



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 30 2019

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's annual licensing inspection on April 1, 2019 of the above facility, the violations with 55 Pa.Code Ch. 2800 (relating to Assisted Living Residences) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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
Violation Report

LICENSING INSPECTION SUMMARY

Assisted Living Residences – 55 Pa.Code § 2800

AL Name: Parker House Assisted Living	License Number: 33317
Address: 6596 Orphanage Road, Waynesboro, PA 17268	County: Franklin
Administrator: Joanna Stine	
Legal Entity Name: Quincy Retirement Community	
Legal Entity Address: 6596 Orphanage Road, Waynesboro, PA 17268	
Certificate(s) of Occupancy: I-2; Quincy Township; 3/23/2016	
Type of Inspection: Full	
Reason(s) for Inspection(s): Renewal	
On-Site Inspections Dates and Department Representatives On-Site: 4/1/2019 Laura Heemer, Kellie Cargile	
Off-Site Inspection Dates and Inspectors, if Applicable: NA	
Resident Demographic Data as of Inspection Dates	
Licensed Capacity: 48 ✓ Number of Residents Served: 48 ~ Secured Dementia Unit in Home: yes Area: Building 2 Secured Unit Capacity, if Applicable: 16 ✓ Number of Residents Served in Secured Dementia Unit, if applicable : 16 ~ Number of Current Hospice Residents: 0 ~ Number of Hospice Residents in past year: nm	Number of Residents who: Receive Supplemental Security Income: 0 ~ Are 60 Years of Age or Older: 48 ~ Have Mental Illness: 0 ~ Have an Intellectual Disability: 0 ✓ Have a Mobility Need: 20 ~ Have a Physical Disability: 0 ~

LICENSING INSPECTION SUMMARY

Assisted Living Residences – 55 Pa.Code § 2800

PARKER HOUSE ASSISTED LIVING #33317 4/1/2019 Laura Heemer

Regulation 2800.105 (g)(1) To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

Violation

There was an accumulation of lint in the lint traps of both GE dryers located in Building 3.

Plan of Correction

Staff education provided to all staff for dryer vent lint removal.

Resident education done to those who do their own laundry.

Dryer lint removal logs are in place for lint removal after each use.

AL Administrator will monitor for compliance

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

Joanna Stone AL Administrator

Signature of Legal Entity Representative (Required on all pages)

Joanna Stone

Date *4/16/19*

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

The above plan of correction is approved as of 4/16/19
(Date)

BAS

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

Plan of correction implementation status as of 4/16/19 :
(Date)

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

LICENSING INSPECTION SUMMARY

Assisted Living Residences – 55 Pa.Code § 2800

PARKER HOUSE ASSISTED LIVING #33317 4/1/2019 Laura Heemer

Regulation 2800.125 (b) Combustible materials shall be inaccessible to residents.

Violation

A Blue Rhino propane tank was found unlocked and accessible to residents under the grill on the patio.

Plan of Correction

Grill was removed from patio area
AL Administrator will monitor Parker House for
combustible materials

* Within 15 days from the receipt of this plan, all staff will receive re-education regarding this regulation so that in the future, any identified unsecured combustible material will be remedied immediately. BAS 4/16/19

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

Joanna Stine AL Administrator

Signature of Legal Entity Representative (Required on all pages)

Joanna Stine

Date

4/16/19

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The above plan of correction is approved as of 4/16/19
(Date)

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

Plan of correction implementation status as of 4/16/19
(Date)

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

LICENSING INSPECTION SUMMARY

Assisted Living Residences – 55 Pa.Code § 2800

PARKER HOUSE ASSISTED LIVING #33317 4/1/2019 Laura Heemer

Regulation 2800.227(h) If a resident or designated person is unable or chooses not to sign the final support plan, a notation of inability or refusal to sign shall be documented.

Violation

Resident 2 did not sign the support plan developed on 1/18/2019, and there is no notation of the resident's inability or refusal to sign.
 Resident 3 did not sign the support plan developed on 10/15/2018, and there is no notation of the resident's inability or refusal to sign.
 Resident 4 did not sign the support plan developed on 2/6/2019, and there is no notation of the resident's inability or refusal to sign.

Plan of Correction

RN and LPN have been educated on completion of support plans and it's entirely. If resident unable to sign support plan notation needs to be documented on support plan. "Resident unable to sign"
 AL Administrator will monitor for compliance.

*The administrator will perform an audit of the most recent resident support plans completed for the current residents of the home to ensure that the plan contains proper documentation of the resident's signature or the inability or refusal to sign. The audit will be completed within 30 days from the receipt of this plan. BAS 4/16/19

Printed Name and Title of Legal Entity Representative (Required on all pages)	
Signature of Legal Entity Representative (Required on all pages)	Date
DEPARTMENT USE ONLY – HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>4/16/19</u> (Date)	Plan of correction implementation status as of <u>4/16/19</u> (Date)
The above plan of correction was approved by <u>BAS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented – Adequate Progress <input type="checkbox"/> Partially Implemented – Inadequate Progress <input type="checkbox"/> Not Implemented