

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to SIMPSON HOUSE, INC.

LEGAL ENTITY

To operate SIMPSON HOUSE

NAME OF FACILITY OR AGENCY

Located at BELMONT AVENUE & MONUMENT ROAD, PHILADELPHIA, PA 19131

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 84  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

MAXIMUM CAPACITY

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from April 27, 2010 until October 27, 2010,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 189211

*Robert E. Robinson*

ISSUING OFFICER

*Kenneth V. Casey*

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable  
and should be posted in a conspicuous place in the facility.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
PO BOX 2675  
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

PHONE: (717) 783-3670  
FAX: (717) 783-5662

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

**MAILING DATE:**

**APR 28 2010**

Ms. Carolyn L. Unkel, RN/Administrator  
Simpson House Inc.  
Simpson House  
Belmont Avenue & Monument Boulevard  
Philadelphia, Pennsylvania 19131

Dear Ms. Unkel:

As a result of the Department of Public Welfare's (Department) licensing inspection on December 22, 2009, December 23, 2009, and March 11, 2010 of the above personal care home, the violations specified on the enclosed Violation Report were found.

A PROVISIONAL license is being issued based on the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Your PROVISIONAL license is enclosed.

All violations specified on the Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Public Welfare in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal, a written request for an appeal must be received within 10 days of the date of this letter by:

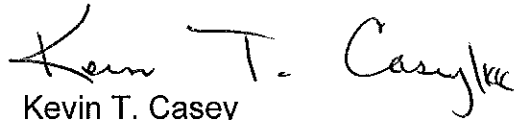
Karen E. Kroh, Director  
Adult Residential Licensing  
Department of Public Welfare  
423 Health and Welfare Building  
Seventh and Forster Streets  
Harrisburg, Pennsylvania 17120

Ms. Carolyn Unkel

2

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

A handwritten signature in black ink that reads "Kevin T. Casey". The signature is written in a cursive style with a large, sweeping "K" and "C".

Kevin T. Casey  
Deputy Secretary

Enclosures  
License  
Violation Report

**VIOLATION REPORT**  
**PERSONAL CARE HOMES -- 55 Pa.Code Chapter 2600**

Page 1 of 39

NAME AND ADDRESS OF PERSONAL CARE HOME Simpson House Baltimore Avenue & Monument Road, Philadelphia, PA 19131		CURRENT LICENSE NUMBER 189210	
INSPECTION DATE(S) (Include all dates of the inspection) 12/22/09 & 12/23/09		REGIONAL REPRESENTATIVE Christine McHale, Kimberli Foulkes & Leslie Erhardt	
SIGNATURE OF LEGAL ENTITY <i>Carolyn L. Unkel</i>	DATE 3/8/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jan Hany</i>	DATE 3-11-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
22a1, 224a 22a1 The following admission document shall be completed for each resident - Preadmission screening completed prior to admission on a form specified by the Department. 224a A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.	- Resident #1's Preadmission screening dated 8/18/09 does not include whether or not the home can meet the resident's needs.  - Resident #2's Preadmission screening dated 10/8/09 does not include whether or not the home can meet the resident's needs.	1/25/10   1/25/10   3/12/10	The home will ensure that all residents admitted after the date shown have a preadmission screening completed. The administrator will ensure that the preadmission screening is accurate and completed in its entirety, including signing and dating the screening form. If the home determines that the resident's needs cannot be met by the home based on the preadmission screening, the home will refer the resident to the appropriate local assessment agency.  Residents #1 and #2 Preadmission screening was completed, indicating that the home can meet the resident's needs.  All resident records will be audited for compliance by 3/12/10	3-11-10 <i>JH</i>

FROM : SIMPSON-WELLNESS CENTER

FAX NO. : 215 871 5418

Mar. 08 2010 02:48PM P2

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

Mar. 08 2010 02:48PM P3

FAX NO. : 215 871 5418

FROM : SIMPSON-WELLNESS CENTER

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Simpson House Bolmont Avenue & Monument Road, Philadelphia, PA 19131		<b>CURRENT LICENSE NUMBER</b> 189210	
<b>INSPECTION DATE(S)</b> (include all dates of the inspection) 12/22/09 & 12/23/09		<b>REGIONAL REPRESENTATIVE</b> Christine McHale, Kimberli Foulkas & Leslie Erhardt	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Carolyn L. Zerkel</i>	<b>DATE</b> 3/8/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Jason Haney</i>	<b>DATE</b> 3-11-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
22a2, 141a-1 22a2 The following admission document shall be completed for each resident - Medical evaluation completed 60 days prior to or 30 days after admission on a form specified by the Department. 141a-1 A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.	Resident #3 was admitted to the home on 6/24/09. The resident's initial medical evaluation is dated 8/13/09.	3/08/10	The administrator will audit all residents' Medical Evaluation forms to ensure that each resident has received a medical evaluation within the past year or more recently if the resident experienced a significant change in medical status. Any residents in need of a medical evaluation will receive one within 15 days of the audit as physician availability permits.  The home will ensure that residents receive medical evaluations within the time frames specified by this Chapter.	3-11-10 <i>[Signature]</i>

**VIOLATION REPORT  
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Simpson House Belmont Avenue & Monument Road, Philadelphia, PA 19131		<b>CURRENT LICENSE NUMBER</b> 189210	
<b>INSPECTION DATE(S) (include all dates of the inspection)</b> December 22, 2009 and December 23, 2009		<b>REGIONAL REPRESENTATIVE</b> Christine McHale, Kimberli Foulkes, and Leslie Erhardt	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Carolyn L. Unkel RN</i>	<b>DATE</b> 2/19/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Jason Hawey</i>	<b>DATE</b> 3-11-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
25b The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.	- Resident #4's contract dated 11/7/07 was not signed by the resident.  - Resident #5's contract dated 12/27/07 was not signed by the resident.	1/26/10  1/26/10  All charts will be audited by 3/12/10	The contract is signed by the resident indicating they have seen the information.  Residents # 4 & 5 signed their contracts on 1/26/10. All other charts will be audited by 3/12/10  Going forward all contracts will be signed by the resident and POA/ designated person. The marketing department personnel will accomplish this on or before admission.  This will be monitored by the PC Administrator	Steps have been taken to correct violation; full compliance is not verifiable <i>3-11-10</i> Date <i>[Signature]</i> Initials (DPW)

