



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

ADULT RESIDENTIAL LICENSING

AUG 13 2010

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

Ms. Mary Ann Parisse, Administrator
Philadelphia Protestant Home
Building 5, Floors 2, 3, 4
6500 Tabor Road, Midway Manor
Philadelphia, Pennsylvania 19111

Dear Ms. Parisse:

As a result of the Department of Public Welfare's licensing inspection on June 14, 2010 and June 15, 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

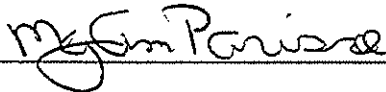
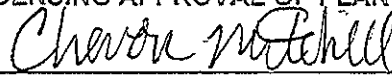
Enclosures
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME Philadelphia Protestant Home Building 5, 6500 Tabor Road, Philadelphia, PA 19111		CURRENT LICENSE NUMBER 144500	
INSPECTION DATE(S) (Include all dates of the inspection) June 14, 2010 and June 15, 2010		REGIONAL REPRESENTATIVE Michelle Morton and Kimberli Foulkes	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) MARY ANN PARISSSE ADMINISTRATOR			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Mary Ann Parisse</i>		DATE 7/28/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>
			DATE 8/4/10

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
16c The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow 15 (relating to abuse reporting covered by law).	-The home's internal incident reports include an event at 7:18 a.m. on 9/12/09 during which the Philadelphia Fire Department responded to a toaster fire that activated the home's smoke detectors. The home did not report the incident to the department. -The home's internal incident reports include an event at 11:00 a.m. on 11/23/09 during which the Philadelphia Fire Department responded to a laundry room fire. The home did not report the	This was an oversight that the incidents were not reported. They have been reported to DPW on 7/27/10. 8/4/10	Going forward, any time the Home's smoke detectors are activated, the incident will be reviewed by the Administrator and Director of Safety and Security and a Reportable Incident will completed within the twenty-four hour time period. <i>This was an oversight that the incidents were not reported. They have been reported to DPW on 7/27/10.</i> 8/4/10	<i>Steps have been taken to correct violation; full compliance is not verifiable</i> 8/4/10 Date Initials (DPW) <i>CM</i>

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

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 	DATE 7/27/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 8/4/10


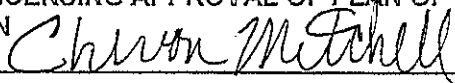
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
	incident to the department. -The home's internal incident reports include an event at 4:45 p.m. on 1/16/10 during which the Philadelphia Fire Department responded to a toaster oven fire that activated the home's smoke detectors. The home did not report the incident to the department.	7/27/10		
	-The home's internal incident reports include an event at 2:12 p.m. on 4/24/10 during which the Philadelphia Fire Department responded to a microwave fire	7/27/10	The incident on 4/24/10 occurred in our nursing home Pathways, not in Personal Care. See attached document.	

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Maureen Parvise</i>	DATE 7/15/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE 8/4/10

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	<p>that activated the home's smoke alarm system. The home did not report the incident to the Department.</p> <p>-The May 2010 Medication Administration Record for Resident #1 indicated that the resident did not receive Gabapentin 400mg and Oyst Shell +D as ordered at 1 p.m. on 5/22/10. The home did not report the error to the Department.</p> <p>-The May 2010 Medication Administration Record for Resident #2 indicated that the</p>	<p>6/16/10 - 7/20/10</p> <p>6/16/10</p>	<p>The incident reports were completed on 6/16/10. The Power of Attorney and M.D. were both notified. All Med-Techs. have received in-servicing on communication to their Supervisor if a Resident is out of the Facility at the time medication is scheduled. The policy regarding Resident leaving the Facility and receiving medication has been reviewed and is being followed. See attached policy.</p>	

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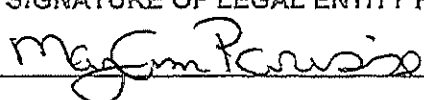
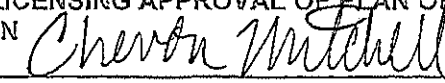
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	resident did not receive Muro eye drops as ordered at 1:00 p.m. on 5/8/10. The home did not report the error to the Department.	See previous page	See previous page	

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Magnum Perwez</i>	DATE <i>7/28/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherou Mitchell</i>
		DATE <i>8/4/10</i>

