

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to SHELLEY R. SMITH

LEGAL ENTITY

To operate BROAD STREET RESIDENCE

NAME OF FACILITY OR AGENCY

Located at 5224-26 NORTH BROAD 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 24

(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 July 20, 2010 until July 20, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 176360

Robert E. Robinson

ISSUING OFFICER

Kevin 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

JUL 22 2010

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

Ms. Shelley R. Smith, Administrator
Broad Street Residence
5224-26 North Broad Street
Philadelphia, Pennsylvania 19141

Dear Ms. Smith:

As a result of the Department of Public Welfare's licensing inspection on May 5, 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.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.



Sincerely,

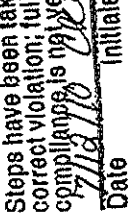
A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME Broad Street Residence 5224-26 North Broad Street, Philadelphia, PA 19141		CURRENT LICENSE NUMBER 176360	
INSPECTION DATE(S) (Include all dates of the inspection) May 5, 2010		REGIONAL REPRESENTATIVE Metzger, Stone	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Shelley Smith Administrator			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 	DATE 6/1/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 7/2/10

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
22a2, 141a 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 A resident shall have a medical evaluation by a physician, physician's	Resident #1 was admitted to the home on 2/19/2010. The resident's medical evaluation was dated 9/8/2009.	5/21/10	Med Eval was completed (attached) ^{copy} May 21, 2010. Future MA S's will be completed in a timely manner. Administrator will use the attached form to prevent re-occurrence.	Steps have been taken to correct violation; full compliance is attainable  Initials (DPW) Date

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

Page 2 of 5

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Shelley R. Smith</i>	DATE 6/1/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE 7/2/10

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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.	<i>See previous page</i>			

FROM : S&C RES. SERV. INC.

PHONE NO. : 215 635-5239

May 31 2010 07:42PM P3

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

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89b Hot water temperature in areas accessible to the resident may not exceed 120°F.	Hot water temperature was measured at 127°F at the sink in the third floor bathroom.	5/5/10	Hot water has been lowered. Temp will be taken & recorded. Admin/maids will monitor by using the attached form to prevent recurrence	7/12/10 com

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

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			DATE <i>7/2/10</i>


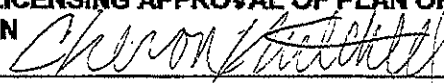
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130b The smoke detectors specified in 130a shall also be located in hallways.	The smoke detector in the second floor hallway nearest bedroom # 6 was located 17 feet away, and the smoke detector in the second floor hallway nearest bedroom # 7 was located 19 feet away.	<i>May 6, 2010</i>	<i>Smoke detectors have been installed in the proper locations. They are 15 ft from the bedroom doors as required. Permanent installation is complete to prevent re-occurrence.</i>	<i>7/12/10 CEM</i>


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184a The original container for prescription medications shall be labeled with a pharmacy label that includes the following: (1) The resident's name. (2) The name of the medication. (3) The date the prescription was issued. (4) The prescribed dosage and instructions for administration. (5) The name and title of the prescriber.	The container for resident # 1's Divalproex Sodium lacked a pharmacy label. The pharmacy labels on the containers for resident # 1's Olanzapine 10 mg and Olanzapine 20 mg lacked the name and title of the prescriber.	5/6/10	A new label has been obtained containing the name & title of the prescriber. As the resident receives meds in 3 containers, all have been properly labeled. Mgr. will review meds when received, check labels to prevent recurrence.	Steps have been taken to correct violation; full compliance is not yet attainable <i>Mitchell</i> Initials (DPW) Date

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227g Individuals who participate in the development of the support plan shall sign and date the support plan.	Resident # 1 had not signed the 3/5/2010 support plan. There was no documentation of the resident's inability or refusal to sign the plan.	5/6/10	Resident #1 has signed  support plan. Future support plans will be checked after inspection by the mgr to ensure all signatures are in place. This will prevent recurrence.	Steps have been taken to correct violation; full compliance is not yet attainable Date: 7/2/10 Initials (DPW): [Signature]