vent.

Plan of Correction

Accept [redacted] - 12/16/2025)

Immediately all dryer vent traps were emptied. On 10/15/25 maintenance and DCS were verbally reminded by the administrator of this regulation, the fire hazard that is associated with lint buildup and the policy expectation of removing lint from vents after each use. A sign was placed in the laundry room on 10/16/25 by the Office Manager to maintain a constant reminder of this requirement. On 11/20/25 a staff meeting was conducted with all staff. Staff were directed by the Administrator to remove lint after each use and for maintenance to start checking the exterior vents every other day to guarantee proper venting from use of the dryers.

105g - Lint Removal and Duct Cleaning (continued)

Licensee's Proposed Overall Completion Date: 11/26/2025

Implemented [redacted] - 02/06/2026)

183b - Meds and Syringes Locked

8. 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

At 11:06 AM, [redacted] and [redacted] were unlocked, unattended, and accessible in resident [redacted] bedroom.

Plan of Correction

Accept [redacted] - 12/16/2025)

Immediately on 10/15/25 Resident [redacted] was reminded and educated of the regulatory requirements on OTC medications, especially in a resident's room and needing to be kept in a locked area. Resident [redacted] was offered a lock box, at which time was declined. On 11/25/25, Resident [redacted] gave [redacted] two medications to DCS for storage in our medication carts due to ongoing forgetfulness to keep medication in a locked room/area.

On December 1, 2025, all residents and families will receive notice that effective January 1, 2026, Parker Personal Care will no longer permit OTC, Prescription, or non-prescription medications in resident's rooms. All medications will be stored in the medication room where all medications can remain locked and safely administered as prescribed by med trained staff.

Proposed Overall Completion Date: 11/26/2025

Licensee's Proposed Overall Completion Date: 11/26/2025

Implemented [redacted] - 02/06/2026)