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17 Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or	-There was an unattended medication cart in the 3 rd floor hallway near the nursing office. The Medication Administration Records book was sitting on top of the cart. The book contained residents' names, medications, and diagnoses. -There was an unattended medication cart outside room 4308. The Medication Administration Records book was sitting on top of the cart. The book contained residents' names, medications, and diagnoses.	6/16/10	All Staff have been re-inserviced on making sure that Medication Administration Record books are not left on top of medication carts unattended. While conducting rounds on a daily basis, management will ensure that no Med books are left unattended.	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Steps have been taken to correct violation; full compliance is not verifiable</p> <p align="right"><i>8/4/10</i> Date Initials (DPW)</p>

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health care proxy or a resident's designated person, or if a court orders disclosure.		See previous page	See previous page	

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No. 1060 P. 3

NAME AND ADDRESS OF PERSONAL CARE HOME Philadelphia Protestant Home Building 5, 6500 Tabor Road, Philadelphia, PA 19111		CURRENT LICENSE NUMBER 144500	
INSPECTION DATE(S) (Include all dates of the inspection) June 14, 2010 and June 15, 2010		REGIONAL REPRESENTATIVE Michelle Morton and Kimberli Foulkes	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>M. J. Parisse</i>	DATE 8/3/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherron Mitchell</i>	DATE 8/4/10

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.
63d A staff person who is trained in first aid or certified in obstructed airway techniques or cardiopulmonary resuscitation shall provide such services in accordance with their training, unless the resident has a "do not resuscitate" order.	The record for Resident #4 admitted on 9/10/09, includes a handwritten paper taped to the front of the chart that says "DNR", DNH" (Do Not Resuscitate, Do Not Hospitalize). Inside the chart, there was a physician's order dated 3/8/10 stating "No To Be Hospitalized" and an order dated 12/7/09 stating "DNR/DNH". The resident had not signed a do not resuscitate order.	8/15/10	The hand-written paper taped to the front of the chart was removed on 6/15/10. The M.D. that wrote the DNR order in the chart discontinued the order on 6/16/10. A form was developed as per Reg. 63d for the M.D. and the Resident to both sign a DNR order. See attached form. Resident #4 now has a signed DNR order in [redacted] Medical Chart on the new form that was developed.	8/4/10 <i>cxm</i>

Aug. 3. 2010_ 3:29PM

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PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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No. 1060 P. 4

NAME AND ADDRESS OF PERSONAL CARE HOME Philadelphia Protestant Home Building 5, 6508 Tabor Road, Philadelphia, PA 19111		CURRENT LICENSE NUMBER 144500	
INSPECTION DATE(S) (Include all dates of the inspection) June 14, 2010 and June 15, 2010		REGIONAL REPRESENTATIVE Michelle Morton and Kimberli Foutkes	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>MacIntyre</i>	DATE 7/26/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Chevon Mitchell</i>	DATE 8/4/10

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
65c Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.	The following ancillary staff did not receive training to their specific job functions prior to working in that capacity: -Ancillary Staff Person A was hired on 6/30/08 but did not receive training until 10/16/08 -Ancillary Staff Person B hired on 8/5/09 did not receive training until 9/4/09 -Ancillary Staff Person C hired on 12/6/06 did not receive any training to job duties.	8/16/10	This was a clerical error on our part. All Staff do receive training to their specific job functions prior to working in that capacity the day of orientation. The New Hire orientation checklist has been revised and now includes that Staff have received general orientation to specific job functions as it relates to the hired position. See attached form. It is the responsibility of the Human Resources Staffing Coordinator to ensure that the revised New Hire orientation checklist is completed in it's entirety the day of orientation.	8/4/10 <i>cm</i>

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


No. 1060 P. 5

NAME AND ADDRESS OF PERSONAL CARE HOME Philadelphia Protestant Home Building 5, 6500 Tabor Road, Philadelphia, PA 19111	CURRENT LICENSE NUMBER 144500
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INSPECTION DATE(S) (Include all dates of the inspection) June 14, 2010 and June 15, 2010	REGIONAL REPRESENTATIVE Michelle Morton and Kimberli Foulkes
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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)

SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 	DATE 7/25/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 8/4/10
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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
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 kitchen in the secure dementia unit. REPEAT VIOLATION- 6-23-09 et al	6/15/10	The lid was off the trash can due to the fact that Staff were cleaning up from breakfast. The lid was placed back on the trash can after breakfast. While conducting rounds, the management staff will make sure that there are no uncovered trash cans. Rounds will be conducted daily by management staff to ensure compliance with 85d.	8/4/10 

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

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No. 1060 P. 6

NAME AND ADDRESS OF PERSONAL CARE HOME Philadelphia Protestant Home Building 5, 6500 Tabor Road, Philadelphia, PA 19111		CURRENT LICENSE NUMBER 144500	
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92 Windows, including windows in doors, shall be in good repair and securely screened when doors or windows are open.	The screen in Resident Room #4413 had a 1" circular hole and a 3/4" circular hole in it.	6/15/10	The screen in room 4413 was replaced immediately. See attached copy of Audit form to be completed weekly by Environmental Services and reviewed with Administration. Any screen observed during the audit requiring repair will be replaced immediately upon completion of audit by Environmental Services.	8/4/10 CUM

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

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No. 1060 P. 7

NAME AND ADDRESS OF PERSONAL CARE HOME Philadelphia Protestant Home Building 5, 6500 Tabor Road, Philadelphia, PA 19111		CURRENT LICENSE NUMBER 144500	
INSPECTION DATE(S) (Include all dates of the inspection) June 14, 2010 and June 15, 2010		REGIONAL REPRESENTATIVE Micheile Morton and Kimberli Foulkes	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Mary Ann Porvase</i>	DATE <i>8/4/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherish Mitchell</i>	DATE <i>8/4/10</i>

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101j5 Each resident shall have the following in the bedroom: A bedside table or a shelf.	There was not a bedside table in Resident Room #3600.	8/15/10	The family had moved the bedside to another area in the room. After explaining to the family the regulation, the bedside table was placed next to the bed. See attached copy of Audit form to be completed weekly by Environmental Services and reviewed with Administration. While conducting audit, Environmental Services will ensure that there is a bedside table next to every Resident's bed. If a Resident does not have a bedside table, one will be placed in the room immediately by Environmental Services and Administration will be notified.	<i>8/4/10 CEM</i>

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

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No. 1060 P. 8

NAME AND ADDRESS OF PERSONAL CARE HOME Philadelphia Protestant Home Building 5, 6500 Tabor Road, Philadelphia, PA 19111		CURRENT LICENSE NUMBER 144500	
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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>McGowan</i>	DATE 7/26/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE 8/9/10

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10177 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.	-The light bulb in resident Room #3513 was burnt out making the lamp inoperable. -There was no lamp by the bedside in resident Room #3600.	8/15/10	The light bulb was replaced immediately and a lamp was placed next to the bedside in room 3600. See attached copy of Audit form to be completed weekly by Environmental Services and reviewed with Administration. While conducting audit, Environmental Services will ensure that there is a working lamp by the bedside. If a Resident does not have a working lamp, the light bulb will be replaced immediately. If a Resident does not have a lamp by the bedside, one will be placed in the room immediately by Environmental Services and Administration will be notified.	8/4/10 <i>CEM</i>

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

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Mary Ann Paruzio</i>	DATE <i>7/5/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherwon Mitchell</i>	DATE <i>8/4/10</i>

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103f Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers shall be required in refrigerators and freezers.	The refrigerator in the 4 th floor activity room did not have a thermometer in the freezer compartment.	6/15/10	A thermometer was placed in the 4th floor activity room freezer on 6/15/10. All refrigerators and freezers in the activity lounges will be checked weekly by Nursing and Maintenance.	<i>8/4/10 CM</i>

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Magnum Parvise</i>	DATE <i>7/3/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherron Mitchell</i>	DATE <i>8/3/10</i>

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105g 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 screen in the 3 rd dryer to the right in the main laundry room (labeled #170) was covered with lint.	6/15/10	The lint screen in dryer #3 was cleaned immediately. An in-service was conducted by Laundry supervisor on 6/23/10 and a Dryer Safety Inspection Daily Log sheet has been implemented and will be reviewed by Administrator or DON daily. See attached Inspection Sheet.	Steps have been taken to correct violation; full compliance is not verifiable <i>8/3/10</i> Date Initials (DPW) <i>[Signature]</i>

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

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No. 1060 P. 9

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>M. J. Paris</i>	DATE 7/28/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE 8/4/10