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Simpson House Belmont Avenue & Monument Road, Philadelphia, PA 19131		<b>CURRENT LICENSE NUMBER</b> 189210	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> December 22, 2009 and December 23, 2009		<b>REGIONAL REPRESENTATIVE</b> Christine McHale, Kimberli Foulkes, and Leslie Erhardt	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Carolyn L. Unkel RN</i>	<b>DATE</b> 2/18/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Jason Harvey</i>	<b>DATE</b> 3-11-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
25c2 The contract shall specify a fee schedule that lists the actual amount of allowable resident charges for each of the home's available services.	There was no fee schedule in Resident #4, Resident #5, Resident #6, and Resident #7's contract.	1/25/10 fee scheduled in the contracts  All resident contracts will be audited by 3/12/10	The appropriate fee is written into the resident contract. Fee schedules for residents #4,5,6, & 7 were added to their contracts on 1/25/10 at the proper level of the date the contracts were signed.  All contracts will be audited by 3/12/10 for completeness  A fee schedule will accompany all residents contracts. Marketing staff will be responsible.  PC Administrator will monitor as contracts are signed.	3-11-10 Q.H.

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Simpson House Belmont Avenue & Monument Road, Philadelphia, PA 19131		<b>CURRENT LICENSE NUMBER</b> 189210	
<b>INSPECTION DATE(S) (include all dates of the inspection)</b> December 22, 2009 and December 23, 2009		<b>REGIONAL REPRESENTATIVE</b> Christine McHale, Kimberli Foulkes, and Leslie Erhardt	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Carolyn L. Unikel AU</i>	<b>DATE</b> 2/18/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Jan Hanning</i>	<b>DATE</b> 3-11-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
63a At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and cardiopulmonary resuscitation shall be present in the home at all times.	The home has a census of 66 residents. The home is required to have two staff members who are trained in first aid and certified in CPR. On 12/12/09 and 12/18/09 during the 11:00pm to 7:00am shift, there was only one staff person certified in CPR working.	2/3/10- Will have staff with expired CPR cards re-certified.	To comply with regulation, all expired CPR certified staff was recertified on 2/3/10.  All staff holding cards expiring Feb. 28, 2010 will have been recertified by 2/26/10.  All staff holding Aug expiring cards will be recertified by Aug. 27, 2010  All P C Staff will be CPR trained. PC Administrator will monitor dates of expiration on a quarterly basis	3-11-10 J.H.

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

Page 6 of 39

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Simpson House Belmont Avenue & Monument Road, Philadelphia, PA 19131		<b>CURRENT LICENSE NUMBER</b> 189210	
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<b>SIGNATURE OF LEGAL ENTITY</b> <i>Carolyn L. Unkel</i>	<b>DATE</b> 3/8/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Jason Harvey</i>	<b>DATE</b> 3-11-10

1 REGULATION 55 Pa.Code §2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
65a Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:  (1) Evacuation procedures. (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable. (3) The designated meeting	Direct care staff member A was hired on 5/12/09. This staff member's first day orientation training sheet was not dated or signed. It is not able to be determined when and if this staff member received orientation prior to or during their first work day.	3/8/10	Direct care staff member A will have all of the training required by this regulation. Documentation of training will be kept in accordance with 2800.85i.  The administrator will develop and implement a system to ensure that all newly-hired staff persons receive the training required by this regulation on or before the first work day.  Human Resources will be responsible for conducting orientation prior to or during the first work day.  Going forward all newly hired staff orientation training and paper work will be monitored by the administrator.	3-11-10 <i>J.H.</i>

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Simpson House Belmont Avenue & Monument Road, Philadelphia, PA 19131		<b>CURRENT LICENSE NUMBER</b> 189210	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> December 22, 2009 and December 23, 2009		<b>REGIONAL REPRESENTATIVE</b> Christine McHale, Kimberli Foulkes, and Lesle Erhardt	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Carylyn L. Unkel RN</i>	<b>DATE</b> 2/18/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Jim Haney</i>	<b>DATE</b> 3-11-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
place outside the building or within the fire-safe area in the event of an actual fire. (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable. (5) The location and use of fire extinguishers. (6) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services.			See page 6.	3-11-10 JH.

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

Page 8 of 39

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Simpson House Belmont Avenue & Monument Road, Philadelphia, PA 19131		<b>CURRENT LICENSE NUMBER</b> 189210	
<b>INSPECTION DATE(S) (include all dates of the inspection)</b> 12/22/09 & 12/23/09		<b>REGIONAL REPRESENTATIVE</b> Christine McHale, Kimberli Foulkes & Leslie Erhardt	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Carolyn L. Zinkel</i>	<b>DATE</b> 3/8/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>James Haney</i>	<b>DATE</b> 3-11-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
65b Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:  (1) Resident rights. (2) Emergency medical plan. (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act. (4) Reporting of reportable incidents and conditions.	Direct care staff member A, hired on 5/12/09, did not receive training on resident rights and OAPSA training within the first forty hours of employment.	3/8/10	Direct care staff member A will have all of the training required by this regulation. Documentation of training will be kept in accordance with 2600.65.  The administrator will develop and implement a system to ensure that all newly-hired staff persons receive the training required by this regulation within 40 scheduled working hours.  Human Resources will be responsible for conducting orientation prior to or during the first work day.  Going forward all newly hired staff orientation training and paper work will be monitored by the administrator.	3-11-10 JH.

