



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 07 2018

Ms. Jodi Murphy, Executive Director
Quincy Retirement Community
Quincy Village
6596 Orphanage Road
Waynesboro, Pennsylvania 17268

RE: Parker House Assisted Living
Certificate #: 333170

Dear Ms. Murphy:

As a result of the Department's Bureau of Human Services Licensing annual inspection on April 9 and 10, 2018 of the above facility, the violations with 55 Pa.Code Ch. 2800 (relating to Assisted Living Residences) specified on the enclosed License Inspection Summary were found.

All violations 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: Parker House Assisted Living	License Number: 333170
Address: 6596 Orphanage Road Waynesboro, Pennsylvania 17268	County: Franklin
Administrator: Joanna Stine	
Legal Entity Name: Quincy Retirement Community	
Legal Entity Address: Same	
Certificate(s) of Occupancy: I-2 (Quincy Township) 3/23/16	
Type of Inspection: Full	
Reason(s) for Inspection(s): Renewal	
On-Site Inspections Dates and Department Representatives On-Site: April 9-10, 2018 Doug Hoover & Jason McCloskey	
Off-Site Inspection Dates and Inspectors, if Applicable: NA	
Resident Demographic Data as of Inspection Dates	
Licensed Capacity: 48 Number of Residents Served: 34 Secured Dementia Care Unit in Home: Yes Area: Building Two Secured Unit Capacity, if Applicable: 16 Number of Residents Served in Secured Dementia Care Unit, if applicable: 8 Number of Current Hospice Residents: 2 Number of Hospice Residents In past year: 3	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 34 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 11 Have a Physical Disability: 0

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

Regulation

54a - Direct care staff persons shall have the following qualifications:
 (1) Be 18 years of age or older, except as permitted in subsection (d).
 (2) Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
 (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary assisted living services with reasonable skill and safety.
 (4) Be able to communicate in a mode or manner understood by the resident. Strategies that promote interactive communication on the part of direct care staff and individual residents shall be developed in accordance with the resident's final support plan under § 2800.227(e) (relating to development of the final support plan).

Violation

Direct Care Staff Member A, hired on 10/3/17, did not have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Will apply for a waiver thru DHS for direct care staff worker

Future hires will be qualified for eligibility under 2800 regulations

The residence applied for a waiver for the identified staff person on 7/24/18, which was granted on the same date. The residence will comply with the conditions of the waiver until it expires on 1/23/19. -GE

Printed Name and Title of Legal Entity Representative (Required on all pages)

Joanna Stine AL Admin

Signature of Legal Entity Representative (Required on all pages)

Joanna Stine

Date

4/20/18

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 12/3/18 (Date)

Plan of correction implementation status as of 12/3/18 (Date):

The above plan of correction was approved by GE (Initials)

- Fully Implemented
- Partially Implemented – Adequate Progress
- Partially Implemented – Inadequate Progress
- Not Implemented

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

Regulation 132h - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.
Violation One of two residents did not evacuate during the 8/10/17 fire drill at 5:16 am in Parker House Building #1.
Plan of Correction <div style="font-family: cursive; font-size: 1.2em;"> <p>All Residents will Evacuate to fire safe areas during all Fire drills.</p> <p>Staff education on expectations for evacuations. was conducted on 5/11/18. Documentation of attendance was kept. A resident meeting was held on 4/18/18, reviewing the importance of evacuating quickly. -GE</p> <p>AL Admin will monitor for compliance.</p> <p>The monthly fire drills will be discussed at the residence's periodic quality management reviews. - GE</p> </div>

Printed Name and Title of Legal Entity Representative (Required on all pages) Joanna Stine AL Admin	
Signature of Legal Entity Representative (Required on all pages) Joanna Stine	Date 4/20/18
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LICENSING INSPECTION SUMMARY
Assisted Living Residences – 55 Pa.Code § 2800

Regulation	133a2 - Access to exits shall be marked with readily visible signs indicating the direction to travel.
Violation	Parker House Buildings #1, #2 and #3 are identical in construction. There is a bisecting hallway in each building that does not have directional signs to the nearest exits. Specifically, the hallway(s) are by rooms 108, 109; 208, 209; 308 and 309.
Plan of Correction	<p align="center"><i>Exit signs will be placed in bisecting hallways in each Parker House</i></p> <p>All signs were posted by 4/20/18. - GE</p>

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

Regulation

185a - 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.

Violation

The Medication Administration Record (MAR) for Resident #2 included blood sugar readings of 139 on 4/9/18 and 104 on 4/10/18. There were no corresponding readings on the glucometer for Resident #2.

The glucometer for Resident #2 recorded a blood sugar reading of 117 on 4/3/18 in the afternoon. The MAR indicated a blood sugar reading of 112 on 4/3/18 at 4:01 pm.

