

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ROXBOROUGH HOME FOR WOMEN, INC.

To operate ROXBOROUGH HOME FOR WOMEN

Located at 601 EAST LEVERINGTON AVENUE, PHILADELPHIA, PA 19128

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

The total number of persons which may be cared for at one time may not exceed 30
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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

and shall remain in effect from December 20, 2010 until December 20, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 141560

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

JAN 12 2011

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

Ms. Karen Rose Cook
Roxborough Home for Women, Inc.
Roxborough Home for Women
601 East Leverington Avenue
Philadelphia, Pennsylvania 19128

Dear Ms. Cook:

As a result of the Department of Public Welfare's licensing inspection on September 17, 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.

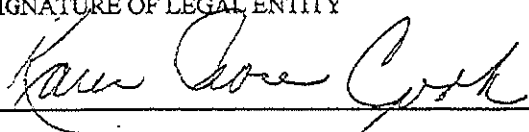
Sincerely,

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 ROXBOROUGH HOME FOR WOMEN, 601 EAST LEVERINGTON AVENUE PHILADELPHIA, PA 19128		CURRENT LICENSE NUMBER 141563	
INSPECTION DATES (Include all dates of the inspection) 09/17/2010		REGIONAL REPRESENTATIVE 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) Roxborough Home for Women Inc			
SIGNATURE OF LEGAL ENTITY 	DATE 10 30 2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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
14a	The home was unable to provide a written fire safety approval (Certificate of Occupancy).	Dec. 15, 2010	<i>Have applied to L + S for Certificate. Will renew as required.</i>	
25b	The resident - home contract for resident #4 dated 2/17/09 is not signed by the administrator/designee or the resident.	11.14.07	<i>See attached Contract. Agreement was signed upon entry. CONTRACT will be signed on entrance into HOME & checked BY 2 people THIS will be signed BY PCA & ADMINISTRATOR.</i>	<p style="font-size: small; text-align: center;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center;"> 12/16/10 Date JWH Initials (DPW) </p>

Plan of Correction for 14a:

PAGE 1A


- 12/9/10 The administrator went to the offices of the Philadelphia Department of Labor and Industry to resolve this situation. Representatives of Philadelphia Labor and Industry explained that based on the fact that the home was built in 1887 that they would have to request a waiver of their Certificate of Occupancy. The home will be required to submit an application and supporting documentation. Philadelphia Labor and Industry will then schedule an onsite physical inspection of the building to fulfill the home's request for a waiver of their Certificate of Occupancy or issue a Certificate of Occupancy.
- 12/17/10 The administrator will submit this request with all supporting documentation to the Philadelphia Department of Labor and Industry in person.
- 3/17/10 The home will be inspected by the Philadelphia Department of Labor and Industry and either a waiver of the Certificate of Occupancy or a Certificate of Occupancy will be issued to the home. A copy of either the waiver of Certificate of Occupancy or our Certificate of Occupancy will be submitted to the Department and multiple copies will be kept by the home. One copy will be posted in a public and conspicuous place and other copies will be kept on file.

Crystal Narbone

December 16, 2010

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REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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
52	Direct Care staff person A was hired on 4/28/09. The home does not have documentation that a Pennsylvania State Police criminal history check was completed for staff person A.  Repeated Violation - 2/24/10	3/10/2010	See attached copy of Criminal record check. This was NOT a repeated OUR ONLY FAULT WAS MISS FILING. All records will be checked in AQUATHY BASES FOR COAR ET FILING. BY ADM. DISTATOR.	12/10/10 <i>ben</i>

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65g	Staff persons A, B, C, D, and E did not receive the required annual training in 2009 for the Older Adult Protective Services Act. Repeated Violation - 2/24/10	<i>was completed prior to 9/17/10 inspection</i>	<i>All staff received the required training for the Older Adult Protective Services Act. Please see attached copies. A, B, C, D and E were not specified, so all staff copies are enclosed. The older adult protective act will be reviewed 4 times a year by the administrator with staff</i>	Stops have been taken to correct violation; full compliance is not verifiable <i>12/16/10</i> Date <i>CRK</i> Initials (DFW)

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91	The bedrooms for resident #1 and resident #3 each have a telephone with an outside line. The required emergency numbers are not posted on or near each telephone.	10/3/2010	<i>Staff has inspected every room to ensure all emergency numbers are posted and replaced any that residents have removed. Staff will inspect monthly to make sure they are still posted. Pictures are enclosed</i>	12/16/10 <i>CEW</i>

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103f	The home has a refrigerator located on the first floor inside the telephone room. The refrigerator is used to store residents' personal food items. The refrigerator does not have a thermometer inside to determine if the food is being stored at the proper temperature.	12/30/10	<p><i>Replaced existing thermometer with a new one to ensure proper temperatures.</i></p> <p><i>All thermometers will be checked by the housekeeper on a weekly basis.</i></p> <p><i>The thermometer was in the fruit drawer at the time of inspection.</i></p>	12/16/10 <i>com</i>

