

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ROXBOROUGH HOME FOR WOMEN, INC.

To operate ROXBOROUGH HOME FOR WOMEN

Located at 601 EAST LEVERINGTON AVENUE, PHILADELPHIA, PA 19128

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

The total number of persons which may be cared for at one time may not exceed 30  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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

and shall remain in effect from May 3, 2010 until November 3, 2010,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 141563

*Robert E. Robinson*

ISSUING OFFICER

*Kenneth 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:**

**MAY 04 2010**

Mr. Craig J. Wilson, President, Board of Directors  
Roxborough Home for Women, Inc.  
Roxborough Home for Women  
601 East Leverington Avenue  
Philadelphia, Pennsylvania 19128

Dear Mr. Wilson:

As a result of the Department of Public Welfare's (Department) licensing inspection on February 24, 2010 and April 20, 2010 of the above personal care home, we found that violations specified for your previous PROVISIONAL license have not been corrected, and we found new violations not found during our previous inspection.

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

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 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:

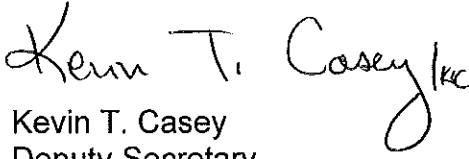
Karen E. Kroh, Director  
Adult Residential Licensing  
Department of Public Welfare  
423 Health and Welfare Building  
Seventh and Forster Streets  
Harrisburg, Pennsylvania 17120

Mr. Craig J. Wilson

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The 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.


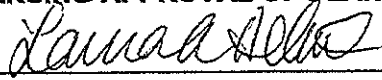
Sincerely,

A handwritten signature in black ink that reads "Kevin T. Casey" with a stylized flourish at the end.

Kevin T. Casey  
Deputy Secretary

Enclosures  
License  
Violation Report

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Roxborough Home for Women 601 East Leverington Avenue, Philadelphia, PA 19128		<b>CURRENT LICENSE NUMBER</b> 141562	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> February 24, 2010		<b>REGIONAL REPRESENTATIVE</b> Michelle Morton, Chevon Mitchell	
<b>SIGNATURE OF LEGAL ENTITY</b> 	<b>DATE</b> 4-15-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 	<b>DATE</b> 4/29/10

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
<p>22a3, 225a</p> <p>22a3 The following admission document shall be completed for each resident - Personal care home assessment completed within 15 days after admission on a form specified by the Department.</p> <p>225a A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.</p>	<p>Resident #1 was admitted on 7/2/09 but the initial assessment was not completed until 12/31/09.</p>	<p>4-15-10</p> <p>5-15-10</p>	<p>The ADMINISTRATOR will Review ALL NEW Resident RECORDS ON THE 15<sup>TH</sup>-DAY AFTER ADMISSION TO ENSURE THAT THE ASSESSMENT IS COMPLETE</p> <p>The ADMINISTRATOR will Review ALL Resident RECORD MONTHLY TO CHECK FOR ACCURACY AND TIMELY COMPLETION</p>	

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Roxborough Home for Women 601 East Leverington Avenue, Philadelphia, PA 19128		<b>CURRENT LICENSE NUMBER</b> 141562	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> February 24, 2010		<b>REGIONAL REPRESENTATIVE</b> Michelle Morton, Chevon Mitchell	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>[Signature]</i>	<b>DATE</b> 4-15-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>[Signature]</i>	<b>DATE</b> 4/19/10

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
22a4, 227a  22a4 The following admission document shall be completed for each resident - Support plan developed and implemented within 30 days after admission.  227a A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.	Resident #1 was admitted on 7/2/09 but the support plan was not completed until 12/31/09.  <b>Repeated Violation - 6/18/09</b>	4-15-10          5-15-10	The ADMINISTRATOR will REVIEW ALL NEW RESIDENT RECORDS FOR TIMELY COMPLETION ON THE 30TH DAY AFTER EACH NEW ADMISSION.       The ADMINISTRATORS will CHECK ALL RESIDENT RECORDS MONTHLY TO ENSURE TIMELY COMPLETION.	4/21/10 JS#





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<b>SIGNATURE OF LEGAL ENTITY</b> <i>Karen Core Cook</i>	<b>DATE</b> 4-15-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Laura Helms</i>	<b>DATE</b> 4/19/10