FROM : SIMPSON-WELLNESS CENTER

FAX NO. : 215 871 5418

Mar. 08 2010 02:49PM PS

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

Page 9 of 39

FROM : SIMPSON-WELLSNESS CENTER

FOX NO. : 215 871 5418

Mar. 08 2010 02:50PM

PS

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Simpson House Belmont Avenue & Monument Road, Philadelphia, PA 19131		<b>CURRENT LICENSE NUMBER</b> 189210	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> 12/22/09 & 12/23/09		<b>REGIONAL REPRESENTATIVE</b> Christine McHale, Kimherli Foulkes & Leslie Erhardt	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Carolyn S. Zinkel</i>	<b>DATE</b> 3/8/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>[Signature]</i>	<b>DATE</b> 3-1-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
65e Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.	- Direct care staff member B, hired on 3/12/07, received 8 hours of training during the home's training period of September 2008 – September 2009.  - Direct care staff member C, hired in 2000, received 6 hours of training during the home's training period of September 2008 – September 2009.  - Direct care staff member D, hired in 1998, received 9 hours of training during the home's training period of September 2008 – September 2009  Repeated Violation-9/4/08, et al	Training year 2010          5/24/10	Direct care staff members A, B and C will have (12 + missing hours) of training. The training topics will include those required by this Chapter at a minimum. Documentation of training will be kept in accordance with 2600.65f.  The administrator will develop and implement a system to ensure that all newly-hired staff persons receive the training required by this regulation within 40 scheduled working hours.  Human Resources will be responsible for conducting orientation prior to or during the first work day.  Going forward all newly hired staff orientation training and paper work will be monitored by the administrator.	4/21/10  Steps have been taken to correct violation, full compliance is not verifiable 4/26/10 Date: _____ Initials (DPW): _____

Staff B, C, and D have completed the following training up to 4-21-10 and are scheduled for the last two trainings.

- 3-15-10 Falls and Prevention 1hr
- 3-16-10 Regulations and review of the VR 1hr
- 3-3-10 CPR 2hr
- 4-21-10 Insulin 2hr
- 5-12-10 Nutrition 1hr
- 5-26-10 Activities 1hr

*KY* 4/21/10

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Simpson House Belmont Avenue & Monument Road, Philadelphia, PA 19131		<b>CURRENT LICENSE NUMBER</b> 189210
<b>INSPECTION DATE(S)</b> (include all dates of the inspection) 12/22/09 & 12/23/09		<b>REGIONAL REPRESENTATIVE</b> Christine McHale, Kimbarli Foulkes & Leslie Erhardt
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Carolyn L. Wild</i>	<b>DATE</b> 3/8/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>John Harvey</i>
		<b>DATE</b> 3-11-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
85g Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers shall be trained annually in the following areas:  (5) Falls and accident prevention.	- Direct care staff member B, hired on 3/12/07, training in Falls and Accident Prevention during the home's training period of September 2008 – September 2009.  - Direct care staff member C, hired in 2000, training in Falls and Accident Prevention during the home's training period of September 2008 – September 2009.  - Direct care staff member D, hired in 1998, training in Falls and Accident Prevention during the home's training period of September 2008 – September 2009.  Repeated Violation-9/4/08, et al	<del>3/22/10</del> <i>CLW</i> 3/26/10  <del>3/22/10</del> <i>CLW</i> 3/26/10 1/1/10  Training Year 2010 and each year thereafter	Direct care staff members A, B and C will have all of the training required by this regulation. Documentation of training will be kept in accordance with 2600.65f.  All staff records will be audited for the required training in this regulation.  The administrator will develop a staff training plan that includes the following information: (1) The name, position and duties of each direct care staff person, ancillary staff person, substitute personnel and regularly-scheduled volunteers (2) The required training courses for each person identified in (1). (3) The dates, times and locations of the scheduled training for each person identified in (1) for the upcoming year.  The training plan will include, at a minimum, the topics required by 2600.65f and 2600.65g.  The home will implement the developed plan. Compliance with the plan will be kept in accordance with 2600.65i and 2600.65c.	

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa. Code Chapter 2800**

Page 11 of 60

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Simpson House Belmont Avenue & Monument Road, Philadelphia, PA 19131		<b>CURRENT LICENSE NUMBER</b> 189210	
<b>INSPECTION DATE(S)</b> (Include all dates of the inspection) 12/22/09 & 12/23/09		<b>REGIONAL REPRESENTATIVE</b> Christine McHale, Kimberli Fouikes & Leslie Erhardt	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Carolyn L. Zinkel</i>	<b>DATE</b> 3/8/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>James Hawary</i>	<b>DATE</b> 3-11-10

1 REGULATION 55 Pa. Code § 2800.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
82c Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.	<p>- A bottle of laundry detergent labeled "If swallowed give glassful of water and call a physician" was found unlocked on the floor next to the trash can in the living room of Resident #1's room. Resident #1 has not been assessed to safely use or avoid poisonous materials.</p> <p>- A bottle of Isopropyl alcohol 91% labeled "If swallowed get medical help or contact a Poison Control Center right away" was found unlocked on the bedside table in Resident #6's room. Resident #6 has not been assessed to safely use or avoid poisonous materials.</p> <p>- A bottle of laundry detergent</p>	<p>2/26/10</p> <p>3/26/10</p>	<p>The identified materials will be moved to a locked area that is inaccessible to residents.</p> <p>Residents will be reevaluated for safe use of "Poisonous Materials" and noted on their PCH assessment.</p> <p>Going forward all residents will be assessed for the ability to safe use or avoid "Poisonous Materials" on a annual or significant change to the resident's PCH assessment and support plan.</p> <p>Staff will be instructed to check all areas of the home for poisonous materials at least once per shift. Any poisonous materials not in use will be made locked and inaccessible to residents immediately.</p> <p>Monitored by PC Administrator.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>3-11-10 <i>AK</i></p> <p>Date Initials (DPW)</p>

FROM : SIMPSON-WELLNESS CENTER

FAX NO. : 215 871 5418

Mar. 08 2010 02:51PM P8

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Simpson House Belmont Avenue & Monument Road, Philadelphia, PA 19131		<b>CURRENT LICENSE NUMBER</b> 189210	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> December 22, 2009 and December 23, 2009		<b>REGIONAL REPRESENTATIVE</b> Christine McHale, Kimberli Fouikes, and Leslie Erhardt	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Carolyn L. Unkel RN</i>	<b>DATE</b> 2/18/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Jean Harvey</i>	<b>DATE</b> 3-11-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
82c – continued	<p>labeled, "If swallowed give glassful of water and call a physician," was unlocked in a metal cart next to the closet in Resident #9's room. Resident #9 has not been assessed to safely use or avoid poisonous materials.</p> <p>- A box of moth ice crystals labeled, "Call a Poison Control Center or doctor for treatment advice," was unlocked on the bedside table in Resident #8's room. Resident #8 has not been assessed to safely use or avoid poisonous materials.</p> <p>- A bottle of laundry detergent labeled, "If swallowed give glassful of water and call a</p>	See page 11	See page 11	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><u>3-11-10</u> <u>JLE</u> Date Initials (DPW)</p>

