



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: January 17, 2012

Ms. Kim W. Williams, President & CEO
Simpson House, Inc
2101 Belmont Avenue
Philadelphia, Pennsylvania 19131

RE: Simpson House
Belmont Avenue and Monument Road
Philadelphia, Pennsylvania 19131

Dear Ms. Williams:

As a result of the Department of Public Welfare's licensing inspection on August 25, 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.

Sincerely,


Laura Cipriani
Regional Licensing Director

Enclosure(s)
Violation Report

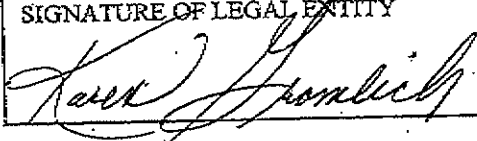

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME SIMPSON HOUSE, BELMONT AVENUE & MONUMENT ROAD PHILADELPHIA, PA 19131		CURRENT LICENSE NUMBER 189210	
INSPECTION DATES (Include all dates of the inspection) 08/25/2011		REGIONAL REPRESENTATIVE Christine McHale, Lori Knockstead	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>KAREN GRAMLICH</i>			
SIGNATURE OF LEGAL ENTITY <i>Karen Gramlich</i>	DATE <i>12/16/2011</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Ewert</i>	DATE <i>1-10-12</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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	The medical evaluation for resident #1, dated 1/18/11, does not include a general physical examination, medical diagnosis, medical information pertinent to diagnosis or treatment in case of an emergency, special health or dietary needs, allergies, immunization history, medication regimen, body positioning, health status, and mobility assessment. Repeated Violations: 09/17/2010	<i>1/30/2012</i> <i>1/30/2012</i> <i>1/30/2012</i> <i>1/30/2012</i>	<ol style="list-style-type: none"> <i>1. Had not aware that all sections of DME were to be completed by MD's</i> <i>2. Res #1 no longer resides at facility & was not present at time of inspection</i> <i>3. PC Administrator will re-educate all MD's on proper completion of DME</i> <i>4. All resident's records will be audited to ensure a proper DME has been completed by PCA</i> <i>5. All Residents' medical records will be audited quarterly to ensure compliance by PCA. Audit results will be reported to the Quality Assurance Team quarterly</i> 	<p style="text-align: center;">Steps have been taken to correct violation; full compliance is not verifiable <i>1-10-12 JE</i></p> <p>Date _____ Initials (DPW) _____</p>

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

Jan. 11 2012 10:14AM P3

NAME AND ADDRESS OF PERSONAL CARE HOME SIMPSON HOUSE, BELMONT AVENUE & MONUMENT ROAD PHILADELPHIA, PA 19131		CURRENT LICENSE NUMBER 189210	
INSPECTION DATES (Include all dates of the inspection) 08/25/2011		REGIONAL REPRESENTATIVE Christine McHale, Lori Knockstead	
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 	DATE 10/16/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 1-11-12

FAX NO. :

FROM : SIMPSON HOUSE

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
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.		1/20/2012	See page 1 of 10 the same place continue through 141A from 1 through 10.	

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

Jan. 11 2012 10:14AM P4

NAME AND ADDRESS OF PERSONAL CARE HOME SIMPSON HOUSE, BELMONT AVENUE & MONUMENT ROAD PHILADELPHIA, PA 19131		CURRENT LICENSE NUMBER 189210	
INSPECTION DATES (Include all dates of the inspection) 08/25/2011		REGIONAL REPRESENTATIVE Christine McHale, Lori Knockstead	
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 <i>Karen Grondich</i>	DATE <i>12/16/2011</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Emsch</i>	DATE <i>1-11-12</i>

FAX NO. :

FROM : SIMPSON HOUSE

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
181c A resident who desires to self-administer his medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.	Resident #1 self-administers Nystatin External Cream but has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding the ability to self-administer and the need for reminders to take medications.	<i>1/20/2012</i>	<i>1. The nurse will be instructed on DME if resident can self-administer this medication</i>	<i>1-11-12 EE</i>
		<i>1/20/2012</i>	<i>2. Resident #1 no longer resident at facility and does not present at time of inspection</i>	
		<i>1/30/2012</i>	<i>3. PCA/practitioner will re-educate physicians on proper completion of DME including addressing their ability to self-administer any medications</i>	
		<i>1/30/2012</i>	<i>4. All resident's medical records will be audited to ensure proper and complete DME has been completed by PCA/practitioner</i>	
		<i>1/30/2012</i>	<i>5. All residents medical records will be audited quarterly to ensure compliance by PCA/practitioner. Audit results will be reported to the Quality Improvement team quarterly</i>	

