

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to SIMPSON HOUSE, INC.

LEGAL ENTITY

To operate SIMPSON HOUSE

NAME OF FACILITY OR AGENCY

Located at BELMONT AVENUE & MONUMENT ROAD, PHILADELPHIA, PA 19131

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

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 84
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 March 1, 2012 until March 1, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 189210

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

MAR 08 2012

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

Ms. Karen Gramlich, Personal Care Administrator
Simpson House, Inc.
Simpson House
2101 Belmont Avenue
Philadelphia, Pennsylvania 19131

Dear Ms. Gramlich:

As a result of the Department of Public Welfare's licensing inspection on October 5, 2011, October 6, 2011 and October 31, 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

Jan. 11 2012 04:49PM P2

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) 10/05/2011, 10/06/2011, 10/13/2011		REGIONAL REPRESENTATIVE Andrea Kurtz, Laura Cipriani	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) KAREN GRAMLICH			
SIGNATURE OF LEGAL ENTITY <i>Karen Gramlich</i>	DATE 1/11/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalewicz</i>	DATE 2/15/12

FAX NO. :

FROM : SIMPSON HOUSE

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
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 the guidelines in § 2600.15 (relating to abuse reporting covered by law).	<p>On 4-27-10, Resident #1 was taken by ambulance to the emergency room after a fall. The home did not submit an incident report to the Department.</p> <p>On 2-6-11, Resident #2 was transferred to the emergency room via ambulance for the treatment of a hematoma and a small laceration after a fall he facility. The home did not submit an incident report to the Department.</p> <p>On 8-17-11 and 8-28-11, the medication Fiorase for Resident #3 was not administered to the resident as prescribed. The home did not submit an incident report to the Department.</p>	2/30/2012	<p>1. Incident report for resident # 1 was not submitted by previous PCA for unknown reason.</p> <p>2. All staff to report to PCA/designee all events that require transfer to ER. All PC staff to be re-educated on reporting all incidents to PCA/designee</p> <p>3. All residents who have a reportable incident to be placed on the 24hr report sheet of that unit, a call to the PCA/designee to inform of event 24/7</p> <p>4. PCA/Designee will audit 24hr reports for compliance</p> <p>1. Res #2. on 2/6/11 incident report was not sent due staff failure to inform new PCA of incident.</p> <p>2. All PC staff to be re-educated on the reportable incidents and immediate report to PCA 24/7 and placed on 24 hr report</p> <p>3. Audit of all 24 hr reports to be done by PCA/designee weekly for compliance</p>	MM 2/15/12

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) 10/05/2011		REGIONAL REPRESENTATIVE Andrea Kurtz, Laura Cipriani	
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>1/11/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moshalczyska</i>	DATE <i>2/15/12</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
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 health care proxy or a resident's	A blue cabinet next to the medication cart in Carson 2nd floor contains resident face sheets and support plans. There is a lock on the cabinet but on 10/13/11, it was not locked and there was no staff in the area.	1/30/2012	<ol style="list-style-type: none"> 1. Lock on blue cabinet was broken and BCS failed to report to PCA. 2. Cabinet was assessed and maint dept notified immediately and lock was replaced. 3. Re-education for all PC staff on reporting any damaged property. Re-education for the HLEPA guidelines and protecting res.information this will be done by PCA/designee. 4. All locked areas will be monitored by staff on unit for proper repair and function weekly by maint dept. 	<i>MM</i> <i>2/15/12</i>

Jan. 11 2012 04:50PM P3

FAX NO. :

FROM : SIMPSON HOUSE

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

Jan. 11 2012 04:50PM P4

NAME AND ADDRESS OF PERSONAL CARE HOME SIMPSON HOUSE, BELMONT AVENUE & MONUMENT ROAD PHILADELPHIA, PA 19131		CURRENT LICENSE NUMBER 139210	
INSPECTION DATES (Include all dates of the inspection) 10/05/2011		REGIONAL REPRESENTATIVE Andrea Kurtz, Laura Cipriani	
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 GRAMMICH</i>			
SIGNATURE OF LEGAL ENTITY <i>Karen Grammich</i>	DATE <i>1/11/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>m. Moskalycki</i>	DATE <i>2/15/12</i>

FAX NO. :

FROM : SIMPSON HOUSE

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
designated person, or if a court orders disclosure.			- Cont. from previous page.	