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Simpson House Belmont Avenue & Monument Road, Philadelphia, PA 19131		<b>CURRENT LICENSE NUMBER</b> 189210	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> December 22, 2009 and December 23, 2009		<b>REGIONAL REPRESENTATIVE</b> Christine McHale, Kimberli Foulkes, and Leslie Erhardt	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Carolyn L. Unkel RN</i>	<b>DATE</b> 2/18/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>John Henry</i>	<b>DATE</b> 3-11-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (Include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
82c – continued	<p>physician," was unlocked on the floor under the sink in the bathroom of Resident #10's room. Resident #10 has not been assessed to safely use or avoid poisonous materials.</p> <p>- A bottle of antiseptic mouth rinse labeled, "if more than used for rinsing is swallowed get medical help or contact a Poison Control Center right away," was unlocked in Resident #11's room. A bottle of PineSol labeled, "if swallowed call a doctor or Poison Control Center for treatment advice," and a bottle of Tile Action labeled, "If swallowed -- drink a glassful of water or milk and call a Physician," were unlocked on the floor to the left of</p>	See page 11	See page 11	<p>Steps have been taken to correct violation, full compliance is not verified.</p> <p>3-11-10 <i>DM</i></p> <p>Date Initials</p>

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Simpson House Belmont Avenue & Monument Road, Philadelphia, PA 19131		<b>CURRENT LICENSE NUMBER</b> 189210	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> December 22, 2009 and December 23, 2009		<b>REGIONAL REPRESENTATIVE</b> Christine McHale, Kimberli Foulkes, and Leslie Erhardt	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Carolyn L. Unikel RN</i>	<b>DATE</b> 2/18/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Jason Harvey</i>	<b>DATE</b> 3-11-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
82c – continued	<p>the toilet in the bathroom in Resident #11's room. Resident #11 has not been assessed to safely use or avoid poisonous materials.</p> <p>- A box of solid super star laundry detergent labeled, "If large quantities of this material are swallowed call a physician immediately," was unlocked in the laundry room on the third floor of the Carson building.</p> <p>- A bottle of Listerine labeled, "If more than rinsing is used for swallowing contact a physician or Poison Control Center right away," a bottle of hydrogen peroxide labeled, "If swallowed get medical help or contact a</p>	<p>2/5/10</p> <p>3/26/10</p>	<p>All common areas where "Poisonous Materials" are used to clean have had locks installed under sinks or on closets for safe keeping of equipment.</p> <p>PC staff will be in-serviced on the safe storage of "Poisonous Materials"</p> <p>Monitored by PC Administrator on rounds</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>3-11-10 <i>JL</i> Date Initials (DPW)</p>

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Simpson House Belmont Avenue & Monument Road, Philadelphia, PA 19131		<b>CURRENT LICENSE NUMBER</b> 189210	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> December 22, 2009 and December 23, 2009		<b>REGIONAL REPRESENTATIVE</b> Christine McHale, Kimberli Foulkes, and Leslie Erhardt	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Carolyn L. Zinkel RN</i>	<b>DATE</b> 2/18/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Jan Harvey</i>	<b>DATE</b> 3-11-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
82c -- continued	<p>Poison Control Center right away," and a laundry detergent labeled, "If swallowed, give a glassful of water, call a physician," was found on top of plastic totes under the sink in Resident #12's bathroom. Resident #12 has not been assessed to safely use or avoid poisonous materials.</p> <p>- A bottle of Lysol toilet bowl cleaner labeled, "If swallowed drink a glassful of water and get prompt medical attention," was unlocked on the windowsill in the tub room on the second floor of the Carson building.</p> <p>- A bottle of Clorox Clean-up labeled, "If swallowed: Call a</p>	See pages 11 & 14	See pages 11 & 14	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><u>3-11-10</u> Date <u>                    </u> Initials (DPW)</p>

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Simpson House Belmont Avenue & Monument Road, Philadelphia, PA 19131		<b>CURRENT LICENSE NUMBER</b> 189210	
<b>INSPECTION DATE(S)</b> (Include all dates of the inspection) December 22, 2009 and December 23, 2009		<b>REGIONAL REPRESENTATIVE</b> Christine McHale, Kimberli Foulkes, and Leslie Erhardt	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Carolyn L. Zinkel RN</i>	<b>DATE</b> 2/18/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Jan Harvey</i>	<b>DATE</b> 3-11-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
82c – continued	<p>Poison Control Center or doctor immediately for treatment advice," was unlocked in the kitchen on the second floor of the Carson building.</p> <p>- Two bottles of Non-Acid Disinfectant bathroom cleaner labeled, "First Aid: Call a Poison Control Center or doctor for treatment advice," a bottle of Clorox Clean-up labeled, "if swallowed: Call a Poison Control Center or doctor immediately for treatment advice," and bottle of laundry detergent labeled, "Internally: give large amounts of milk or water. Call physician," were unlocked under the sink in the tub room on the third floor of the Carson building.</p>	See pages 11 & 14	See pages 11 & 14	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>3-11-10 <i>JL</i> Date Initials (DPW)</p>

**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Simpson House Belmont Avenue & Monument Road, Philadelphia, PA 19131		<b>CURRENT LICENSE NUMBER</b> 189210		
<b>INSPECTION DATE(S)</b> (Include all dates of the inspection) 12/22/09 & 12/23/09		<b>REGIONAL REPRESENTATIVE</b> Christine McHale, Kimberti Foulkes & Leslie Erhardt		
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Carolyn L. Unkel</i>	<b>DATE</b> 3/8/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Jean Harvey</i>	<b>DATE</b> 3-11-10	
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (Include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
85d Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.	There was an uncovered trash can in the tub room in the Wesley Commons building.  Repeated Violation-9/4/08, et al	Immediately by 1/1/10  2/26/10	The identified can is covered. All areas of the home have been checked for covered trash cans.  <i>Personal Care Aide</i> Housekeeping staff will check all trash cans daily to make sure that all trash cans are covered.  <i>Personal Care Aides</i> Housekeeping supervisor will be responsible for monitoring.  Administrator will monitor during daily rounds.	3-11-10 <i>JH</i>

**VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

Page 18 of 33

NAME AND ADDRESS OF PERSONAL CARE HOME Simpson House Belmont Avenue & Monument Road, Philadelphia, PA 19131		CURRENT LICENSE NUMBER 189210	
INSPECTION DATE(S) (Include all dates of the inspection) 12/22/09 & 12/23/09		REGIONAL REPRESENTATIVE Christine McHale, Kimberli Foulkes & Leslie Erhardt	
SIGNATURE OF LEGAL ENTITY <i>Carolyn L. Unkel</i>	DATE 3/8/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Joan Harvey</i>	DATE 3-11-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
91 Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control center, municipal emergency management agency and personal care home complaint hotline shall be posted on or by each telephone with an outside line.	- Resident room's #212, #213 and #301 in the Bennett building has a telephone with an outside line. The telephone did not have the required emergency numbers posted on or near it.  - Resident room #202 in the Carson building has a telephone with an outside line. The telephone did not have the required emergency numbers posted on or near it.  Repeated Violation-5/4/08, et al	Immediately 1/1/10 2/28/10	Resident rooms #212, #213, #301 and #C202 have the required emergency phone posted.  The administrator will check all phones in the home to ensure that the required numbers are placed on or by each phone. Staff will be instructed to monitor phones during the course of their duties and report or replace missing numbers. <i>Personal Care Aides</i> Housekeeping staff will check all resident rooms with outside phone lines have the required posted emergency phone numbers during the weekly room cleaning. <i>Personal Care Aides</i> Housekeeping supervisor will be responsible for monitoring.  Administrator will monitor during rounds.	3-11-10 <i>JK</i>

FROM : SIMPSON-WELLNESS CENTER

FAX NO. : 215 871 5418

Mar. 08 2010 02:52PM P10

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Simpson House Belmont Avenue & Monument Road, Philadelphia, PA 19131		<b>CURRENT LICENSE NUMBER</b> 189210	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> December 22, 2009 and December 23, 2009		<b>REGIONAL REPRESENTATIVE</b> Christine McHale, Kimberli Foulkes, and Leslie Erhardt	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Carolyn S. Zinkel RN</i>	<b>DATE</b> 2/18/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Jason Henry</i>	<b>DATE</b> 3-11-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
95 Furniture and equipment shall be in good repair, clean and free of hazards.	The drain in the bathtub in resident room #306 in the Carson building was pulled out of the bathtub and lying in the bathtub. The drain had a 1 ft piece of metal with a sharp edge coming from it.	1/25/10	The drain stopper was removed by the maintenance staff due to the safety issue on 1/25/10.  Repairs will be made in residents rooms by maintenance in a timely manor when informed.  Monitored by the Maintenance Supervisor.  Staff will be re-inserviced, to request repair work orders promptly, by 3/12/10  Monitored by the PC Administrator on rounds	3-11-10 <i>J.H.</i>

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Simpson House Belmont Avenue & Monument Road, Philadelphia, PA 19131		<b>CURRENT LICENSE NUMBER</b> 189210	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> December 22, 2009 and December 23, 2009		<b>REGIONAL REPRESENTATIVE</b> Christine McHale, Kimberli Foulkes, and Leslie Erhardt	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Carolyn L. Mabel RN</i>	<b>DATE</b> 2/18/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Jason Harvey</i>	<b>DATE</b> 3-11-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
96a The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.	The first aid kit on the second floor of the Carson building did not contain gauze pads or adhesive tape.	1/25/10	Gauze and tape were added to the first aid kit on 1/25/10, to comply with the regulation.  All units first aid kits were audited and contain the recommended supplies on 1/25/10.  First aid kits will be monitored on a monthly basis for content by the PC Staff. The PC Administrator will monitor on rounds.	

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Simpson House Belmont Avenue & Monument Road, Philadelphia, PA 19131		<b>CURRENT LICENSE NUMBER</b> 189210	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> December 22, 2009 and December 23, 2009		<b>REGIONAL REPRESENTATIVE</b> Christine McHale, Kimberll Foulkes, and Leslie Erhardt	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Carolyn L. Enchel RN</i>	<b>DATE</b> 2/18/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Jason Henry</i>	<b>DATE</b> 3-11-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
101j7 Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on/off at bedside.	<ul style="list-style-type: none"> <li>- The bedside lamp in resident room #301 in the Bennett building was not operable because it was not plugged in. There was no outlet close enough to plug in the lamp.</li> <li>- There was no lamp next accessible from the bedside in resident room #304 in the Bennett building.</li> <li>- There was no lamp accessible from the bedside in resident room #111 in the Bennett building.</li> <li>- There was no lamp accessible from the bedside in resident room #111 in the Carson building.</li> <li>- There was no lamp accessible from the bedside in resident room #306 in the Carson building.</li> </ul> <p>Repeated Violation – 9/4/08, et al</p>	1/28/10 Touch lights installed at head of bed in all noted rooms	<p>For resident safety all bedrooms will have a light source.</p> <p>Touch lights were installed at the head of the beds in rooms B-301, B-304, B-111, C-110, and C-306, on 1/29/10.</p> <p>On or before admission all residents or responsible parties will be informed of the need for a lamp or other lighting source by the Marketing Department.</p> <p>If one is not available on admission a touch light will be provided.</p> <p>To be monitored by the PC Administrator on rounds.</p>	3-11-10 <i>zk</i>