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

Jan. 11 2012 10:15AM P5



NAME AND ADDRESS OF PERSONAL CARE HOME SIMPSON HOUSE, BELMONT AVENUE & MONUMENT ROAD PHILADELPHIA, PA 19131		CURRENT LICENSE NUMBER 189210	
INSPECTION DATES (Include all dates of the inspection) 08/25/2011		REGIONAL REPRESENTATIVE Christine McHale, Lori Knockstead	
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 <i>Karl Hombach</i>	DATE <i>12/16/2011</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Glori Enck</i>	DATE <i>1-11-12</i>

FAX NO. :

FROM : SIMPSON HOUSE

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
184b If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.	On 8/25/11, a package of Aspirin 81 mg and Fiber Therapy belonging to resident #1 was located in the home's medication cart and was not labeled with the resident's name.	<i>1/20/2012</i>	<i>1. Family brought otc med to facility and it was placed in medication cart & forgot to label. 2. Resident #1 no longer resides at facility and was not present at time of inspection. 3. All PC staff to be re-educated regarding labeling of all OTC and CAM medications. 4. All med carts to be audited quarterly to ensure compliance. 5. All medication carts have been audited and no unlabeled medications OTC, CAM, or IV are in care of facility.</i>	<i>1-11-12 EF</i>
		<i>1/20/2012</i>		
		<i>1/30/2012</i>		
		<i>1/30/2012</i>		

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REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
188b A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.	<p>On 8/16/11, Resident #1 was prescribed Nystatin Cream for a 14 day period. After 4 days of use the tube of cream was empty and should have lasted for the 14 day period. This error was not reported to the prescriber.</p> <p>Violation withdrawn - BE</p>	<p>1/20/2012</p> <p>1/30/2012</p> <p>1/20/2012</p> <p>1/20/2012</p> <p>1/30/2012</p>	<p>1. Area to be treated was a large area and medication tube was used that 1 oz. medication should have been pre-ordered as directed</p> <p>2. Resident #1 no longer lives at facility and was not present at time of inspection</p> <p>3. All PC staff will be re-educated on the medication error policy and the reporting requirements by the PCA/JC/DOH/PA</p> <p>4. All PC DC's will be re-educated on pre-ordering medications in a timely manner</p> <p>5. All med carts will be audited monthly to ensure proper quantities of medications (if not) are available</p>	

Jan. 11 2012 10:15AM P6

FAX NO. :

FROM : SIMPSON HOUSE

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

Jan. 11 2012 10:15AM P7

NAME AND ADDRESS OF PERSONAL CARE HOME SIMPSON HOUSE, BELMONT AVENUE & MONUMENT ROAD PHILADELPHIA, PA 19131		CURRENT LICENSE NUMBER 189210	
INSPECTION DATES (Include all dates of the inspection) 08/25/2011		REGIONAL REPRESENTATIVE Christine McHale, Lori Knockstead	
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 <i>Karen Spadick</i>	DATE 12/16/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Ernst</i>	DATE 1-11-12

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
1896 The home shall document adverse reactions, the prescriber's response and any action taken in the resident's record.	On 8/6/11, resident #1 suffered an upset stomach and itchiness following the administration of Bactrim DS Oral. The home did not document the adverse reaction and the action taken in response to the reaction.	1/20/2012 2 1/30/2012 1/30/2012 1/20/2012 1/30/2012	1. Res had a history of gastro-intestinal diagnoses and staff attributed it to upset to prior medical history. The itching was thought to be coincidental. 2. Res #1 no longer resides at facility and was not present at time of inspection. 3. All residents have been assessed for change in condition. 4. All PC staff to be re-educated on documenting & reporting any change in condition or adverse reactions of a resident. All change in residents will be documented on 24 Hr Report sheet. 5. Random audits of the 24 Hr report will be conducted monthly to ensure proper documentation and that all notification of any change/reactions	Steps have been taken to correct violation; full compliance is not verifiable 1-11-12 Date Initials (DPW)

FAX NO. :

FROM : SIMPSON HOUSE

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

Jan. 11 2012 10:16AM PB

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SIGNATURE OF LEGAL ENTITY <i>Kurt Hamlich</i>	DATE 12/16/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Enik</i>	DATE 1-11-12

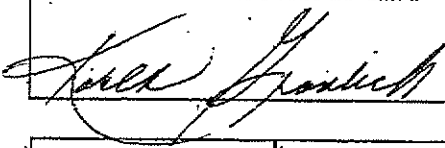
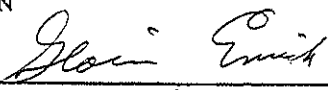
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187b The information in subsections 187a13 and 187a14 shall be recorded at the time the medication is administered.	On 8/16/11, at 9:00 am, resident #1's Align and Vesicare 5 mg were administered. The medication administration record was not initiated by the home's staff.	1/20/2012 1/30/2012	<ol style="list-style-type: none"> Staff did not sign out medication at time of administration Res #1 no longer resides at facility and was not present at time of inspection All PC staff will be re-educated regarding medication administration record medication administration form by PCA/designee All current medication administration records (MAR) will be audited to assure complete and compliance by PCA/designee Random audits of the MAR's will be conducted monthly to assure compliance by PCA/designee 	<p>Steps have been taken to correct violation; full compliance is not verifiable.</p> <p>1-11-12</p> <p>Date Initials (DPW)</p>

