



**Mailing Date: January 29, 2020**

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

RE: Parker House Assisted Living  
Certificate #: 333170

Dear Ms. Murphy:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on November 25, 2019 of the above facility, we have determined that your submitted plan of correction is implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Brett Swanger". The signature is written in a cursive style.

Brett Swanger  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

# 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:

## Legal Entity

Name: QUINCY RETIREMENT COMMUNITY  
Address: 6596 ORPHANAGE ROAD, QUINCY VILLAGE, WAYNESBORO, PA, 17268

## Certificate(s) of Occupancy

Type: I-2  
Date:  
Issued By:

## Staffing Hours

Resident Support Staff: 0  
Total Daily Staff: 68  
Waking Staff: 51

## Inspection

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

## Inspection Dates and Department Representative

11/25/2019 - On-Site: Israel Springs

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: 48  
Residents Served: 47

### Special Care Unit

In Home: No  
Area:  
Capacity:  
Residents Served:

### Hospice

Current Residents: 4

### Number of Residents Who:

Receive Supplemental Security Income: 0  
Diagnosed with Mental Illness: 0  
Have Mobility Need: 21  
Are 60 Years of Age or Older: 47  
Diagnosed with Intellectual Disability: 0  
Have Physical Disability: 0

183d Current medications

Requirements

2800.

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

Description of Violation

Resident #1's Carbidopa-Levodopa 25-100 Tab was discontinued by the physician on 8/13/19, Simvastatin 10 mg was discontinued by the physician on 8/30/19, and Aspirin 81mg was discontinued by the physician on 8/30/19. However, on 8/31/19, the medications were still in the medication cart and administered to Resident #1 at approximately 8am.

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.)

Discontinued medications were in residents medication cabinet. All medication cabinets will be monitored by AL Admin/LPN for discontinued/expired medications on a weekly basis for 4 weeks and then monthly thereafter. The anticipated date of completion will begin 12/16/19 and completed by 1/10/2020. Documentation of the first four weeks will be provided to the department upon completion.

Staff training and education will be completed at staff meetings starting 1/6-1/9-2020. Documentation will be provided to the department upon completion.

Legal Entity Representative

*Joanna Stine*  
Signature

Joanna Stine AL Admin  
Printed Name and Title

12/11/19  
Date

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

The above plan of correction is approved as of 12/12/19  
(Date)

Plan of correction implementation status as of

1/29/2020  
(Date)

Implemented

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

Not Implemented

187d Follow prescriber's orders

Requirements

2800.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

On 8/31/19 at approximately 8:00am, Staff Member A, administered the discontinued medication of Simvastatin 10 mg, Aspirin 91 mg, and Carbidopa-Levodopa 25-100 Tab to Resident #1. Also at this time, Staff Member A administered four Acetaminophen 325 mg tabs instead of the prescribed two tablets.

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.)

Discontinued medications were in medication cabinet and given to resident along with routine medications.  
AL Admin and LPN audit the documentation of each residents Medication administration Record on a weekly basis for a period of 4 weeks with the anticipated date of completion on 1/31/2020  
Staff will be educated on following the direction of the prescriber and the importance of following the directions on medication orders and medication packets. Documentation will be provided to the department upon completion.  
Staff education will be at staff meetings 1/6-1/9-2020.  
Documentation will be provided to the Department upon completion.

Legal Entity Representative

*Joanna Stine*  
Signature

Joanna Stine AL Admin 12/11/19  
Printed Name and Title Date

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The above plan of correction is approved as of 12/12/19 Plan of correction implementation status as of 1/29/2020  
(Date) (Date)

Implemented

The above plan of correction was approved by BAS  
(Initials)  Not Implemented