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Simpson House Belmont Avenue & Monument Road, Philadelphia, PA 19131		<b>CURRENT LICENSE NUMBER</b> 189210	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> December 22, 2009 and December 23, 2009		<b>REGIONAL REPRESENTATIVE</b> Christine McHale, Kimberli Foulkes, and Leslie Erhardt	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Carolyn S. Uebel RN</i>	<b>DATE</b> 2/18/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Jan Hawey</i>	<b>DATE</b> 3-11-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
101r Window coverings shall be clean, in good repair, provide privacy and cover the entire window when drawn.	The blinds in the bathroom in resident room #304 in the Bennett building had 3 broken slats leaving an exposed portion of the window.	1/20/10  blinds were replaced	Window coverings will provide privacy and be in good repair. Blinds were replaced on 1/20/10 by the maintenance staff. Maintenance staff will check all resident rooms for needed repairs twice yearly.  Maintenance will repair all reported concerns in a timely manner.  P C Staff will be re-inserviced in the need for work orders. Re-inservicing to be completed by 3/26/10 Monitored by the PC Administrator on rounds.	3-11-10 <i>J.H.</i>

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Simpson House Belmont Avenue & Monument Road, Philadelphia, PA 19131		<b>CURRENT LICENSE NUMBER</b> 189210
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> December 22, 2009 and December 23, 2009		<b>REGIONAL REPRESENTATIVE</b> Christlne McHale, Kimberli Foulkes, and Leslie Erhardt
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Carolyn L. Enkel RN</i>	<b>DATE</b> 2/18/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Jason Hawry</i>
		<b>DATE</b> 3-11-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (Include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
102i A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.	There was an unlabeled bar of soap on the edge of the bathtub in the tub room on the first floor of the Carson building.	12/23/09  2/19/10  3/26/10	Unlabeled bar soap is not permitted.  The bar of soap has been removed.  A soap dispenser will be installed  All staff will be re-Inserviced in proper soap useage  Areas will be monitored by PC Administrator on rounds	3-11-10 <i>JH</i>



**VIOLATION REPORT  
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

Page 26 of 39

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Simpson House Belmont Avenue & Monument Road, Philadelphia, PA 19131		<b>CURRENT LICENSE NUMBER</b> 189210	
<b>INSPECTION DATE(S) (include all dates of the inspection)</b> 12/22/09 & 12/23/09		<b>REGIONAL REPRESENTATIVE</b> Christine McHale, Kimberli Foulkes & Leslie Erhardt	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Carolyn L. Winkel</i>	<b>DATE</b> 3/8/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Jan Murray</i>	<b>DATE</b> 3-11-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
105g-1 To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.	The lint trap in the dryer in the laundry room on the third floor of the Carson building was completely covered in lint.  Repeated Violation-9/4/08, et al	1/26/10	Lint will be removed from the dryers after each use. Signs reminding staff to remove lint will be posted in the home's laundry area. All staff will be trained to remove lint after each use of the dryer. Documentation of training will be kept.  All staff will be in-serviced. <i>Personal Care Quiles</i> Housekeeping supervisor will be responsible for monitoring.  Administrator will monitor during rounds.	3-11-10 <i>JH</i>

FROM : SIMPSON-WELLSNESS CENTER

FAX NO. : 215 871 5418

Mar. 08 2010 02:52PM P11

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Simpson House Belmont Avenue & Monument Road, Philadelphia, PA 19131		<b>CURRENT LICENSE NUMBER</b> 189210	
<b>INSPECTION DATE(S)</b> (include all dates of the inspection) 12/22/09 & 12/23/09		<b>REGIONAL REPRESENTATIVE</b> Christine McHale, Kimberli Foulkes & Leslie Erhardt	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Carolyn L. Zinkel</i>	<b>DATE</b> 3/8/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Jan Hanning</i>	<b>DATE</b> 3-11-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
127a Portable space heaters are prohibited.	<ul style="list-style-type: none"> <li>- There was an electric portable space heater in the medication office on the first floor of the Bennett building.</li> <li>- There was a furnace shaped portable space heater located against the wall in resident room #211 in the Bennett building.</li> </ul>	1/26/10	<p>All portable space heaters will be removed from the home.</p> <p>On admission all residents, POA's, responsible parties, will be informed that space heaters are not permitted.</p> <p>Marketing staff has been asked to inform residents and families bring these items in.</p> <p><b>NOT TO</b></p> <p>All staff will be in-serviced to monitor for space heaters during daily room checks.</p> <p><i>Personal Care Staff</i> Housekeeping supervisor will be responsible for monitoring.</p> <p>Administrator will monitor during rounds.</p>	3-11-10 <i>JH</i>

FROM : SIMPSON-WELLNESS CENTER  
 FAX NO. : 215 871 5418  
 Mar. 08 2010 02:53PM P12

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa. Code Chapter 2600**

Page 27 of 39

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Simpson House Belmont Avenue & Monument Road, Philadelphia, PA 19131		<b>CURRENT LICENSE NUMBER</b> 189210	
<b>INSPECTION DATE(S)</b> (Include all dates of the inspection) 12/22/09 & 12/23/09		<b>REGIONAL REPRESENTATIVE</b> Christine McHale, Kimberli Foulkes & Leslie Erhardt	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Carolyn L. Unkel</i>	<b>DATE</b> 3/8/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>James Hanney</i>	<b>DATE</b> 3-11-10

1 REGULATION 55 Pa. Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
141a-2 The medical evaluation shall include the following:  (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.	Resident #1's medical evaluation dated 6/25/09 for medications stated "see list." There was no attached list of medications.  Resident #4's medical evaluation dated 11/3/09 for medications stated "see list." There was no attached list of medications.  Resident #5's medical evaluation dated 11/3/09 for medications stated "see list." There was no attached list of medications.  Resident #7's medical evaluation dated 3/17/09 for medications stated "see list." There was no attached list of medications.  Resident #8's medical evaluation	Immediately  1/1/10  3/26/10	Residents #1, #4, #5, #7, #8, #9, #10, #11, #12, #13 and #14 medication regimen will be completed, signed and dated by the resident's physician, physician's assistant or nurse practitioner.  All resident's medical evaluations will be audited by administrator to ensure that they are completed.  The administrator will ensure that physicians perform all of the required actions during medical evaluations. The actions will be documented on the medical evaluation form. The medication regimen will be documented on the medical evaluation or attached to the medical evaluation and signed and dated by a physician, physician's assistant or nurse practitioner.	Steps have been taken to correct violation; full compliance is not verifiable <u>3-11-10</u> Date <i>ELT</i> Initials (DPW)