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
130f Smoke detectors and fire alarms shall be tested for operability at least once per month. A written record of the monthly testing shall be kept.	The home's fire drill records indicate that the alarms were not activated during fire drills held on 3/17/10 at 12:33am and 5/31/10 at 10am. The home did not test the alarms at any other times during these months.	August 2010	A 2010 Harrington Fire Spy Tracker 8000 fire alarm system is in the process of being installed. All Fire Drills and Alarms will include audible and visible signals. All Security officers have been retrained in the use of the fire alarm system. See attached Fire Drill log sheet 6/30/10. The fire alarm system will be tested at least once a month.	Steps have been taken to correct violation; full compliance is not yet attainable <i>[Signature]</i> Date 8/11/10 Initials (DPW)

Aug. 3. 2010 3:29PM

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PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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NAME AND ADDRESS OF PERSONAL CARE HOME Philadelphia Protestant Home Building 5, 6500 Tabor Road, Philadelphia, PA 19111		CURRENT LICENSE NUMBER 144500	
INSPECTION DATE(S) (Include all dates of the inspection) June 14, 2010 and June 15, 2010		REGIONAL REPRESENTATIVE Michelle Morton and Kimberli Foulkes	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>May Ann Rousse</i>	DATE 7/6/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherion Fitchell</i>	DATE 8/4/10

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																					
132d Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert	-The home's fire safety letter grants the home 9 minutes and 58 seconds to evacuate to a fire safe area. The home's fire drill log documents the following evacuation times: <table border="1" style="width:100%; margin-top: 10px;"> <thead> <tr> <th>Date</th> <th>Time</th> <th>Evac. Time</th> </tr> </thead> <tbody> <tr> <td>12/14/09</td> <td>7:14pm</td> <td>2 mins 33 sec</td> </tr> <tr> <td>1/21/10</td> <td>2:05am</td> <td>3 mins</td> </tr> <tr> <td>2/15/10</td> <td>7:15pm</td> <td>6 mins 20 sec</td> </tr> <tr> <td>3/17/10</td> <td>7:51am</td> <td>5 mins</td> </tr> <tr> <td>4/29/10</td> <td>12:33am</td> <td>7 mins</td> </tr> <tr> <td>5/31/10</td> <td>10:00am</td> <td>15 mins</td> </tr> </tbody> </table>	Date	Time	Evac. Time	12/14/09	7:14pm	2 mins 33 sec	1/21/10	2:05am	3 mins	2/15/10	7:15pm	6 mins 20 sec	3/17/10	7:51am	5 mins	4/29/10	12:33am	7 mins	5/31/10	10:00am	15 mins	This was a clerical error in the documentation of recorded time.	On 5/31/10, the fire alarm sounded at 10:00am. The actual time to evacuate the Residents was two minutes. This clerical error occurred when the Security officer included the post-evacuation training time as part of the total evacuation time. Evacuation of Residents took two minutes. Post-evacuation training took 13 minutes. See attached documents.	Steps have been taken to correct violation; full compliance is not verifiable <i>Cherion Fitchell</i> 8/4/10 Date Initials (DPW)
Date	Time	Evac. Time																							
12/14/09	7:14pm	2 mins 33 sec																							
1/21/10	2:05am	3 mins																							
2/15/10	7:15pm	6 mins 20 sec																							
3/17/10	7:51am	5 mins																							
4/29/10	12:33am	7 mins																							
5/31/10	10:00am	15 mins																							

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

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NAME AND ADDRESS OF PERSONAL CARE HOME Philadelphia Protestant Home Building 5, 6500 Tabor Road, Philadelphia, PA 19111		CURRENT LICENSE NUMBER 144500	
INSPECTION DATE(S) (Include all dates of the inspection) June 14, 2010 and June 15, 2010		REGIONAL REPRESENTATIVE Michelle Morton and Kimberli Foulkes	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Mary Ann Porwase</i>	DATE 7/6/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE 8/4/10


