

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

April 12, 2023

[REDACTED]
QUINCY RETIREMENT COMMUNITY
[REDACTED]

RE: PARKER HOUSE ASSISTED LIVING
6596 ORPHANAGE ROAD
WAYNESBORO, PA, 17268
LICENSE/COC#: 33317

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/05/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *PARKER HOUSE ASSISTED LIVING* License #: *33317* License Expiration: *04/24/2023*
 Address: *6596 ORPHANAGE ROAD, WAYNESBORO, PA 17268*
 County: *FRANKLIN* Region: *CENTRAL*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *QUINCY RETIREMENT COMMUNITY*
 Address: *6596 ORPHANAGE ROAD, QUINCY VILLAGE, HOPE LAMBERT ED, WAYNESBORO, PA, 17268*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: Total Daily Staff: *59* Waking Staff: *44*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Interim* Exit Conference Date: *01/05/2023*

Inspection Dates and Department Representative

01/05/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *48* Residents Served: *43*

Special Care Unit
 In Home: *Yes* Area: *Building #2* Capacity: *16* Residents Served: *15*

Hospice
 Current Residents: *1*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *43*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *16* Have Physical Disability: *0*

Inspections / Reviews

01/05/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/21/2023*

02/07/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: *03/20/2023*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/14/2023*

Inspections / Reviews (*continued*)

03/03/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/20/2023

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 03/10/2023

04/12/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/20/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

103c Food protected

1. Requirements

2800.

103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

On 1/5/23, at approximately 2:00 pm, there was a package of bacon stored in the refrigerator of building #2 which was in an open package which was open to the air, not protected from contamination.

Plan of Correction***Directed (KB - 03/03/2023)***

Item was discarded on 1/5/23 per the Administrator [REDACTED]. Administrator on 1/6/23 went through all refrigerators to comply with regulations. Staff was educated verbally about safe storing of food on 1/5/23 & 1/6/23. It will be the sole responsibility of each staff member in each household to make sure any open food is properly sealed and dated. An audit tool was created by the Administrator [REDACTED] to make sure an inspection is being done daily and weekly for refrigerated food. Administrator [REDACTED] will have the ultimate responsibility for safe handling of food items in the parker houses to make sure staff is complying with regulations.

(Directed)

- The Administrator discarded the unsealed package of bacon on 1/5/23.*
- The Administrator reviewed the contents of all refrigerators in all three buildings on 1/6/23, to verify compliance with regulations.*
- The Administrator verbally trained all staff on 1/5/23 & 1/6/23 about safe storage of food.*
- The Administrator created an audit tool and will conduct weekly inspections of refrigerated food beginning by 3/15/23. Any issues found during these walkthroughs will be immediately corrected. Copies of this audit tool will be kept in the home's records.*

Directed Completion Date: 03/15/2023***Implemented (KB - 03/20/2023)***

103e Leftovers

2. Requirements

2800.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

On 1/5/23 at approximately 9:15 am, there was an unlabeled, undated small green bowl of pineapples and cottage cheese stored in the refrigerator in building #3.

Plan of Correction***Directed (KB - 03/03/2023)***

On 1/5/23 item was discarded by hourly team member. staff was educated of food items not allowed to be restored or saved from a previous plated food on 1/5/23 & 1/6/23 as well as food cannot be precooked and plated and saved for any resident in AL. Hourly team members were educated on this practice. Audit was created to comply with inspection of all food to be labeled properly. Audit was created by administrator [REDACTED]. A weekly check is done tips of what kind as well as of what food should be and how long to store items.

(Directed)

- An hourly team member discarded the unlabeled and undated food in the building #3 refrigerator on 1/5/23.*
- The Administrator educated ALL hourly team members on 1/5/23 & 1/6/23 about food items not being re-stored*

103e Leftovers (continued)

or saved from a previous plated food as well as food cannot be pre-cooked and plated and saved for any resident in AL.

- The Administrator created an audit tool regarding proper labeling. Administrator will conduct weekly inspections of refrigerated food beginning by 3/15/23. Any issues found during these walkthroughs will be immediately corrected. Copies of this audit tool will be kept in the home's records.

Directed Completion Date: 03/15/2023

Implemented (KB - 03/24/2023)

227g Support plan - signatures**3. Requirements**

2800.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident # 1 ,whose admission date was [REDACTED] participated in the development of his/her support plan on [REDACTED]. However, the resident did not sign and date the support plan.

Plan of Correction

Directed (KB - 03/03/2023)

On 1/5/23 an audit was done by LPN [REDACTED] of all residents of preadmission signatures. Nursing staff have created an audit tool that will be inspected by LPN's and Administrator to be sure that all support plans are signed and dated. This audit will be done monthly to ensure compliance is met by LPNs and administrator. these items will also be discussed at quarterly quality assurance meetings hosted at Quincy Village.

(Directed)

- The Administrator/LPN will complete Resident #1's assessment and support plan (previously dated [REDACTED]) by [REDACTED], including obtaining the resident's signature.
- The Administrator/LPN will audit all resident support plans by [REDACTED] to ensure that they are all signed (or have an indication that the resident was unwilling/unable to sign).
- The Administrator/nursing staff will develop and implement a new admission and annual checklist by 3/31/23 to ensure that initial and annual supports plans are signed by residents who participate in their development.
- Starting 4/1/23, this audit will be done monthly to ensure compliance is met by LPNs and Administrator. These items will also be discussed at the quarterly quality assurance meetings.

Directed Completion Date: 04/01/2023

Implemented (AS - 04/12/2023)

236a Staff training**4. Requirements**

2800.

236.a. Each direct care staff person working in a special care unit for residents with Alzheimer's disease or dementia shall have 8 hours of initial training within the first 30 days of the date of hire and a minimum of 8 hours of annual training related to dementia care and services, in addition to the 16 hours of annual training specified in § 2800.65 (relating to staff orientation and direct care staff person training and orientation).

236a Staff training (*continued*)**Description of Violation**

Staff Member A, date of hire [REDACTED], occasionally works in the special care unit, but only completed three (3) hours of initial training related to dementia care within the first 30 days of their date of hire.

Direct care staff person B, date of hire [REDACTED] works in the special care unit, but only completed 5.5 hours of initial training related to dementia care within the first 30 days of their date of hire.

Plan of Correction**Directed (KB - 03/03/2023)**

On 1/5/23 date of survey a verbal conversation was had to HR from administrator [REDACTED] HR that is in charge of disbursing out Relias training for AL staff to comply with the needed dementia training hours. Moving forward all new hired AL staff will have all hours of training pertaining to dementia care hours within their first thirty days of hire. Monthly audit will be ran using our training program Relias transcript report. This audit will be monitored by administrator in conjunction of HR for compliance. All audits will be conducted of all new hires within their first thirty days by administrator [REDACTED]

(Directed)

- By 4/1/23, Staff members A & B will have completed a minimum of 8 hours of training directly related to dementia care and services.
- By 4/1/23, Administrator will educate HR staff who assign Relias trainings of the required training necessary for any staff who may potentially work in the secured care unit (SCU) and will keep a record of such education.
- Starting 3/15/23, Administrator will verify that all newly hired Assisted Living staff will have all hours of training pertaining to dementia care hours within their first thirty days of hire.
- Starting 4/1/23, Administrator will run monthly audit reports using Relias transcript report. This audit will be monitored by administrator and HR for compliance. The results of these audits will be reviewed at the next two quarterly management quality assurance meetings, the first of which to be held no later than May 30, 2023, and records will be kept.

Directed Completion Date: 04/01/2023

Implemented (KB - 03/24/2023)