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132e	The home has not conducted a fire drill during sleeping hours within the past 6 months.	11/12/10	Our next fire drill on November 12 will be held at 5 AM - before ^{one hour} before resident's waking in the morning. The second fire drill during sleeping hours will be held on May 6, 2011. Therefore, ^{Therefore,} (Have been advised that by state requirement that sleep hours include one hour prior to and one hour following waking)	Steps have been taken to correct violation, full compliance is now achieved ^{achieved} Date <u>12/9/10</u> Initials (DPW) <u>JK</u>																																																																	
	<table border="1"> <thead> <tr> <th>Mont</th> <th>Date</th> <th>Time</th> <th>Evac. Time</th> <th>FSE</th> </tr> </thead> <tbody> <tr><td>Jan</td><td>01/10/2010</td><td>09:00 AM</td><td>2min</td><td>No</td></tr> <tr><td>Feb</td><td>02/18/2010</td><td>05:00 PM</td><td>2min</td><td>No</td></tr> <tr><td>Mar</td><td>03/17/2010</td><td>04:30 PM</td><td>2min 1 sec</td><td>No</td></tr> <tr><td>Apr</td><td>04/13/2010</td><td>06:00 PM</td><td>2min</td><td>No</td></tr> <tr><td>May</td><td>05/05/2010</td><td>11:00 AM</td><td>2min</td><td>No</td></tr> <tr><td>Jun</td><td>06/14/2010</td><td>10:00 PM</td><td>2min 3 sec</td><td>No</td></tr> <tr><td>Jul</td><td>07/20/2010</td><td>09:00 AM</td><td>2 min 1 sec</td><td>No</td></tr> <tr><td>Aug</td><td>08/25/2010</td><td>09:00 AM</td><td>2min</td><td>No</td></tr> <tr><td>Sep</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Oct</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Nov</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Dec</td><td></td><td></td><td></td><td>No</td></tr> </tbody> </table>	Mont	Date	Time	Evac. Time	FSE	Jan	01/10/2010	09:00 AM	2min	No	Feb	02/18/2010	05:00 PM	2min	No	Mar	03/17/2010	04:30 PM	2min 1 sec	No	Apr	04/13/2010	06:00 PM	2min	No	May	05/05/2010	11:00 AM	2min	No	Jun	06/14/2010	10:00 PM	2min 3 sec	No	Jul	07/20/2010	09:00 AM	2 min 1 sec	No	Aug	08/25/2010	09:00 AM	2min	No	Sep				No	Oct				No	Nov				No	Dec				No			
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132 FIRE DRILLES DURING SLEEPING
HOURS HAVE AT THIS TIME (11-20-2010)
BEEN DONE (2) TIME WITH GOOD
RESULTS.

THE ADMINISTRATOR WILL CALL A
NIGHT FIRE DRILL EVERY 6 MONTHS
ALONG WITH REGULAR DRILLS MONTHLY

Karen Rose Oehl

12-02-2010

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141a-1	Resident #1 was admitted to the home on 8/5/10. The home did not have a medical evaluation completed for resident #1.	10/30/10	<p><i>Resident #1's medical evaluation was filed to us on 8/4/10 just prior to emergency admission and placed in resident's office file. A copy was placed in nurse station records on 10/30/10.</i></p> <p><i>ADM. NISTATO + PCA with CHECK ALL PAPER WORK ON EVERY ADMISSION TO MAKE SURE ALL REQUIRED PAPER WORK IS THERE.</i></p>	<p style="font-size: small;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: right;"><i>[Signature]</i> Date 12/16/10 Initials (DPW)</p>

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141a-2	The medical evaluation for resident #2 does not include the medication regimen and the ability of the resident to self administer medications.	10/30/10	<p><i>Resident #2 is blind and does not self-administer medication. Medication regimen is attached on medical evaluation form.</i></p> <p><i>ALL MEDICAL EVALUATIONS WILL BE CHECK BY TWO PCA WHEN RECEIVED FROM DR. OFFICE IF SOMETHING IS MISSING IT WILL BE REPORTED & FIX. AT THIS TIME</i></p>	<p style="text-align: center;">Stops have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center;"><i>12/9/10</i> Date</p> <p style="text-align: center;"><i>MM</i> Initials (PCW)</p>

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225a	The initial assessment completed for resident #1 is not dated. It can not be determined if the assessment was completed within fifteen days after admission.	<i>10/30</i>	<p><i>Assessments are scheduled for 10 days after admittance. The process will be monitored by on call the month administrative check for all assessments on newly admitted residents.</i></p> <p><i>Two PCA used A CHART to know when assessment need to be done.</i></p>	<p>Steps have been taken to correct violation, full compliance is not verifiable</p> <p><i>12/16/10</i> Date</p> <p><i>CS</i> Initials (DPW)</p>

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227a	The support plan developed for resident #1 was not dated. It can not be determined if the support plan was developed within 30 days of admission to the home.	10/30/10	<p><i>Support plans are scheduled to be completed following assessments (done 10 days after admission). Assessment + Support Plans will be monitored by an end of the month administrative check every month.</i></p> <p><i>THERE IS A CHART FOR WHEN A SUPPORT PLAN NEEDS TO BE DONE BY & P.C.A.'S.</i></p>	<p style="text-align: center; font-size: small;">Steps have been taken to ensure no further full compliance is not verifiable</p> <p style="text-align: center;"><i>12/16/10</i> Date</p> <p style="text-align: center;"><i>JWH</i> Initials (CPW)</p>