

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to EVADNEY SCOGGINS

LEGAL ENTITY

To operate SCOGGINS PERSONAL CARE BOARDING HOME

NAME OF FACILITY OR AGENCY

Located at 1245 WEST TIOGA STREET, PHILADELPHIA, PA 19140

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

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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 26  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(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 October 11, 2011 until October 11, 2012,

unless sooner revoked for non-compliance with applicable laws and regulations.

No: **140150**

*Robert E. Robinson*

ISSUING OFFICER

*R. C. King*

DIRECTOR

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 - 01/11



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

ADULT RESIDENTIAL LICENSING

OCT 13 2011

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

Ms. Marcia Waite-Sokale, Administrator  
Evadney Scoggins  
Scoggins Personal Care Boarding Home  
1245 West Tioga Street  
Philadelphia, Pennsylvania 19140

Dear Ms. Waite-Sokale:

As a result of the Department of Public Welfare's licensing inspection on May 17, 2011 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 black ink, appearing to read 'R. Melusky', with a long horizontal stroke extending to the right.

Ronald Melusky  
Director

Enclosures  
License  
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME SCOGGINS PERSONAL CARE BOARDING HOME, 1245 WEST TIOGA STREET PHILADELPHIA, PA 19140		CURRENT LICENSE NUMBER 140150	
INSPECTION DATES (Include all dates of the inspection) 05/17/2011		REGIONAL REPRESENTATIVE Michael Palermo, Doug Hoover	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Marcia Waik-Sokale - Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>[Signature]</i>		DATE 7/8/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>
			DATE 10/4/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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 Prior to issuance of a license, a written fire safety approval from the Department of Labor and Industry, the Department of Health or the appropriate local building authority under the Pennsylvania Uniform Construction Code Act (35 P.S. §§ 7210.101 - 7210.1103) is required.	The home does not have a valid certificate of occupancy.	7/7/2011 going to maybe 8/15/2011	<p>- Per conversation with Chevron M. Administrator did visit L &amp; I to apply for the certificate of occupancy.</p> <p>The building plans (diagrams) were also submitted for their use.</p> <p>- Once the certificate is received a copy will be forwarded to DPW, immediately and a copy will be posted in the home in a visible area.</p> <p>- Administrator will be responsible to follow up with L &amp; I until certificate is received and sent to DPW &amp; posted for view in the building(s)</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Initials (DPW) <i>[Initials]</i> Date <i>10/4/11</i></p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME SCOGGINS PERSONAL CARE BOARDING HOME, 1245 WEST TIOGA STREET PHILADELPHIA, PA 19140		CURRENT LICENSE NUMBER 140150	
INSPECTION DATES (Include all dates of the inspection) 05/17/2011		REGIONAL REPRESENTATIVE Michael Palermo, Doug Hoover	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION <u>(Required on FIRST PAGE only unless multiple representatives produce the plan)</u> <i>Starca Waite-Schale - Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Starca Waite-Schale for E. Scoggins</i>		DATE <i>7/8/2011</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>
			DATE <i>10/4/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
§96 Hot water temperature in areas accessible to the resident may not exceed 120°F.	The water temperature in the third floor shared bathroom by bedroom #10 was 123.9 degrees Fahrenheit at 11 AM.	<i>5/17/2011</i>	<u>Immediate Action</u> Once the temperature was checked the maintenance person did adjust the gauge on the hot water tank immediately. <u>Follow up:</u> Since the inspection the temperature is being monitored by staff weekly. <del>Administrator / Designee</del> is responsible for continuous compliance.	<i>10/4/11</i> <i>MA</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME SCOGGINS PERSONAL CARE BOARDING HOME, 1245 WEST TIOGA STREET PHILADELPHIA, PA 19140		CURRENT LICENSE NUMBER 140150	
INSPECTION DATES (Include all dates of the inspection) 05/17/2011		REGIONAL REPRESENTATIVE Michael Palermo, Doug Hoover	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION <u>(Required on FIRST PAGE only unless multiple representatives produce the plan)</u> Marcia Waite-Sokale - Administrator			
SIGNATURE OF LEGAL ENTITY <i>Marcia Waite-Sokale for E Scoggins</i>	DATE 7/8/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Re</i>	DATE 10/4/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
92 Windows, including windows in doors, shall be in good repair and securely screened when doors or windows are open.	-In bedroom #8, the left window was open without a screen.  -In bedroom #9, the right window was open without a screen.	5/17/2011	<u>Immediate Action</u> Once The problem was discovered while the inspectors were still present the windows were closed.  <u>Action</u> The maintenance person did go to the basement to get screens and did place them in both windows Residents were also reminded to keep windows closed or ask staff if screens are missing.	10/4/11 Initials (DPW) Date

Administrators/Designees are responsible for oversight of continued compliance (weekly)

Steps have been taken to correct violation; full compliance is not verifiable  
10/4/11  
Date

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1001-073-017  
VIOLATION REPORT