FROM : SIMPSON-ILLNESS CENTER

FAX NO. : 215 871 5418

Mar. 08 2010 02:53PM P13

**VIOLATION REPORT**  
**PERSONAL CARE HOMES -- 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Simpson House Belmont Avenue & Monument Road, Philadelphia, PA 19131		<b>CURRENT LICENSE NUMBER</b> 189210	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> December 22, 2009 and December 23, 2009		<b>REGIONAL REPRESENTATIVE</b> Christine McHale, Kimberil Foulkes, and Leslie Erhardt	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Carolyn L. Unkel RN</i>	<b>DATE</b> 2/18/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>James Haney</i>	<b>DATE</b> 3-11-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request.	<p>stated "see list." There was no attached list of medications.</p> <p>- Resident #9's medical evaluation dated 4/27/09 for medications stated "see list." There was no attached list of medications.</p> <p>- Resident #10's medical evaluation dated 6/25/09 for medications stated "see list." There was no attached list of medications.</p> <p>- Resident #11's medical evaluation dated 6/18/09 for medications stated "see list." There was no attached list of medications.</p> <p>- Resident #12's medical evaluation dated 10/6/09 for</p>	See page 27	See page 27	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><u>3-11-10</u> <i>JH</i> Date Initials (DPW)</p>

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<b>SIGNATURE OF LEGAL ENTITY</b> <i>Carolyn L. Zinkel RN</i>	<b>DATE</b> 2/18/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>[Signature]</i>	<b>DATE</b> 3-11-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (Include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
141a – continued	medications stated "see list." There was no attached list of medications.  - Resident #13's medical evaluation dated 5/28/09 for medications stated "see list." There was no attached list of medications.  - Resident #14's medical evaluation dated 7/6/09 for medications stated "see MAR." There was no MAR attached to the medical evaluation.  Repeated Violation – 9/4/08, et al	See page 27	See page 27	Steps have been taken to correct violation; full compliance is not verifiable 3-11-10 Date <i>[Signature]</i> Initials (DPW)

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

Page 30 of 39

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Simpson House Belmont Avenue & Monument Road, Philadelphia, PA 19131		<b>CURRENT LICENSE NUMBER</b> 189210	
<b>INSPECTION DATE(S)</b> (include all dates of the inspection) 12/22/09 & 12/23/09		<b>REGIONAL REPRESENTATIVE</b> Christine McHale, Kimberli Foulkes & Leslie Erhardt	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Carolyn L. Zuehl</i>	<b>DATE</b> 3/8/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>James Haney</i>	<b>DATE</b> 3-11-10

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182c Medication administration includes the following activities, based on the needs of the resident:  (1) Identify the correct resident. (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly. (3) Remove the medication from the original container. (4) Crush or split the medication as ordered by the prescriber. (5) Place the medication in a medication cup or other appropriate container, or in	On the bedside table in a medication cup there were 2 orange pills, 2 yellow pills, 5 ½ blue oblong pills, ½ of white pill, and 1 orange and white capsule in Resident #6's room. Resident #6 is not able to self-administer medications. Resident #6 stated that they were planning on taking these medications later on.	12/23/09	Medications were removed from the resident's room.  All medication technicians will be in-serviced on medication administration and will administer medications in a manner consistent with these regulations.  Administrator will monitor medication technicians weekly for compliance.	3-11-10 & 4

FROM : SIMPSON-WELLNESS CENTER

FAX NO. : 215 871 5418

Mar. 08 2010 02:54PM P14

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<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Simpson House Belmont Avenue & Monument Road, Philadelphia, PA 19131		<b>CURRENT LICENSE NUMBER</b> 189210	
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<b>SIGNATURE OF LEGAL ENTITY</b> <i>Carolyn L. Zinkel AN</i>	<b>DATE</b> 2/18/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>James Henry</i>	<b>DATE</b> 3-11-10

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the resident's hand (for immediate administration). (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in 182b4. (7) Complete documentation in accordance with 187.		See page 30	See page 30	3-11-10 <i>JH</i>

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<b>SIGNATURE OF LEGAL ENTITY</b> <i>Carolyn L. Stuchel RN</i>	<b>DATE</b> 2/18/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>James Haning</i>	<b>DATE</b> 3-11-10

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183b Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.	<p>- A tube of triple-antibiotic ointment, 2 tubes of Collagenase Santyl ointment, and a jar of USP Normal Saline – 0.9% Sodium Chloride were unlocked on the shelf unit in the bathroom of Resident #5's room. Resident #5 is not able to self-administer medications.</p> <p>- A bottle of Centrum Silver vitamins was unlocked on the table closest to the door in Resident #8's room. A bottle of Advil, a case of sucrets, a bottle of liquid antiseptic, and 2 tubes of ben-gay were unlocked in the glass cabinet above the toilet in Resident #8's room. Resident #8 is not able to self-administer medications.</p>	<p>2/26/10</p> <p>2/26/10</p> <p>3/26/10</p>	<p>All prescription, OTC's and CAM medications and supplies will be removed from noted resident rooms.</p> <p>All resident rooms will be audited by 2/26/10 and OTC's, prescription medications and supplies will be properly stored.</p> <p>All PC staff will be re-inserviced on proper storage of medications and treatment supplies.</p> <p>This will be monitored by the PC Administrator on rounds.</p>	<p>3-11-10 <i>JK</i></p>

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<b>SIGNATURE OF LEGAL ENTITY</b> <i>Carolyn L. Unkel RN</i>	<b>DATE</b> 2/18/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>James Henry</i>	<b>DATE</b> 3-11-10