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
25c12 The contract shall specify the charges to the resident, if any, for holding a bed during hospitalization or other extended absence from the home.	The contract for Resident #3 dated 6/1/06 does not specify the charges for holding a bed.	5/1/10  5-15-10	The CONTRACT FOR Resident #3 will be updated to reflect the bed hold charges. All resident charts will be review to ensure that the contracts are complete  The admin will review all residents records monthly to ensure completeness and upon admission LH 4/19/10	

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

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<b>SIGNATURE OF LEGAL ENTITY</b> <i>Karen Rose Cook</i>	<b>DATE</b> 4-15-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Yamamoto</i>	<b>DATE</b> 4/19/10

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
25c13 The contract shall include information on the resident's rights and complaint procedures.	-The contract for Resident #1 dated 7/2/09 does not include the complaint procedures.  -The contract for Resident #3 dated 6/1/06 does not include the complaint procedures.  <b>Repeated Violation - 6/18/09</b>	5-1-10          5-15-10	<i>The administrator will explain the complaint procedure to residents #1 &amp; #3 check all residents records to ensure all complaint procedures are included with the contract.</i>  <i>The administrator will review resident records upon admission to ensure the contract is complete</i>	Steps have been taken to correct violation; full compliance is not verifiable 4/20/10 JDH Date Initials (DPW)



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

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<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> February 24, 2010		<b>REGIONAL REPRESENTATIVE</b> Michelle Morton, Chevon Mitchell	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Karen Rose Cook</i>	<b>DATE</b> 4/15/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Laura Hill</i>	<b>DATE</b> 4/19/10

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
51, 52  51 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults).  52 Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101—10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults) and other applicable regulations.	The home does not have a Pennsylvania State Police Criminal History Check for Direct Care Staff Person A, hired on 4/28/09.	3/8/10          5-15-10	<i>PERSON A'S CRIMINAL BACKGROUND WAS COMPLETED BY THE HOME'S PAYROLL COMPANY BUT NOT ON THE REQUIRED PA STATE POLICE FORMS. THE HOME NOW HAS THE CB COMPLETE ON THE REQUIRED FORM FOR STAFF A. THE ADMINISTRATOR WILL COMPLETE ALL STAFF CB ON THE STATE POLICE WEB SITE WITHIN 30 DAYS OF HIRE &amp; MAINTAIN THE REQUIRED DOCUMENTATION. THE HOME WILL COMPLETE OAPSA TRAINING WITH ALL STAFF.</i>	Steps have been taken to correct violation; full compliance is not verifiable 4/28/10 <i>ut</i> Date Initials (DPW)

6/1/10

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Roxborough Home for Women 501 East Leverington Avenue, Philadelphia, PA 19128		<b>CURRENT LICENSE NUMBER</b> 141562	
<b>INSPECTION DATE(S) (include all dates of the inspection)</b> February 24, 2010		<b>REGIONAL REPRESENTATIVE</b> Michelle Morton, Chavon Mitchell	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Karen Anne Cook</i>	<b>DATE</b> 4-28-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>[Signature]</i>	<b>DATE</b> 4/29/10

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
57b, 57c  57b Direct care staff persons shall be available to provide at least one hour per day of personal care services to each mobile resident.  57c Direct care staff persons shall be available to provide at least two hours per day of personal care services to each resident who has mobility needs.	The home serves 23 residents, including 2 with mobility needs and therefore needs a minimum of 25 personal care service hours daily. On 2/27/10, the home had only 24 personal care service hours.	5/1/10  5/1/10  5/1/10	The administrator will schedule and provide at least 25 hours of personal care service hours from direct care staff at all times.  The administrator will evaluate the need for a change in the hours if/when the home's census changes.  The administrator will accurately document the staff hours on the staff schedule. A master copy of the schedule will be kept by the administrator to include any changes that were made.	

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Karen

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

10 28  
 Page 14 of 29

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Roxborough Home for Women 601 East Leverington Avenue, Philadelphia, PA 19128		<b>CURRENT LICENSE NUMBER</b> 141562	
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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	-Ancillary Staff Person C, hired on 1/17/06, and Direct Care Staff Person D, hired on 2/8/10, did not receive any of the required orientation.  -Direct Care Staff Person A, hired on 4/28/09, did not receive training in the location and use of fire extinguishers and telephone use and notification in an emergency services.	4-16-10  4-16-10  5-15-10	Staff persons C & D were trained on fire safety & emergency preparedness by Administrator. Documentation will be maintained. Staff Person A received annual fire safety training by fire safety expert on 4-20-09 prior to hire which included the topics. The Administrator will train all staff on the first day of hire on fire safety & emergency preparedness and maintain documentation.	