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
	<p>-An internal incident report form from the home states that a "Code Red" was sounded on 1/16/10 at 4:45pm. The home's smoke detector was activated and the Philadelphia Fire department responded to the home and called all clear at 5:10pm. The home's form indicates that no residents were evacuated during this incident.</p> <p>-The home's fire drill records indicate that one resident did not evacuate during the fire drill on 12/14/09. The record states the resident was left in the shower.</p>	7/23/10	<p>The incident from 1/16/10 - The Residents were evacuated during the alarm but, because it was an incident and not a drill, the Security officer was under the impression that the evacuation information was not needed.</p> <p>The Security officer was re-trained in the proper procedures for fire drills and alarms and also on the correct procedures in completing paperwork for fire drills.</p> <p>See attached training log.</p> <p>During the drill, a Resident was taking a shower. The Security officer decided to leave the Resident in the shower for safety concerns and prevent a possible fall.</p> <p>All Staff and Residents have been instructed to evacuate during any Fire Alarm, regardless of circumstances</p>	

VIOLATION REPORT
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NAME AND ADDRESS OF PERSONAL CARE HOME Philadelphia Protestant Home Building 5, 6500 Tabor Road, Philadelphia, PA 19111		CURRENT LICENSE NUMBER 144500	
INSPECTION DATE(S) (Include all dates of the inspection) June 14, 2010 and June 15, 2010		REGIONAL REPRESENTATIVE Michelle Morton and Kimberli Foulkes	
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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 		DATE 7/6/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 
		DATE 8/4/10	

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
132i A fire alarm or smoke detector shall be set off during each fire drill.	-The home's fire drill records indicate that the alarms were not activated during the fire drills held on 10/22/09, 4/29/10 and 5/31/10 -The home's internal fire drill record indicates that the alarms were activated late and were not operative during the drill held on 6/27/09.	August 2010	During the drills on 6/27/09, 10/22/09, 4/29/10 and 5/31/10, certain aspects of the fire alarm system did not perform up to par. We are in the process of replacing the entire fire alarm system with a 2010 Hamington Fire Spy Tracker 8000 fire alarm system. Alarms will be activated for every fire drill. On 6-27-10, at 7:35pm a fire drill was conducted by the Security Officers (S.O.) on the 2nd floor of PC. The S.O. attempted to start the fire drill by blowing smoke using a smoke check aerosol canister. The Smoke detector went into alarm, the doors closed, audible sounds were activated and the Residents and Staff proceeded to evacuate to a fire safe area. The Fire drill form states that the alarm was activated late, but not operative. The reason was that the S.O. sprayed the aerosol can too long and too close to the smoke detector causing the detector to not function properly. Eventually the smoke detectors next to the detector being used for the drill were activated due to the amount of test spray being used. Staff have been retrained.	Steps have been taken to correct violation; full compliance is not verifiable 8/4/10 Date Initials (DPW) 

Aug. 3, 2010_ 3:30PM

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PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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NAME AND ADDRESS OF PERSONAL CARE HOME Philadelphia Protestant Home Building 5, 6500 Tabor Road, Philadelphia, PA 19111		CURRENT LICENSE NUMBER 144500	
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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Mary Ann Paruzio</i>	DATE <i>7/6/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE <i>8/4/10</i>

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
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 home's medication cart included Cantral Vite select for Resident #2 that expired 2/10. -The homes 4 th floor first aid kit in the medication room included the following expired medications: : -3 packets of aspirin, expired 7/08 -6 packets of first aid cream, expired 10/08 -3 packets of 3-in-1 first aid antibiotic ointment expired 2/09 -6 alcohol prep pads expired on 10/08	6/15/10	The expired medication was immediately removed. The Resident did have a blister pack of multi-vitamin that was being used. See attached copy of blister card multi-vitamin. All medication carts will be checked weekly by the supervisors and DON to ensure no expired medication is on the cart. This will be reviewed with the Administrator weekly. All expired items in all First Aid kits were removed on 6/15/10. First Aid kits will be checked monthly to ensure there are no expired medications.	<i>8/4/10 OEW</i>

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NAME AND ADDRESS OF PERSONAL CARE HOME Philadelphia Protestant Home Building 5, 6500 Tabor Road, Philadelphia, PA 19111		CURRENT LICENSE NUMBER 144500	
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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
the person or entity taking responsibility for the new placement on the day of departure from the home.	<p>-The homes 3rd floor first aid kit contained the following expired medications:</p> <ul style="list-style-type: none"> -3 packets of sting relief expired on 11/06 -3 packets of first aid ointment expired on 2/08 -6 packets of aspirin expired on 8/07 <p>-The first aid kit in the Secure dementia Unit included the following expired medications:</p> <ul style="list-style-type: none"> -6 packets of alcohol prep pads expired on 10/08 	See previous page	See previous page	