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183b – continued	<p>- A bottle of prescription Acetasol ear drops, two unidentified inhalers, and 1 proventil inhaler were unlocked on the back of the toilet in Resident #9's room. A bottle of aspirin, a bottle of tums, and 2 bottles of Tylenol arthritis were unlocked in a glass cabinet in the bathroom of Resident #9's room. Resident #9 is not able to self-administer medications.</p> <p>- A tube of prescription Balmex diaper rash cream was unlocked on the sinktop in Resident #10's bathroom. Resident #10 is not able to self-administer medications.</p> <p>- A bottle of systane eye drops were unlocked on the top of the</p>	See page 32	See page 32	3-11-10 <i>JS</i>

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SIGNATURE OF LEGAL ENTITY <i>Carolyn L. Unkel RN</i>	DATE 2/18/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>
		DATE 3-4-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
183b – continued	dresser in Resident #12's room. Resident #12 is not able to self-administer medications.  - A tube of cortisone cream was unlocked on the back of the toilet in Resident #6's room. Resident #6 is not able to self-administer medications.	See page 32	See page 32	3-4-10 <i>[Signature]</i>

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**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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<b>SIGNATURE OF LEGAL ENTITY</b> <i>Carolyn L. Zuehl RN</i>	<b>DATE</b> 2/18/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>James Haney</i>	<b>DATE</b> 3-11-10

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183e Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.	Resident #5's Humulin 70/30 was not labeled with the date that the medication was opened. The manufacturer's label states that the medication expires 28 days after opening.	Medication was destroyed on 1/22/10  Inservicing to be completed by 3/26/10	The resident's new bottle of Humulin 70/30 insulin was available, opened and dated on 1/22/10.  When a new bottle of medication is opened it will be labeled with the opening date so that residents receive unexpired medication.  All PC staff will be re-inserviced in the proper handling and labeling of medications.  PC Administration will monitor this on rounds.	3-11-10 <i>jo</i>

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<b>SIGNATURE OF LEGAL ENTITY</b> <i>Carolyn L. Zinkel RN</i>	<b>DATE</b> 2/18/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>[Signature]</i>	<b>DATE</b> 3-11-10

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183f Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.	- The first aid kit in the Weseley Commons building contained two packages of extra strength non-aspirin tablets that expired in 4/09 and one package of aspirin tablets that expired in 3/09.	12/23/09	OTC medication in the first aid kits has been destroyed.	<p>Steps have been taken to correct violation; full compliance is not yet.</p> <p>3-11-10 <i>[Signature]</i></p> <p>Date Initials</p>
	- The home had Resident #4's Advair Diskus in the medication room. The physician had discontinued the medication on 11/3/09.	12/23/09	Medication was removed and destroyed since it had been discontinued.	
	- A tube of Cortizone cream that expired in 8/08 was on the sink counter in Resident #6's room.	12/23/09	Medication was removed and destroyed since it was expired.	
	<b>Repeated Violation – 9/4/08, et al</b>	Inservicing will be completed by 3/26/10	The staff will be re-inserviced on the proper disposition of medication upon being discontinued.  This will be monitored by the PC Administrator.	

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187d The home shall follow the directions of the prescriber.	<ul style="list-style-type: none"> <li>- Resident #6 has a PRN order for Tylenol 325 mg. This medication was not present in the home for the resident.</li> <li>- Resident #7 has a PRN order for Tylenol 325 mg. This medication was not present in the home for the resident.</li> <li>- Resident #2 has an order from the physician for Ensure three times per day. The resident refused the supplement on 12/4/09, 12/21/09 and 12/23/09 at 9am, on 12/1/09 – 12/11/09, 12/14/09 – 12/18/09, and 12/21/09 – 12/22/09 at 1:00pm, and 12/18/09, 12/20/09, and 12/21/09 at 5:00pm. The prescriber of the medication was not notified of these refusals.</li> </ul>	<ul style="list-style-type: none"> <li>1/12/10</li> <li>3/26/10</li> <li>1/15/10</li> <li>3/26/10</li> </ul>	<ul style="list-style-type: none"> <li>PRN Tylenol was obtained for these 2 residents to have available as needed</li> <li>All PC Staff will be re-inserviced in the importance of maintaining all medications for all residents.</li> <li>Physician changed orders due to resident refusal of Ensure</li> <li>All PC Staff will be re-inserviced on the importance of notifying the medication prescriber of resident refusal of medication.</li> <li>Inservicing will be monitored by the PC Administrator.</li> </ul>	3-11-10 <i>DPW</i>

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252 Each resident's record shall include the following information:  (2) Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks. (3) A photograph of the resident that is no more than 2 years old. (10) A record of incident reports for the individual resident.	<ul style="list-style-type: none"> <li>- Resident #1's record did not include eye color, identifying marks, and a photograph of the resident.</li> <li>- The records for Residents #2, #4, #7, #8, #9, #10, #12, and #13 did not include hair color, eye color, identifying marks, and a photograph of the resident.</li> <li>- Resident #5's record did not include eye color and identifying marks.</li> <li>- An incident report for Resident #13 dated 10/8/09 was not in the resident's record.</li> </ul>	<p>2/2/10</p> <p>2/26/10</p> <p>Incident report placed in chart 1/25/10.</p>	<p>All noted resident records were updated with eye and hair color and photograph.</p> <p>All resident records will be audited and updated with eye, hair color and photographs</p> <p>Going forward, marketing staff will include eye color, hair color, photo and any identifying marks apparent on the admission data sheet.</p> <p>Going forward all resident pictures will be updated yearly in September.</p> <p>This will be monitored by the PC Administrator.</p>	<p>Steps have been taken to correct violation; full compliance is not met</p> <p>3-11-10 <i>JK</i></p> <p>Date Initials (DPW)</p>

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254c Resident records shall be stored in locked containers or a secured, enclosed area used solely for record storage and be accessible at all times to the administrator or the administrator's designee, and upon request, to the Department or representatives of the area agency on aging.	A narcotics book with resident names and medications, a medication administration record explanation book for second and third floor Carson residents, and a book for incident reports, resident face sheets, resident support plans, and resident insurance information for all residents on the second and third floor of the Carson building were unlocked on the top shelf in the television room on the second floor of the Carson building.	1/28/10	To insure privacy of resident records all records will be in a locked area.  A locked cabinet was obtained and all resident records are secured in the cabinet.  This will be monitored by the PC Administrator on rounds.	3-11-10 J.H.