



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: August 17, 2017**

Ms. Donna Casner,  
VP and Controller  
Quincy Retirement Community  
6596 Orphanage Road  
Waynesboro, Pennsylvania 17268

RE: Parker House Assisted Living  
Certificate #: 333170

Dear Ms. Casner:

As a result of the Department of Public Welfare's licensing inspection on July 25, 2017 of the above facility, a violation with 55 Pa.Code Ch. 2800 (relating to Assisted Living Residences) specified on the enclosed License Inspection Summary was found.

The violation specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2800 must be maintained.

Sincerely,

A handwritten signature in cursive script that reads "Gloria Emick".

Gloria Emick  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

**LICENSING INSPECTION SUMMARY**  
**Assisted Living Residences – 55 Pa.Code § 2800**

|   |  |                                  |
|---|--|----------------------------------|
| <b>PCH Name:</b><br>PARKER HOUSE ASSISTED LIVING  |  | <b>License Number:</b><br>333170 |
| <b>Address:</b><br>6596 Orphanage Road<br>Waynesboro, Pennsylvania 17268                                      |  | <b>County:</b><br>Franklin       |
| <b>Administrator:</b><br>Joanna Stine   |  |                                  |
| <b>Legal Entity Name:</b><br>Quincy Retirement Community  |  |                                  |
| <b>Legal Entity Address:</b><br>6596 Orphanage Road<br>Waynesboro, Pennsylvania 17268                         |  |                                  |
| <b>Certificate(s) of Occupancy:</b><br>1-2 Quincy Township<br>3/23/16   |  |                                  |
| <b>Type of Inspection:</b><br>Partial   |  |                                  |
| <b>Reason(s) for inspection(s):</b><br>Interim  |  |                                  |
| <b>On-Site Inspections Dates and Department Representatives On-Site:</b><br>July 25, 2017<br>Denise Gillespie |  |                                  |
| <b>Off-Site Inspection Dates and Inspectors, If Applicable:</b><br>NA   |  |                                  |
| <b>Resident Demographic Data as of Inspection Dates</b>   |  |                                  |
| <b>Licensed Capacity:</b> 48  | <b>Number of Residents who:</b>                |                                  |
| <b>Number of Residents Served:</b> 18   | <b>Receive Supplemental Security Income:</b> 0 |                                  |
| <b>Secured Dementia Care Unit in Home:</b> Yes  | <b>Are 60 Years of Age or Older:</b> 18        |                                  |
| <b>Area:</b> Building 2   | <b>Have Mental Illness:</b> 0                  |                                  |
| <b>Secured Unit Capacity, if Applicable:</b> 16   | <b>Have an Intellectual Disability:</b> 0      |                                  |
| <b>Number of Residents Served in Secured Dementia Care Unit, if applicable:</b> 0                             | <b>Have a Mobility Need:</b> 1                 |                                  |
| <b>Number of Current Hospice Residents:</b> 0   | <b>Have a Physical Disability:</b> 0           |                                  |
| <b>Number of Hospice Residents in past year:</b> 1  |  |                                  |
|   | <b>RECEIVED</b>                                |                                  |
|   | AUG 10 2017                                    |                                  |

**LICENSING INSPECTION SUMMARY**  
**Assisted Living Residences – 55 Pa.Code § 2800**

**Regulation**

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

**Violation**


Pyridium 200 mg for Resident #1 was present in the resident's medication cabinet on 7/25/17. The medication was discontinued on 7/6/17.

**Plan of Correction**

Pyridium 200mg for resident #1 was removed from medication cabinet on July 25, 17 by AL Administrator

All medicine cabinets were audited to ensure compliance with 183d on July 26, 17 by AL Administrator

Process for ongoing compliance: All medicine cabinets will be checked for continued compliance via audits performed by all shifts

|  |   |
|--|---|
| <b>Printed Name and Title of Legal Entity Representative (Required on all pages)</b> |   |
| Jeanne Stine AL Administrator  |   |
| <b>Signature of Legal Entity Representative (Required on all pages)</b>              |   |
|  | Date<br>8/10/17   |
| <b>DEPARTMENT USE ONLY – HOMES MAY NOT WRITE BELOW THIS LINE!</b>                    |   |
| The above plan of correction is approved as of <u>8-16-17</u><br>(Date)              | Plan of correction implementation status as of <u>8-16-17</u> ;<br>(Date)   |
| The above plan of correction was approved by <u>JS</u><br>(Initials)                 | <ul style="list-style-type: none"> <li><input type="radio"/> Fully Implemented</li> <li><input checked="" type="radio"/> Partially Implemented – Adequate Progress</li> <li><input type="radio"/> Partially Implemented – Inadequate Progress</li> <li><input type="radio"/> Not Implemented</li> </ul> |