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NAME AND ADDRESS OF PERSONAL CARE HOME Philadelphia Protestant Home Building 5, 6500 Tabor Road, Philadelphia, PA 19111		CURRENT LICENSE NUMBER 144500	
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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Mary Ann Perwise</i>	DATE 7/30/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Sharon Mitchell</i>	DATE 8/4/10

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
	-3 packets of aspirin expired on 9/08 -5 packers of first aid cream expired on 3/09 -3-in-1 antibiotic ointment expired on 2/09.	See previous page	See previous page	

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

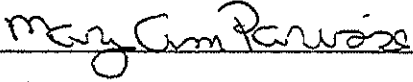
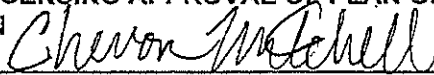
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NAME AND ADDRESS OF PERSONAL CARE HOME Philadelphia Protestant Home Building 5, 6500 Tabor Road, Philadelphia, PA 19111		CURRENT LICENSE NUMBER 144500	
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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Mary Ann Parvise</i>	DATE 7/26/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherion Mitchell</i>	DATE 8/4/10

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
187a A medication record shall be kept to include the following for each resident for whom medications are administered: (6) Dose.	The Medication Administration Record for Resident #5 instructs to give one tablet of Tylenol 325mg by mouth every four hours as needed for fever or pain. The label on the medication bottle instructs to give two tablets of Tylenol 325mg orally every four hours for pain or temperature. It was determined during the inspection that the label on the medication bottle was correct, but the resident's medication administration record was not updated to reflect the correct dosage of two 325mg tablets.	6/16/10	The Medication Administration Record and the label on the medication bottle both match. All orders will be checked by the 11-7 supervisor daily to ensure accuracy of both the Medication Administration Record and the medication. Director of Nursing will be notified immediately of any discrepancies noted. This will also be reviewed by the Administrator.	8/4/10 <i>Crow</i>

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


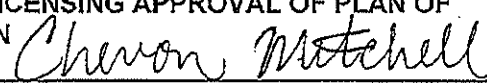
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NAME AND ADDRESS OF PERSONAL CARE HOME Philadelphia Protestant Home Building 5, 6500 Tabor Road, Philadelphia, PA 19111		CURRENT LICENSE NUMBER 144500	
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1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	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
187d The home shall follow the directions of the prescriber.	<p>-The May 2010 Medication Administration Record for #1 indicated that the resident did not receive Gabapentin 400 mg and Oyst Shell +D as ordered at 1 p.m. on 5/22/10.</p> <p>-The May 2010 Medication Administration Record for resident #2 indicated that the resident did not receive Muro eye drops as ordered at 1:00 p.m. on 5/8/10.</p>	6/16/10	<p>The incident reports were completed on 6/16/10. The Power of Attorney and M.D. were both notified. All Med-Techs. have received training on communication to their Supervisor if a Resident is out of the Facility at the time medication is scheduled. The policy regarding Resident leaving the Facility and receiving medication has been reviewed and is being followed. See attached policy.</p>	8/4/10 

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NAME AND ADDRESS OF PERSONAL CARE HOME Philadelphia Protestant Home Building 5, 6500 Tabor Road, Philadelphia, PA 19111		CURRENT LICENSE NUMBER 144500	
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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 	DATE 7/2/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 8/2/10

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
188b A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.	-The May 2010 Medication Administration Record for #1 indicated that the resident did not receive Gabapentin 400 mg and Oyst Shell +D as ordered at 1 p.m. on 5/22/10. This medication error was not reported to the resident, the resident's designated person and the prescriber. -The May 2010 Medication Administration Record for resident #2 indicated that the resident did not receive Muro eye drops as ordered at 1:00 p.m. on 5/8/10. This medication error	6/16/10	The incident reports were completed on 6/16/10. The Power of Attorney and M.D. were both notified. All Med-Techs. have received training on communication to their Supervisor if a Resident is out of the Facility at the time medication is scheduled. The policy regarding Resident leaving the Facility and receiving medication has been reviewed and is being followed. See attached policy.	8/2/10 CRM