5/1/10  
 Direct Care Staff Person A will receive training on the location + use of fire extinguishers, telephone use, and notification of emergency services.

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<b>SIGNATURE OF LEGAL ENTITY</b>	<b>DATE</b>	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b>	<b>DATE</b>

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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.				

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

i2 28  
 Page 13 of 29

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Roxborough Home for Women 601 East Leverington Avenue, Philadelphia, PA 19128		<b>CURRENT LICENSE NUMBER</b> 141562	
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<b>SIGNATURE OF LEGAL ENTITY</b> <i>Karen Rose Cook</i>	<b>DATE</b> 4-15-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Laura Albright</i>	<b>DATE</b> 4/19/10

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.	-Ancillary Staff Person C, hired on 1/17/06, did not receive any of the required orientation.  -Direct Care Staff Person A, hired 4/28/09, on did not have orientation in emergency medical plan, mandatory reporting, and reportable incidents.  -Direct Care Staff Person D, hired on 2/8/10, did not have any of the required orientation.	4-16-10          5-15-10	The administrator will provide this required training to staff person A, C, D and maintain documented  The administrator will train all new staff on this training within 40 hours of hire. The administrator will review staff training monthly	


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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
65d Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:  (1) Training that includes a demonstration of job duties, followed by supervised practice. (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test. (3) Initial direct care staff person training to include the following: (i) Safe management techniques. (ii) ADL's and IADL's.	Direct Care Staff Person A, hired on 4/28/09, did not receive any of the required training.	4/16/10   5/10/10   5/1/10	Direct care staff person A received training in the required topics and will <del>will</del> took the Department approved direct care training course and passed the competency test.  The administrator will review the records of all current direct care staff persons that were hired after October 31, 2007, to ensure each staff person received the required training and passed the competency test.  All new direct care staff persons will be trained in the required topics and pass the competency test prior to providing unsupervised ADL services.	Steps have been taken to correct violation; full compliance is not verifiable APB/10 Initials (DPW) Date

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(iii) Personal hygiene. (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities. (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older. (vi) Implementation of the initial assessment, annual assessment and support plan. (vii) Nutrition, food handling and sanitation. (viii) Recreation, socialization, community resources, social services and activities in the community. (ix) Gerontology. (x) Staff person supervision.				

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

15 28  
 Page 16 of 29.

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if applicable. (xi) Care and needs of residents with special emphasis on the residents being served in the home. (xii) Safety management and hazard prevention. (xiii) Universal precautions. (xiv) These regulations. (xv) Infection control. (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.				


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65g Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers shall be trained annually in the following areas:  (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. (2) Emergency preparedness procedures and recognition and response to crises and emergency situations. (3) Resident rights (under these regulations). (4) The Older Adult	Ancillary Staff Persons B, hired on 4/6/81, and C, hired on 1/17/06, did not receive any annual training in 2009.  <b>Repeated Violation - 6/18/09</b>	4-16-10          5-15-10	The administrator will provide the required annual training to staff B+C Both Staff B+C participated in the Annual Fire drill conducted in 4/20/09 but failed to sign the training record The administrator will include all ancillary staff in future annual training & maintain documents.	

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

17 28  
 Page 18 of 29.

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if applicable. (xi) Care and needs of residents with special emphasis on the residents being served in the home. (xii) Safety management and hazard prevention. (xiii) Universal precautions. (xiv) These regulations. (xv) Infection control. (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.				

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Roxborough Home for Women 601 East Leverington Avenue, Philadelphia, PA 19128		<b>CURRENT LICENSE NUMBER</b> 141562	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> February 24, 2010		<b>REGIONAL REPRESENTATIVE</b> Michelle Morton, Chevon Mitchell	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Karen Rose Cook</i>	<b>DATE</b> 4-15-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Laurel Hill</i>	<b>DATE</b> 4/19/10

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
85b There may be no evidence of infestation of insects or rodents in the home.	There was a live roach crawling on the 3 <sup>rd</sup> shelf to the right of the door in the home's pantry. There was food stored on the same shelf.	5-15-10          5-15-10	The home maintains a monthly contract with KHA and pest control and had the company inspect the kitchen for any infestation. The home was not advised of the bug during the inspection on the 24 <sup>th</sup> . The admin will maintain ongoing pest control contract and monthly monitoring for any infestation. The kitchen staff will check the shelves daily for infestation.	4/21/10 JSH