Plan of Correction

Staff will be educated on the importance of monitoring blood glucose monitor reading to match up with MARS. on 5/11/18 using the Blood Glucose Monitor Audit form, as well as reviewing the residence's policies regarding 2600.185a. Training documentation was kept. - GE
 Random audits will be conducted by AL Admin or designee on a weekly basis for a period of 3 months. The findings of the audits will be addressed at the residence's next Quality Management Review. -GE

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Signature of Legal Entity Representative (Required on all pages)

Joanna Stine

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

Regulation

186a - Each prescription medication must be prescribed in writing by an authorized prescriber. Prescription orders shall be kept current.

Violation

On 4/10/18, there was an *Advair HFA 230/21* inhaler on the bedside table in Room #304 that belonged to Resident #1. The residence did not have a physician's order or record of the medication.

Plan of Correction

*All medications will be checked with
 physicians orders for compliance.
 Random audits will be done for compliance*

by the Administrator or designee, using the Parker House #1 Medication Shift Audit tool. The residence's MAR's will include all medications with corresponding physicians' orders.

The results of the medication audits will be discussed at the residence's periodic quality management reviews.-GE

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

Regulation 187d - The residence shall follow the directions of the prescriber.
Violation Resident #2 has a physician's order for blood sugar readings in the morning and the afternoon. On 4/9/18, at 6:24 pm, the MAR indicated that a blood sugar reading was not done for Resident #2 because the residence did not have the glucometer test strips.
Plan of Correction <div style="font-family: cursive; font-size: 1.2em;"> <p>Staff will be educated on importance of re-ordering blood glucose strips from pharmacy in a timely manner. Staff completed training on 5/11/18 by the Administrator. Documentation of training was kept by the residence. AL Admin will monitor for compliance</p> </div> <p>to ensure that all residents that have physician orders for blood sugar readings receive the tests as prescribed. The monitoring will be included at the residence's periodic quality management reviews. - GE</p>

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

Regulation

231b - A resident or potential resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation for a special care unit for residents with Alzheimer's disease or dementia must include the resident's diagnosis of Alzheimer's disease or dementia and the need for the resident to be served in a special care unit.

Violation

Resident #3 was admitted to the Special Care Unit (SCU) on 12/28/17. The medical evaluation, dated 10/30/17, was not signed by the physician.

Plan of Correction

Staff will be educated on compliance of medical Evaluation completion.

Staff were trained by the AL Administrator on 5/11/18.

AL Admin Will monitor for compliance on all New medical Evaluations for Residents

If Medical Evaluation not completed in its entirety will be sent back to PCP

Printed Name and Title of Legal Entity Representative (Required on all pages)

Joanne Stone AL Admin

Signature of Legal Entity Representative (Required on all pages)

Joanne Stone

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

Regulation 231(c)(1) - A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's cognitive preadmission screening form shall be completed for each resident within 72 hours prior to admission to a special care unit.
Violation Resident #3 was admitted to the SCU on 12/28/17. The cognitive preadmission screening, dated 12/20/17, was not signed by a physician or a geriatric assessment team and was not completed within 72 hours prior to admission.
Plan of Correction <p style="font-size: 1.2em; margin-left: 40px;"> All Residents admitted to SCU will have cognitive pre-admission, completed within 72 hours of admission. AL Admin will monitor for compliance. Education provided to LPN and RN of pre-admission screening by the AL Administrator on 5/11/18. -GE </p>

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

Regulation	231g - The resident-residence contract specified in § 2800.25 (relating to resident-residence contract) must also include a disclosure of services, admission and discharge criteria, change in condition policies, special programming and costs and fees.
Violation	The contract, dated 12/28/17 for Resident #3, did not disclose SCU services and special programming.
Plan of Correction	<p>Immediately,</p> <p align="center"><i>Addendum for SCU will be added with Contract, to out line services for SCU.</i></p> <p>The administrator will audit all residents' SCU records to ensure that each resident's contract include the Addendum for receiving SCU services. - GE</p>

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

Regulation	233c - 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.
Violation	The courtyard for Parker House Building #2's SCU, has a magnetic lock gate secured by a keypad. On 4/10/18, there were no directions for the use of the keypad. The egress door(s) to the courtyard were marked with an exit sign.
Plan of Correction	<p style="font-size: 1.2em; font-family: cursive;">Exit signs to courtyard / patio will be removed.</p> <p>Exit signs were removed by 4/20/18. The keypad on the gate will be concealed to eliminate confusion. -GE</p>

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

Regulation 234a - Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the special care unit, a support plan shall be developed, implemented and documented in each resident's record.
Violation Resident #3 was admitted to the SCU on 12/28/17. The support plan was not completed until 1/17/18.
Plan of Correction <div style="font-family: cursive; font-size: 1.2em; padding: 10px;"> Support plan will be completed within 72 hours prior to admission to SCU. AL Admin will monitor all new admissions for compliance. </div> <p style="font-size: 0.8em; margin-top: 10px;">and conduct a quarterly file audit of all residents who move into the SCU in the respective quarter. The audit will be reviewed at the residence's periodic Quality Management Plan meetings. -GE</p>

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