



MAILING DATE: September 4, 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 inspection on April 30, 2019, July 8, 2019 and August 7, 2019 of the above facility, the citations with 55 Pa.Code Ch. 2800 (relating to Assisted Living Residences) specified on the enclosed violation reports were found.

All citations specified on the enclosed violation reports 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,

Gloria Emick

Gloria Emick
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report

Facility Information

Name: *PARKER HOUSE ASSISTED LIVING*
Address: *6596 ORPHANAGE ROAD, WAYNESBORO, PA 17268*
County: *FRANKLIN* Region: *CENTRAL*

License Number: *333170*

Administrator

Name: *Joanna Stine* Phone: *7177492300* Email: *JSTINE@PSL.ORG*

Legal Entity

Name: *QUINCY RETIREMENT COMMUNITY*
Address: *QUINCY VILLAGE, HOPE LAMBERT ED 6596 ORPHANAGE ROAD, PA, 17268*

Certificate(s) of Occupancy

Type: *I-2* Date: Issued By:

Staffing Hours

Resident Support Staff: Total Daily Staff: *67* Waking Staff: *50*

Inspection

Type: *Partial* BHA Docket #: Notice: *Unannounced*
Reason: *Complaint*

Inspection Dates and Department Representative

04/30/2019 - On-Site: Douglas Hoover

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *48* Residents Served: *47*

Special Care Unit

In Home: *Yes* Area: *Building 2* Capacity: *16* Residents Served: *16*

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *47*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *20* Have Physical Disability: *1*

Rec'd
5/15/19
GE

42b Abuse/Neglect

Requirements

2800.

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 4/20/2019, at approximately 7:45 am, Resident #1 was combative when Direct Care Staff Members A and B were providing direct care. At one point, the resident picked up the phone and threatened to call police. Direct Care Staff Member A yelled at the resident to put the phone down and then mocked him by imitating his voice. Direct Care Staff Member A also threw a clean shirt at the resident and stated to Direct Care Staff Member B that "he gets on [my] nerves really quick and irritates [me]." Multiple staff members were interviewed and reported that Direct Care Staff Member A "does not talk nice to residents" has "yelling behaviors" and is "demanding on residents." It was also reported that Direct Care Staff Member A is "snippy and has no patience with residents" and that the house is "calmer when [she] is not around." Furthermore, Direct Care Staff Member A was formally counseled by the home for many of these behaviors on 4/16/19.

Repeat violation: 10/3/2018

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

See Attached Pages 2A and 2B - GE, 5/30/19

Legal Entity Representative

Joanna Stine
Signature

Joanna Stine AL Admin 5/15/19
Printed Name and Title Date

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The above plan of correction is approved as of 5/30/19
(Date)

Plan of correction implementation status as of 8/7/19
(Date)

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

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

- A. Direct Care staff member A's behavior was addressed with corrective action as per PSL policy.
- B. An audit was done at the time of the incident by interviewing other residents and family members in the House. No other residents were affected.
- C. Direct Care Staff Member A was re-educated on the abuse and neglect policy and appropriate customer service methods. Other staff members were re-educated regarding the importance of customer service and reporting requirements for possible neglect or abuse.
- D. Grievance reports will be reviewed by the AL manager routinely with follow-up investigations completed with any suspected abuse or neglect. Results will be shared with the community quality improvement team for review.

Parker House completed a full investigation into this complaint at the time of the report. Statements mentioned in the report above do not all reflect the incident that was reported. The statements that pertain to this incident only were not sufficient to prove verbal abuse based on the definition in the regulations.

(i) Verbal abuse—Any use of oral, written or gestured language that willfully includes disparaging and derogatory terms to residents or their families, or within their hearing distance, regardless of their age, ability to comprehend or disability. Examples of verbal abuse include:

(A) Threats of harm.

(B) Saying things to frighten a resident, such as telling a resident that the resident will never be able to see his family again.

PA Code 201.3

It was determined by the investigation the employee A and B had a history of not working together well and no other witnesses were present to validate either ones statement. The resident was not harmed as a result of the alleged altercation. See statement below from AL Director investigation.

On 4/22 I was informed of a concern from an employee who reported that a co-worker had yelled and mocked a resident during care on 4/20. In response to the accusation that was reported I notified BHS of reportable incident, notified Executive Director of Quincy Village and began investigation.