*The kitchen staff will check the shelves daily for infestation*

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Roxborough Home for Women 601 East Leverington Avenue, Philadelphia, PA 19128		<b>CURRENT LICENSE NUMBER</b> 141562	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> February 24, 2010		<b>REGIONAL REPRESENTATIVE</b> Michelle Morton, Chevon Mitchell	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Karen Rose Cook</i>	<b>DATE</b> 4-15-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Laura D. White</i>	<b>DATE</b> 7/19/10

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.	-Resident Room #111 had an uncovered trashcan in the private bathroom that was full of trash. The trash does not get emptied from this trashcan daily.	4-15-10          5-1-10	<p>The home removed the small receptacle that held loose plastic bags for the private provisions. These receptacles were not for trash but to assist the residents with disposal of soiled briefs.</p> <p>The housekeeping staff clean the bathrooms daily. Room #111 trash was emptied daily &amp; is scheduled to be completed by the end of each day by housekeeping.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>4/28/10 <i>DPW</i>                  Date Initials (DPW)</p>

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

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<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> February 24, 2010		<b>REGIONAL REPRESENTATIVE</b> Michelle Morton, Chevon Mitchell
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Karen Anne Cook</i>	<b>DATE</b> 4-15-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Karrah Selms</i>
		<b>DATE</b> 4/19/10

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
85e Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.	The dumpster outside the home was full of trash and uncovered.	4-15-10          5/1/10	<p><i>The housekeeping staff will check the dumpster twice daily to ensure that it is covered.</i></p> <p><i>The dumpster outside the home has been covered. The administrator will randomly check the dumpster once a week to ensure housekeeping staff are fulfilling their duties listed above. on 4/19/10.</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>4/20/10</i>     <i>SDH</i>                  Date                      Initials (DPW)</p>

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Roxborough Home for Women 601 East Leverington Avenue, Philadelphia, PA 19128		<b>CURRENT LICENSE NUMBER</b> 141562	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> February 24, 2010		<b>REGIONAL REPRESENTATIVE</b> Michelle Morton, Chevon Mitchell	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Karen Anne Cook</i>	<b>DATE</b> 4-15-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Laura Blunt</i>	<b>DATE</b> 4/19/10

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
89b Hot water temperature in areas accessible to the resident may not exceed 120°F.	The water temperature in the first floor "Resident Ladies Rest Room" across from the conference room was 123.9°F.  Repeated Violation - 6/18/09	4-15-10  5-1-10	The HVAC person reduced the hot water temperature in under 120°  The housekeeping staff will take the water temperature daily and maintain documentation  If the temperature gets above 120° the home will contact with HVAC to reduce the hot water tank temp.	4/21/10 JSH

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Roxborough Home for Women 601 East Leverington Avenue, Philadelphia, PA 19128		<b>CURRENT LICENSE NUMBER</b> 141562	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> February 24, 2010		<b>REGIONAL REPRESENTATIVE</b> Michelle Morton, Chevon Mitchell	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Karen Anne Cook</i>	<b>DATE</b> 1-15-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Samuel Helms</i>	<b>DATE</b> 4/19/10

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
103g Food shall be stored in closed or sealed containers.	<p>-There was an open, unsealed bag of corn bread mix on the second shelf from the top to the right of the pantry door.</p> <p>-There was an open, unsealed bag of apple stix, an open, unsealed bag of potato chips, and an open, unsealed bag of egg noodles on the top shelf to the right of the pantry door.</p>	<p>2-25-10</p> <p>1-15-10</p> <p>5-1-10</p>	<p>The Home removed all unsealed food items</p> <p>The dietary staff will check A-hh cupboards daily to ensure all food items are properly sealed.</p> <p>The admin. will conduct a training.</p>	<p>4/21/10 JPH</p>

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

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<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> February 24, 2010		<b>REGIONAL REPRESENTATIVE</b> Michelle Morton, Chevon Mitchell	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Karen Anne Cook</i>	<b>DATE</b> 4-15-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Karen Anne Cook</i>	<b>DATE</b> 4/19/10

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
141b1 A resident shall have a medical evaluation at least annually.	-Resident #3 did not have a medical evaluation completed annually. The two most recent medical evaluations are dated 1/30/08 and 1/15/10, more than 12 months apart.  -Resident #6 did not have a medical evaluation completed annually. The two most recent medical evaluations are dated 11/6/08 and 1/18/10, more than 12 months apart.  <b>Repeated Violation - 6/18/09</b>	4-15-10          5-15-10	<i>The administrators will develop an audit tool to ensure that all resident medical evaluations are complete annually.</i>  <i>The administrators will review residents records monthly for timely completion</i>	

