



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: November 22, 2010

Ms. Carolyn L. Unkel, Personal Care Administrator
Simpson House, Inc
2101 Belmont Avenue
Philadelphia, Pennsylvania 19131

Dear Ms. Unkel:

As a result of the Department of Public Welfare's licensing inspection on July 8, 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 "Laura Helmuth".

Laura Helmuth
Regional Licensing Administrator

Enclosure(s)
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME Simpson House Belmont Avenue and Monument Boulevard, Philadelphia, PA 19131		CURRENT LICENSE NUMBER 189211	
INSPECTION DATE(S) (Include all dates of the inspection) July 8, 2010		REGIONAL REPRESENTATIVE Michelle Morton and James Jesse Hummel	
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>Carolyn L. Unkel RW</i>	DATE 8/5/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 11/17/10

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
15a The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with its requirements regarding restrictions on staff persons.	-The home's incident report book contained a report of resident-resident abuse between residents #1 and #2 on 6/18/10. The home did not report the incident to Adult Protective Services. -The home's incident report book contained a report of resident-to-resident abuse in which an independent living resident assaulted Resident #3 on 10/8/09. The home did not report the incident to Adult Protective Services.	8/5/2010 8/5/2010	Reports have been called in and faxed to PCA Older Adult Protective Services Act 13 Mandatory Abuse Report. Going forward the PC Administrator will report to both DPW and to PCA this type of Incident.	Steps have been taken to correct violation; full compliance is not verifiable <i>[Signature]</i> Date Initials (DPW)

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

NAME AND ADDRESS OF PERSONAL CARE HOME Simpson House Belmont Avenue and Monument Boulevard, Philadelphia, PA 19131		CURRENT LICENSE NUMBER 189211	
INSPECTION DATE(S) (Include all dates of the inspection) July 8, 2010		REGIONAL REPRESENTATIVE Michelle Morton and James Jesse Hummel	
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>Cecilynn L. Unkel RN</i>	DATE 8/5/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 11/17/10

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 record for resident #4, admitted on 12/7/87, contains a nurse's note dated 7/28/09 that states the resident returned from the hospital following a fall. The resident had experienced a change in mental status and required neurological checks every 2 hours for 24 hours. The resident also experienced nausea because of the head injury. The home did not report the incident to the Department.	8/6/2010	Going forward all injuries needing an emergency room visit will be reported to DPW by the PC Administrator.	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>[Signature]</i> Date Initials (DPW)</p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME Simpson House Belmont Avenue and Monument Boulevard, Philadelphia, PA 19131		CURRENT LICENSE NUMBER 189211	
INSPECTION DATE(S) (Include all dates of the inspection) July 8, 2010		REGIONAL REPRESENTATIVE Michelle Morton and James Jesse Hummel	
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>Carolyn L. Unkel AD</i>	DATE 8/5/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 11/17/10

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
66a A staff training plan shall be developed annually.	The home does not have a staff training plan.	7/19/2010	Personal Care Administrator will have a staff training plan in place before the beginning of the training year, Sept. to Aug. The year 9/1/10 to 8/31/11 is in progress. Current year is attached.	<i>11/19/10 [Signature]</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME Simpson House Belmont Avenue and Monument Boulevard, Philadelphia, PA 19131		CURRENT LICENSE NUMBER 189211	
INSPECTION DATE(S) (Include all dates of the inspection) July 8, 2010		REGIONAL REPRESENTATIVE Michelle Morton and James Jesse Hummel	
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>Carolyn L. Zerkel Rpt</i>	DATE 8/5/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 11/17/10

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
141a The medical evaluation shall include the following: (5) Allergies. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.	- The medical evaluation for Resident #4 dated 4/8/10 does not include allergies. -The medical evaluation for Resident #4 dated 4/8/10 has an attached list of medications that is signed by different physician than the one that completed the Department's form. -The medical evaluation for Resident #9 dated 10/22/09 has an attached medication list that is dated 10/21/09 and is signed by a different physician than the one that completed the Department's form. Repeat Violation-12/22/09, et al	7/9/2010 4/8/2010 10/22/2009	Included on 7/9/10. Going forward all medical evaluation forms will be double checked by the PC Administrator. The physician completing the medical evaluation and signing the medication list is the same physician but initialled the medication list. The medication list was printed out at 10:00PM on 10/21/2009 in preparation for the resident's visit to the physician, and signed by him the following day. Going forward all medication lists will be printed out on the day of the office visit.	11/19/10 <i>[Signature]</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME Simpson House Belmont Avenue and Monument Boulevard, Philadelphia, PA 19131		CURRENT LICENSE NUMBER 189211	
INSPECTION DATE(S) (Include all dates of the inspection) July 8, 2010		REGIONAL REPRESENTATIVE Michelle Morton and James Jesse Hummel	
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>Carolyn L. Unkel RN</i>	DATE 8/5/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 11/17/10