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

NAME AND ADDRESS OF PERSONAL CARE HOME SCOGGINS PERSONAL CARE BOARDING HOME, 1245 WEST TIoga STREET PHILADELPHIA, PA 19140		CURRENT LICENSE NUMBER 140150	
INSPECTION DATES (Include all dates of the inspection) 05/17/2011		REGIONAL REPRESENTATIVE Michael Palermo, Doug Hoover	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION ( <u>Required on FIRST PAGE only unless multiple representatives produce the plan</u> ) <i>Marria White-Sokale - Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Marria White-Sokale for E. Scoggins</i>	DATE 7/8/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 10/4/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
93a Each ramp, interior stairway and outside steps shall have a well-secured handrail.	The two main entrance doorways facing Tioga street each have a step without a handrail.	5/20/2011	<p><u>Action</u> 5/20/2011 The home did engage the service of a welder and four grab bars were installed on the two main entrance door.</p> <p><u>Future:</u> Administrator/Designer is responsible to ensure that the bars remain mounted and firmly attached to walls. Monthly monitoring will be done.</p>	10/4/11 <i>[Signature]</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME SCOGGINS PERSONAL CARE BOARDING HOME, 1245 WEST TIOGA STREET PHILADELPHIA, PA 19140		CURRENT LICENSE NUMBER 140150	
INSPECTION DATES (Include all dates of the inspection) 05/17/2011		REGIONAL REPRESENTATIVE Michael Palermo, Doug Hoover	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Marcia Waik-Sokale - Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Marcia Waik-Sokale for E. Scoggins</i>	DATE <i>7/8/2011</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>10/4/11</i>

REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
10112 Window coverings shall be clean, in good repair, provide privacy and cover the entire window when drawn.	-The mini-blind on the small left window in bedroom #8 had several broken slats.  -The mini-blind on the window to the right of the door in bedroom #10 had several broken slats.	<i>5/17/2011</i>	Both mini blinds were removed and replaced while inspectors were still on the premises.  Administrator & Designer is responsible to ensure that the blinds are always in proper working order. More supplies were ordered and Administrator and Maintenance person will do monthly checking.	<i>10/4/11</i> <i>WAZ</i>

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

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1604-672-017

NAME AND ADDRESS OF PERSONAL CARE HOME SCOGGINS PERSONAL CARE BOARDING HOME, 1245 WEST TIOGA STREET PHILADELPHIA, PA 19140		CURRENT LICENSE NUMBER 140150
INSPECTION DATES (Include all dates of the inspection) 05/17/2011	REGIONAL REPRESENTATIVE Michael Palermo, Doug Hoover	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Marcia White-Sokal administrator</i>		
SIGNATURE OF LEGAL ENTITY <i>Marcia White-Sokal</i>	DATE <i>9/25/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>7/8/2011</i>

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REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
141a The medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (3) Medical information pertinent to diagnosis and treatment in case of an emergency. (4) Special health or dietary needs of the resident. (5) Allergies. (6) Immunization.	<p>-The medical evaluation for resident #1, dated 9/25/10, did not include a medical history or any pertinent medical information.</p> <p>-The medical evaluation for resident #2, dated 4/27/11, did not include a medical history or any pertinent medical information.</p> <p align="center"><i>Violation Withdrawn LHC 10/4/11</i></p>	<i>5/17/2011</i>	<p><u>Immediate Action</u></p> <p>PCP was notified about the problem and in the future the test results will be added to the proper area on the forms. Administrator will work closely with PCP to ensure proper documentation.</p> <p align="center"><i>(see attached)</i></p>	

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

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INSPECTION DATES (Include all dates of the inspection) 05/17/2011		REGIONAL REPRESENTATIVE Michael Palermo, Doug Hoover	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION <u>(Required on FIRST PAGE only unless multiple representatives produce the plan)</u> <i>Starcia Witte-Solak - Administrator</i>			
SIGNATURE OF LEGAL ENTITY	DATE <i>7/8/2011</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE

REGULATION	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
55 Pa. Code §2600  history. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request.			<i>see above</i>	



VIOLATION REPORT  
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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) <i>Sharon Whitehead Admin</i>		
SIGNATURE OF LEGAL ENTITY <i>Sharon Whitehead for E. Scoggins</i>	DATE 7/8/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>
		DATE 10/4/11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
224a A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.	<ul style="list-style-type: none"> <li>-The preadmission screening for resident #2, was unsigned, undated and did not indicate whether the needs of the resident could be met by the home.</li> <li>-The preadmission screening for resident #3, dated 8/15/10, did not indicate whether the needs of the resident could be met by the home.</li> </ul>	5/17/2011	<p align="center"><u>Action</u></p> <p>The administrator is responsible for making sure all forms are completely filled out for every resident. Each form now bears an amended signature with 5/17/2011 and should be also date of 4/25/2011 and 8/15/10.</p>	

*see attached*

Steps have been taken to correct violation; full compliance is not verifiable  
 Date *10/4/11* Initials (DPW) *[Signature]*

*Administrator is responsible for constants*

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Sanitary violation

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