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

Jan. 11 2012 10:16AM P9

NAME AND ADDRESS OF PERSONAL CARE HOME SIMPSON HOUSE, BELMONT AVENUE & MONUMENT ROAD PHILADELPHIA, PA 19131		CURRENT LICENSE NUMBER 189210	
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SIGNATURE OF LEGAL ENTITY 	DATE 12/16/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 1-11-12

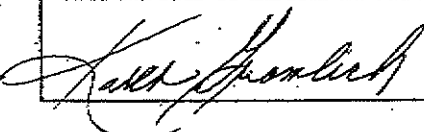
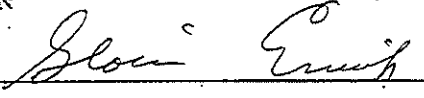
REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
187c If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.	From 8/1/11 to 8/15/11 and from 8/17/11 to 8/21/11, resident #1 refused to take a daily scheduled dose of Align and Vesicare 5 mg. The home did not report the refusals to the resident's doctor as required. Repeated Violations: 09/17/2010	1/20/2012 1/30/2012 1/20/2012 4/30/2012	<ol style="list-style-type: none"> 1. Res. #1 refused med & staff stated forgetting to inform nurse of refusal 2. Res. #1 no longer resides @ facility and was not present at time of inspection 3. All Residents with medication or treatment refusals have been reported to attending physician 4. All PC staff to be re-educated by PCA designed on following physician orders and notifying physician when residents refuse medications/treatments 5. Random medical record audit report audits will be conducted monthly by PCA/Manager 	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>1-11-12 </p> <p>Date Initials (DPW)</p>

FAX NO. :

FROM : SIMPSON HOUSE

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

Jan. 11 2012 10:16AM P10

NAME AND ADDRESS OF PERSONAL CARE HOME SIMPSON HOUSE, BELMONT AVENUE & MONUMENT ROAD PHILADELPHIA, PA 19131		CURRENT LICENSE NUMBER 189210	
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REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
187d The home shall follow the directions of the prescriber.	<ul style="list-style-type: none"> - On 8/16/11, resident #1 was prescribed Nystatin Cream for 14 days. The tube of the medication lasted for only 4 days and was not replaced. - Resident #1 did not receive D3-50 Oral Capsule 50000 units as ordered on 8/15/11. 	<p>1/20/2012</p> <p>1/30/2012</p> <p>1/20/2012</p> <p>1/30/2012</p>	<p>1. Area of treatment to body was a large area & tube of cream is less than 1oz, did not last for duration of tx plan. Staff should have re-ordered tube</p> <p>2. Res #1 no longer resides at facility and was not present at time of inspection</p> <p>3. All residents medications have been reviewed to assure compliance</p> <p>4. All PC staff to be re-educated regarding following physician orders including re-ordering medications in a timely manner</p> <p>5. Random audits of the medication carts will be conducted monthly by PC manager to assure that all staff are able to follow directions by the prescribing pharmacist</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>1-11-12 SIS</p> <p>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 & MONUMENT ROAD PHILADELPHIA, PA 19131.		CURRENT LICENSE NUMBER 189210	
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SIGNATURE OF LEGAL ENTITY <i>Karen Spaulick</i>	DATE <i>1/16/2011</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Smith</i>	DATE <i>1-12-12</i>

Revised Plan of Correction 1/12/12 Karen Spaulick

REGULATION 55 Pa. Code §2600	VIOLATION.	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
225c The resident shall have additional assessments as follows: (1) Annually. (2) If the condition of the resident significantly changes prior to the annual assessment. (3) At the request of the Department upon cause to believe that an update is required.	Resident #1's assessment dated 1/22/11 does not include the resident's bladder incontinence. Repeated Violations: 09/17/2010	<i>1/20/2012</i>	<ol style="list-style-type: none"> <i>1. Res assessment for continence being omitted was an oversight by PCA</i> <i>2. Res #1 no longer resides @ facility and was not present at time of inspection</i> <i>3. PCA will review assessments (RASP) for full completion prior to signing</i> <i>4. Res medical records/notes to be audited quarterly to ensure compliance by PCA assigned</i> 	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>1-12-12 SE</i></p> <p>Date: _____ Initials (DPW): _____</p>

FROM : SIMPSON HOUSE

FAX NO. :

Jan. 12 2012 01:45PM P2