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
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 person or entity taking responsibility for the new placement on the day of departure from the home.	-The home's medication cart on the 2 nd floor of the Carlson Building contained Tenormin 50 mg for Resident #6. The medication expired on 2/12/10. -The home's medication cart on the 2 nd floor of the Carlson Building included 3 packs of Actonel tablets 35 mg for Resident #7 who no longer resides in the home. The medication expired in April 2010. Repeat Violation-12/22/09, et al	7/26/2010	All personal care medication carts were checked. All expired medications, sample medications, and discontinued medications were removed. All medications from discharged residents were removed. Going forward the evening LPN will weekly check all medication cats for medications that do not belong in the carts. PC Administrator will quarterly check the medication carts.	11/19/10

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

NAME AND ADDRESS OF PERSONAL CARE HOME Simpson House Belmont Avenue and Monument Boulevard, Philadelphia, PA 19131		CURRENT LICENSE NUMBER 189211	
INSPECTION DATE(S) (Include all dates of the inspection) July 8, 2010		REGIONAL REPRESENTATIVE Michelle Morton and James Jesse Hummel	
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>Carolyn L. Unkel RN</i>	DATE 8/5/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 11/19/10

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
184c Sample prescription medications shall have written instructions from the prescriber that include the components specified in 184a.	<p>-The home's medication cart on the 2nd floor of the Carlson Building included samples of Alendronate Sodium Tablets USP, 70 mg for Resident #8. The samples did not have written instructions from the prescriber with the medication.</p> <p>-The home's medication cart on the 2nd floor of the Carlson Building included a sample of Acuvail ophthalmic solution. The sample did not have written instructions from the prescriber with the medication, nor was it labeled with a resident's name.</p>	11/19/10	<p>See Page # 5</p> <p>Sample medications are no longer used by the home. All medications are ordered through the pharmacy.</p> <p align="right"><i>WJH 11/19/10</i></p>	11/19/10

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

NAME AND ADDRESS OF PERSONAL CARE HOME Simpson House Belmont Avenue and Monument Boulevard, Philadelphia, PA 19131		CURRENT LICENSE NUMBER 189211	
INSPECTION DATE(S) (Include all dates of the inspection) July 8, 2010		REGIONAL REPRESENTATIVE Michelle Morton and James Jesse Hummel	
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>Carolyn L. Unkel RN</i>	DATE 8/15/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 11/19/10

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
186b Prescription medications shall be used only by the resident for whom the prescription was prescribed.	The home's medication cart on the 2 nd floor of the Carlson Building included 3 packs of Actonel tablets, 35 mg with the name of Resident #7 printed on the pharmacy label. The name was crossed off in ink and Resident #6's name was handwritten on the label.	11/19/10	See Page # 5. Staff that administer medications have been instructed not to alter a pharmacy label. A professional nurse is responsible for ordering all medications and ensuring the pharmacy labels are correct. 11/19/10	11/19/10 <i>[Signature]</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME Simpson House Belmont Avenue and Monument Boulevard, Philadelphia, PA 19131		CURRENT LICENSE NUMBER 189211	
INSPECTION DATE(S) (Include all dates of the inspection) July 8, 2010		REGIONAL REPRESENTATIVE Michelle Morton and James Jesse Hummel	
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>Carolyn L. Unkel RN</i>	DATE 8/5/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 11/17/10

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>252 Each resident's record shall include the following information:</p> <p>(2) Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.</p> <p>(3) A photograph of the resident that is no more than 2 years old.</p> <p>(4) Language or means of communication spoken or used by the resident.</p> <p>(7) The current and previous</p>	<p>-The record for Resident #4, admitted on 12/7/87, did not include identifying marks, language, and incident reports. The photograph was undated, making it impossible to determine if it was taken within the past two years.</p> <p>-The record for Resident #9, admitted on 9/13/05, does not include identifying marks and language. The picture is undated, making it impossible to determine if it was taken in the past 2 years.</p> <p>-The record for Resident #10, admitted on 3/26/10, does not include identifying marks.</p>	7/23/2010	<p>All resident charts were updated with Hair Color, Eye Color, Height, Weight, and Identifying Marks if any. New pictures were taken and stapled to the updated Admission Data Sheet. Going forward all Admission Data Sheets will be placed on the resident chart by the marketing department initially. An updated and completed Admission Data Sheet will be put on the chart by the PC Administrator by the time of the 15 day Assessment.</p> <p>Color photos are on charts. Sending</p>	11/19/10 <i>UAG</i>

Black and white copies

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

NAME AND ADDRESS OF PERSONAL CARE HOME Simpson House Belmont Avenue and Monument Boulevard, Philadelphia, PA 19131		CURRENT LICENSE NUMBER 189211	
INSPECTION DATE(S) (Include all dates of the inspection) July 8, 2010		REGIONAL REPRESENTATIVE Michelle Morton and James Jesse Hummel	
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>Carolyn L. Unkel RN</i>	DATE 8/5/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 11/17/10

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
2 years' physician's examination reports, including copies of the medical evaluation forms. (10) A record of incident reports for the individual resident	-The record for Resident #11, admitted on 5/4/10, does not include identifying marks. -The record for Resident #12, admitted on 7/14/10, does not include identifying marks. -Administrator A stated that the home did not put copies of any incident reports into any resident files. Repeat Violation-12/22/09, et al	7/26/2010	See Page # 8 All incident reports from 1/1/2010 on have been copied and put into the residents charts. Going forward all incident reports will be copied and put into the residents' charts by the PC Administrator.	