As part of investigation, spoke with resident [REDACTED] asked resident if there was a girl in his room talking loud or yelling at him. Resident stated "I don't recall "Asked resident if there was a girl in his room that had red hair Resident stated "I don't recall " Resident was unable to recall incident on 4/20/19 and showed no signs of withdraw or harm from incident.

Joanna Stine AL Administrator

We respectfully request that **violation 2800.42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way** be removed.

Joanna Stine AL Admin

5/15/19

E. An abuse/dignity and respect training conducted for all staff by the Area Agency on Aging or other outside source will be conducted before July 31, 2019. – GE, 5/30/19

F. Staff Member A will not provide unsupervised care to residents until further training and performance assessments can be completed. – GE, 5/30/19

G. The administrator or a designee will interview a revolving sample of residents on a weekly basis for no less than 3 months to assess the performance of staff during direct care. Documentation of these interviews shall be kept. All findings will be discussed during the next quarterly management review. – GE, 5/30/19

Violation Report

Facility Information

Name: *PARKER HOUSE ASSISTED LIVING*
Address: *6596 ORPHANAGE ROAD, WAYNESBORO, PA 17268*
County: *FRANKLIN* Region: *CENTRAL*

License Number: 33317

Administrator

Name: *Joanna Stine* Phone: *7177492300* Email: *JSTINE@PSL.ORG*

Legal Entity

Name: *QUINCY RETIREMENT COMMUNITY*
Address: *6596 ORPHANAGE ROAD, QUINCY VILLAGE HOPE LAMBERT ED, WAYNESBORO, PA, 17268*

Certificate(s) of Occupancy

Type: *I-2* Date: Issued By:

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *66* Waking Staff: *50*

Inspection

Type: *Partial* BHA Docket #: Notice: *Unannounced*
Reason: *Incident*

Inspection Dates and Department Representative

07/08/2019 - On-Site: Douglas Hoover

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *48* Residents Served: *47*

Special Care Unit

In Home: *Yes* Area: *Building 2* Capacity: *16* Residents Served: *16*

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *47*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *19* Have Physical Disability: *0*

Rec'd
7.24.19
GE

42b Abuse/Neglect

Requirements

2800.
 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 6/26/2019, Direct Care Staff Member A was arguing with and accusing Resident #1 of writing on the walls of her apartment. When Resident #1, who has dementia, denied writing on the walls, Direct Care Staff Member A replied, "Yes, you did. You have dementia and short-term memory loss." During the incident, Direct Care Staff Member B who was in the apartment looking for crayons and markers, found a crayon and broke it in front of Resident #1's face. This was observed and reported by Direct Care Staff Member C.

Direct Care Staff Member D observed Resident #1 in the hallway after the incident crying and stating, "I didn't do that," "They told me that I have dementia and that I was the one who did this" and, "I shouldn't be accused of something I haven't done."

Resident #1 was verbally abused and intimidated by Direct Care Staff Members' A and B.

Repeat Violation: 10/3/2018

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Please see attached Page 2A of 2 - GE, 8/7/19

Legal Entity Representative

Joanna Stine
 Signature

Joanna Stine *7/24/19*
 Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 8/7/19 Plan of correction implementation status as of 8/7/19
 (Date) (Date)

The above plan of correction was approved by GE Fully Implemented
 (Initials) Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

July 24, 2019

42b Abuse/Neglect

Staff member A and B were terminated from employment at Parker House Assisted Living on July 1, 2019

Staff education on abuse/neglect will be conducted by the Area on Aging at the Parker House on July 29th and 30th.

On going education to staff will be presented thru Relias training modules and education by AL Administrator.

All staff members will receive a copy of the Resident Rights, for review sign, date and return to AL Administrator with acknowledgment that they have read and understand the Resident Rights. +

Administrator or designee will interview a random sample of 3 residents weekly for 3 months assessing staff performance with direct care. In addition to administrator or designee conducted random surveys of residents regarding whether they have been treated with dignity and respect, we will also conduct Customer Satisfaction surveys. These surveys will be conducted via phone to residents and/or responsible parties by Pinnacle Quality Insights and include questions regarding Dignity and Respect and Communication. Our goal is to have 100% participation in the surveys within the month of August and then we will complete 2 random Pinnacle Quality Insight surveys each month moving forward. Results of the administrator conducted surveys and Pinnacle Quality Insight surveys will be reported to campus process improvement committee.