

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to MARJORIE CARASQUERO

LEGAL ENTITY

To operate CLARKE PERSONAL CARE HOME

NAME OF FACILITY OR AGENCY

Located at 4701 NORTH 13TH STREET, PHILADELPHIA, PA 19141

(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 12
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 April 27, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **114060**

Robert E. Robinson

ISSUING OFFICER

Kim T. 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

APR 28 2010

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

Ms. Marjorie Carasquero, Administrator
Clarke Personal Care Home
4701 North 13th Street
Philadelphia, Pennsylvania 19141

Dear Ms. Carasquero:

As a result of the Department of Public Welfare's licensing inspection on March 4, 2010, and the corrections you have made after our inspection, we have found the above personal care home to be in compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.



Sincerely,

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

Kevin T. Casey
Deputy Secretary

Enclosure
License

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

NAME AND ADDRESS OF PERSONAL CARE HOME Clarke Personal Care Home 4701 North 13 th Street, Philadelphia, PA 19141		CURRENT LICENSE NUMBER 114061	
INSPECTION DATES 03/04/2010		REGIONAL REPRESENTATIVE Paul Metzger, Sanford Stone	
SIGNATURE OF LEGAL ENTITY 	DATE 3/31/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 4/15/10

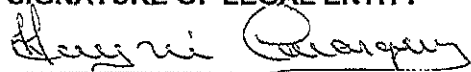

1	2	3	4	5
REGULATION 55 Pa.Code § 2600.	VIOLATION/CLASS	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY DPW
89b Hot water temperature in areas accessible to the resident may not exceed 120°F.	The hot water temperature at the sink in the second floor bedroom was 140°F.	3/4/10	Hot water temperature gauge was adjusted to read 117°F. Staff is accountable to maintain water temp. under 120°F by checking water temperature twice weekly and documenting readings. If exceeding 120°F immediate adjustment will be done to ensure violation does not recur.	4/20/10 J.S.

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

NAME AND ADDRESS OF PERSONAL CARE HOME Clarke Personal Care Home 4701 North 13 th Street, Philadelphia, PA 19141		CURRENT LICENSE NUMBER 114061	
INSPECTION DATES 03/04/2010		REGIONAL REPRESENTATIVE Paul Metzger, Sanford Stone	
SIGNATURE OF LEGAL ENTITY <i>Heyan Carney</i>	DATE 3/31/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Donald J.</i>	DATE 4/13/10



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
93a Each ramp, interior stairway and outside steps shall have a well-secured handrail.	<ul style="list-style-type: none"> The stairway in the basement leading to an exterior exit lacked a handrail. The stairway leading to the basement pantry lacked a handrail. 	3/9/10	Handrails were both permanently installed to wall leading to exterior exit and stairway to basement pantry area. The administrator will ensure handrails are permanent and well secured to building walls.	4/20/10 <i>JS</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME Clarke Personal Care Home 4701 North 13 th Street, Philadelphia, PA 19141		CURRENT LICENSE NUMBER 114061	
INSPECTION DATES 03/04/2010		REGIONAL REPRESENTATIVE Paul Metzger, Sanford Stone	
SIGNATURE OF LEGAL ENTITY 	DATE 3/31/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 4/15/10

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
121b Doors used for egress routes from rooms and from the building may not be equipped with key-locking devices, electronic card operated systems or other devices which prevent immediate egress of residents from the building, unless the home has written approval or a variance from the Department of Labor and Industry, the Department of Health or the appropriate local building authority.	The outer front door had a door handle lock operated by a key that was facing the interior of the home.	3/5/10	The outer front door lock was replaced with a key less lock. The administrator will ensure that the door lock operates without a key and appropriate for egress routes.	4/20/10 JK

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

NAME AND ADDRESS OF PERSONAL CARE HOME Clarke Personal Care Home 4701 North 13 th Street, Philadelphia, PA 19141		CURRENT LICENSE NUMBER 114061	
INSPECTION DATES 03/04/2010		REGIONAL REPRESENTATIVE Paul Metzger, Sanford Stone	
SIGNATURE OF LEGAL ENTITY 	DATE 2/21/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 4/15/10

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
126a A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.	The home lacked documentation of an annual furnace inspection.	2/10/10	Annual furnace inspection was done on 2/16/10 as stated but the written document was unavailable at the time of inspection. The administrator will be accountable for ensuring that the violation is not repeated. Upon the time of the completion of furnace inspection the written documentation will be immediately obtain and be available at the facility.	4/20/10 JPS

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

NAME AND ADDRESS OF PERSONAL CARE HOME Clarke Personal Care Home 4701 North 13 th Street, Philadelphia, PA 19141		CURRENT LICENSE NUMBER 114061	
INSPECTION DATES 03/04/2010		REGIONAL REPRESENTATIVE Paul Metzger, Sanford Stone	
SIGNATURE OF LEGAL ENTITY <i>Mayra Quasny</i>	DATE 3/31/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Paul GJ</i>	DATE 4/15/10

1	2	3	4	5
REGULATION 55 Pa.Code § 2600.	VIOLATION/CLASS	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)	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.	The medical evaluation for resident #1 did not address their medication regimen. The physician incorrectly indicated that the resident did not receive medication.	3/10/10	Correction was made on medical evaluation to address medication regime. Administrator will be accountable to ensure that all medication evaluation will indicate resident medication regime.	4/20/10 <i>JB</i>