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NAME AND ADDRESS OF PERSONAL CARE HOME Philadelphia Protestant Home Building 5, 6500 Tabor Road, Philadelphia, PA 19111		CURRENT LICENSE NUMBER 144500
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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Mary Ann Parvizi</i>	DATE 7/5/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherron Mitchell</i>
		DATE 8/4/10

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
	was not reported to the resident, the resident's designated person and the prescriber.	See previous page	See previous page	

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NAME AND ADDRESS OF PERSONAL CARE HOME Philadelphia Protestant Home Building 5, 6500 Tabor Road, Philadelphia, PA 19111		CURRENT LICENSE NUMBER 144500	
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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Raymond Paruso</i>	DATE <i>8/4/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE <i>8/4/10</i>

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
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.	The records for residents #1, 4, 6, 7, and 8 did not include documentation that the residents have been educated on their right to question or refuse a medication.	7/27/10	Residents #1, #4, #6, #7, and #8 have been educated on the right to refuse a medication. See attached documentation. All new admissions will be educated on their right to question or refuse a medication. This will be documented on Interdisciplinary Resident and Family Education Record. The Charge Nurse completing the nursing admission paperwork is responsible for educating the Resident on their right to question or refuse a medication and also documenting that education on the Interdisciplinary Resident and Family Education Record.	<i>8/4/10 CRM</i>

Aug. 3, 2010_ 3:30PM

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

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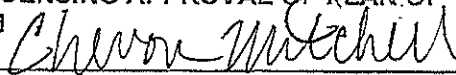
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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>[Signature]</i>	DATE 7/28/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 8/4/10

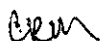
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
231b A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.	-Resident #9 was admitted to the home's secured dementia unit on 2/1/10, the resident's Medical Evaluation was completed on 2/2/10, a day after admission. This Medical Evaluation also does not include the resident's need for a secure dementia unit. -The Medical Evaluation for Resident #10 dated 6/10/10 does not include the resident's need for a secure dementia unit. The resident was admitted to the secure dementia unit on 6/19/10.	7/7/10 8/3/10	The Medical Evaluation forms for all Residents admitted to the secured dementia unit will be reviewed by the DON or Administrator to ensure that the evaluation has been completed within the appropriate timeframe and indicates the need for a secured dementia unit. Resident #10's Medical Evaluation was reviewed and updated by MD to reflect the need for a secured dementia unit.	Steps have been taken to correct violation; full compliance is not verifiable 8/4/10 Date Initials (DPW) CWA

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NAME AND ADDRESS OF PERSONAL CARE HOME Philadelphia Protestant Home Building 5, 6500 Tabor Road, Philadelphia, PA 19111		CURRENT LICENSE NUMBER 144500
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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
251b The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.	White was used in the medication section of Resident #6' Medical Evaluation dated 9/30/09.	6/16/10	All Medical Evaluation forms will be reviewed by the DON and/or Administrator to ensure compliance with Regulation. If any discrepancies are noted the Medical Evaluation form will not be accepted and will be sent back to the MD.	8/4/10 

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No. 1060 P. 13

NAME AND ADDRESS OF PERSONAL CARE HOME Philadelphia Protestant Home Building 5, 6500 Tabor Road, Philadelphia, PA 19111		CURRENT LICENSE NUMBER 144500	
INSPECTION DATE(S) (Include all dates of the inspection) June 14, 2010 and June 15, 2010		REGIONAL REPRESENTATIVE Michelle Morton and Kimberli Foulkes	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Mary Ann Russo</i>	DATE 7/27/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE 8/4/10

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
252 Each resident's record shall include the following information:	-The records for residents #1, 4, 6, 7, 8, 10, 11, 12 and 13 did not include identifying marks. -The record for resident #9 did not include an inventory of resident's belongings or identifying marks.	7/27/10	Residents #1, 4, 6, 7, 8, 9, 10, 11, 12 and 13 now have documentation that includes identifiable marks, if present. A revised admission checklist has been developed to indicate whether or not a Resident has an identifiable mark. See attached checklist. Resident #9 now has a completed inventory list. The inventory form is also reflected on the revised admission checklist. The Charge Nurse completing the nursing admission paperwork is responsible for ensuring the revised admission checklist is completed in its entirety to reflect that identifiable marks are recorded and that there is an inventory-checklist in the chart.	8/4/10 CWM

Aug. 3, 2010 3:30PM