



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
Norristown State Hospital  
1001 Sterigere Street  
Bldg 2 Rm. 161  
Norristown, Pennsylvania 19401

ADULT RESIDENTIAL LICENSING

1-866-711-4115  
610-270-1137

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**Mailing Date: September 3, 2010**

Ms. Mary Anne Parisse, Administrator  
Philadelphia Protestant Home  
Building 5  
6500 Tabor Road, Midway Manor  
Philadelphia, Pennsylvania 19111

Dear Ms. Parisse:

As a result of the Department of Public Welfare's licensing inspection on March 4, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

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.

Sincerely,

A handwritten signature in cursive script that reads "Chevon Mitchell".

Chevon Mitchell  
Acting Regional Licensing Administrator


Enclosure(s)  
Violation Report

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> The Philadelphia Protestant Home 6500 Tabor Road, Philadelphia, PA 19111		<b>CURRENT LICENSE NUMBER</b> 144500	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> March 4, 2010		<b>REGIONAL REPRESENTATIVE</b> Kimberli Foulkes and Christine McHale	
<b>PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)</b>			
<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> <i>May Ann Pousse</i>	<b>DATE</b> 4/17/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Cheron Mitchell</i>	<b>DATE</b> 5/21/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	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
42b A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.	On 2/6/10, Direct Care Staff Person A was assisting resident #1 with [redacted] evening care (washing and getting resident ready for bed) when the resident did not want to change [redacted] clothes. Direct Care Staff Person A roughly handled the resident forcing the resident to remove [redacted] clothes and had hold of the resident's hands so the resident could not move. Direct Care Staff Person A then forced a house coat on the resident and took the soiled clothes up to the resident's nose and said, "look this is disgusting, you'll do what I	Staff Person A was terminated from employment at PPh effective 2/17/10.	The incident occurred at approximately 9pm. The 3-11 Charge Nurse received a call from Resident #1's daughter. Charge Nurse immediately went to Resident's room to interview Resident and complete Nursing Assessment. Staff Person A was also interviewed. Staff Person A was suspended without pay pending complete investigation. PCA was contacted as per DPW regulations and initial report was filed with DPW. The internal Resident Rights Committee convened on 2/16/10 and reviewed the incident statements, nurses notes, and conducted an interview with Staff Person A. Conclusion of the Committee: All unanimously agreed the Resident's rights were violated and the incident was a form of mental and physical abuse. Staff Person A was terminated from employment at PPh effective 2/17/10. Follow-up training for all Staff, in addition to the annual required Resident Rights training, will be provided by [redacted] Volunteer Ombudsman, on 5/11/10.	<p align="center">Steps have been taken to correct violation; full compliance is not verifiable</p> <p align="center">5/21/10 Date <i>CPA</i> Initials (DPW)</p>

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<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> 	<b>DATE</b> 4/27/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b>	<b>DATE</b>

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	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
	say." Resident #1 suffered bruising on the top of the right hand and near the thumb and index finger.			