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

24 28  
Page 28 of 28

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Roxborough Home for Women 881 East Leverington Avenue, Philadelphia, PA 19128		<b>CURRENT LICENSE NUMBER</b> 141562	
<b>INSPECTION DATE(S)</b> (include all dates of the inspection) February 24, 2010		<b>REGIONAL REPRESENTATIVE</b> Michelle Morton, Chevon Mitchell	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Karen Anne Cook</i>	<b>DATE</b> 4-28-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Karen Anne Cook</i>	<b>DATE</b> 4/29/10

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
186a Each prescription medication shall be prescribed in writing by an authorized prescriber. Prescription orders shall be kept current.	The instructions on the February 2010 medication administration record for Resident #6 directs to administer Veramyst spray in each nostril daily but the pharmacy label on the medication directs to administer Veramyst spray in each nostril twice daily. The home does not have physician's order to clarify which direction is correct.	4/15/10  5/1/10	The administrator obtained clarification from the pharmacy and the prescription label was corrected to read "spray once daily."  The administrator will review all MAR's against the medications once a month to ensure that the physician's directions are followed.	

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

25 28  
Page 26 of 29

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Roxborough Home for Women 601 East Leverington Avenue, Philadelphia, PA 19128		<b>CURRENT LICENSE NUMBER</b> 141562	
<b>INSPECTION DATE(S)</b> (Include all dates of the inspection) February 24, 2010		<b>REGIONAL REPRESENTATIVE</b> Michelle Morton, Chevon Mitchell	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Karen Anne Cook</i>	<b>DATE</b> 4-28-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Karina Bellant</i>	<b>DATE</b> 4/29/10

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 DFW
191 The home shall educate the resident of his/her right to question or refuse a medication if he/she believes there may be a medication error. Documentation of this resident education shall be kept.	Resident #1 and Resident #2 were not educated on the right to question or refuse a medication.	4/16/10  5/1/10	The direct care staff will review with residents #1 and #2 their right to refuse medication and maintain documentation.  The administrator will review resident records monthly for completeness and upon admission.	4/29/10 <i>MMH</i>

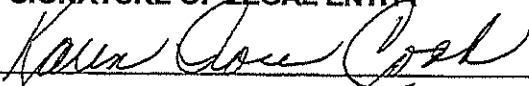
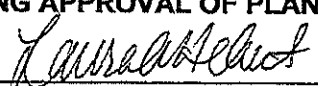
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**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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<b>SIGNATURE OF LEGAL ENTITY</b> <i>Karen Anne Cook</i>	<b>DATE</b> 4-15-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Kenneth Allen</i>	<b>DATE</b> 4/19/10

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
225c The resident shall have additional assessments as follows:  (1) Annually. (2) If the condition of the resident significantly changes prior to the annual assessment. (3) At the request of the Department upon cause to believe that an update is required.	Resident #6 did not have an annual assessment. The resident had an assessment on 11/11/08 and an assessment on 12/31/09, more than 12 months apart.	4-15-10	The administrator will develop an audit tool to ensure that all resident assessments completed timely.	4/21/10 JDH
		5-15-10	The administrator will check resident records monthly for timely completion.	

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

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226a The resident shall be assessed for mobility needs as part of the resident's assessment.	-The medical evaluation for Resident #3 dated 1/15/10, indicates the resident cannot move from one location to another without physical assistance from others. The resident's assessment dated 12/31/09 indicates the resident is mobile.  -The medical evaluation for Resident #5 dated 9/22/09 indicates the resident is unable to move from one location to another without physical assistance from others. The resident's assessment dated 12/31/09 indicates the resident is mobile.	4-15-10           5-1-10	The staff will update residents #3 & 5 assessments & support plans to indicate that the resident is immobile & needs assistance 4/21/10 JSK to evacuate.  The admin will review all residents records to ensure that MO orders are followed in all documents monthly.	

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<b>SIGNATURE OF LEGAL ENTITY</b> <i>Karen Rose Cook</i>	<b>DATE</b> 4-15-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Lamar H. Helit</i>	<b>DATE</b> 4/19/10

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
252 Each resident's record shall include the following information:  (18) An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.	The Resident Records for Residents #1, #2, #3, #4, and #6 did not include inventories of the residents' belongings.	5-1-10          5-15-10	<i>The Admin will include a copy of the residents inventory in the resident record for residents #1, #2, #3, #4 and #6.</i> <i>The administrator will review the residents record monthly to ensure compliance</i>	