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

Jan. 11 2012 04:50PM 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) 10/05/2011		REGIONAL REPRESENTATIVE Andrea Kurtz, Laura Cipriani	
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 FRADLICH</i>			
SIGNATURE OF LEGAL ENTITY <i>Karen Fradlich</i>	DATE <i>1/11/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalczyk</i>	DATE <i>2/15/12</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
2521 Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.	Resident #4 was admitted on 1/7/11. Resident #4's contract indicates it was completed on 1-6-11, however it was not signed by the resident or a representative of the home until 1-14-11.	1/30/2012	<ol style="list-style-type: none"> Res # 4 contract was not signed on day of admission or within the 24 hrs due to admission staff oversight. Admission dept re-educated on DEP reg 25A1 All existing facility residents who are admitted for PC services will have their contract signed in 24 hours. PCA/designee will audit PC contracts of all in-house admissions Admission Director will report to PCA/designee with all in-house transfers admissions to PC units Audit to be done by PCA/designee quarterly for all admissions to PC Services 	<i>MM</i> <i>2/15/12</i>

FAX NO. :

FROM : SIMPSON HOUSE

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

Jan. 11 2012 04:51PM P6

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) 10/05/2011		REGIONAL REPRESENTATIVE Andrea Kurtz, Laura Cipriani	
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 1/11/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Mognalozzke</i>	DATE 2/15/12

FAX NO. :

FROM : SIMPSON HOUSE

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
25b 25b - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.	The contract for Resident #3 did not contain the signature of the payer. The contract for Resident #5 was not signed by the resident. The resident's name was signed on the contract by the designated person. There are no signature for the two persons listed in the contract as the parties responsible for payment.	1/30/2012	1. Res #3 contract was not signed by payer due to payer is a bank trustee and admission director not aware of trustee to sign contract since res signed. 2. Contract sent to Bank Trustee for signature. 3. PCA/designee to re-educate Admission staff on DPW Regs for contract signatures required for compliance 4. All admissions to be monitored by PCA or Admissions Director for all signatures 5. Quarterly audits to be done by PCA/designee and reported to QA meeting	<i>MM</i> 2/15/12
		1/30/2012	1. Resident #5 is blind and his wife signs all documents. 2. Resident has signed the contract 3. Re-education for Admissions as above 4. Admission contracts to be monitored as above for all signatures 5. Audits to be done same as above	

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) 10/05/2011		REGIONAL REPRESENTATIVE Andrea Kurtz, Laura Cipriani	
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>1/11/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalych</i>	DATE <i>2/15/12</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
25c10 (10) A statement that the resident is entitled to at least 30 days' advance notice, in writing, of the home's request to change the contract.	Resident #5's contract dated 4-4-11 reads, "The Facility will make every effort to provide thirty (30) days advance notice of changes in the prices of additional services; however, Facility reserves the right to change such fees without such notice."	4/30/2012 <i>3/16/12</i> <i>MM</i>	<ol style="list-style-type: none"> 1. Personal Care Admission Agreement contract requires language updates to support the current Pennsylvania Codes, Chapter 2600, Personal Care Homes 2. The Legal Dept has been provided with a copy of the current contract and current codes. They will develop a contract which meets the current codes and the resident needs 3. All residents will be given at least a 30 day's notice, in writing that a new contract is being developed. Upon completion the facility will obtain all required signatures on the new contract for all residents. 4. Any future changes to the Pennsylvania code will be reviewed by the PCA/Designee to ensure our Admission Agreement meets the code. 	<p align="center">Steps have been taken to correct violation; full compliance is not verifiable</p> <p align="center">Date <i>MM</i> Initials (DPW)</p>

Jan. 11 2012 04:51PM P7

FAX NO. :

FROM : SIMPSON HOUSE

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 139210	
INSPECTION DATES (include all dates of the inspection) 10/05/2011		REGIONAL REPRESENTATIVE Andrea Kurtz, Laura Cipriani	
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>1/11/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalewicz</i>	DATE <i>2/15/12</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
25c13 (13) Written information on the resident's rights and complaint procedures as specified in § 2600.41 (relating to notification of rights and complaint procedures).	Each resident of the home has two contracts; an "Occupancy Agreement for Assisted Living and Agreement for Personal Care Services" and a "Resident Agreement." Neither of these documents for Residents #5, #6, and #7 include a copy of the residents rights as defined by Chapter 2600. The Resident Agreement for each of these residents does include resident rights, but they are not complete to include all of the resident rights from Chapter 2600 or all of the information for each resident right. Resident #6's contract dated 9/12/11 did not include complaint procedures.	1/30/2012	<ol style="list-style-type: none"> Residents # 5,6 and 7 did not have a copy of the Residents Rights in their Agreement by oversight in compiling the packet. Each resident was given a copy of the Resident Rights and a copy was placed in each of their records. PCA/Designee will monitor all new admissions for Resident Rights to be given to resident on Admission Admission director will oversee the contents of Admission Packets for compliance of code. 	<i>mm</i> 2/15/12

Jan. 11 2012 04:51PM P8

FAX NO. :

FROM : SIMPSON HOUSE

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

Jan. 11 2012 04:52PM P9

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) 10/05/2011		REGIONAL REPRESENTATIVE Andrea Kurtz, Laura Cipriani	
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>1/11/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>A. Magdziak</i>	DATE <i>2/15/12</i>

FAX NO. :

FROM : SIMPSON HOUSE

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
25c2 (2) A fee schedule that lists the actual amount of allowable resident charges for each of the home's available services.	The contract for Residents #5, #6, and #7 does not include a fee schedule. Each of the contracts refers to charges for additional services as indicated on the fee schedule in the appendix, but has no fee schedule attached.	1/30/2012	<ol style="list-style-type: none"> Residents # 5,6 and 7 did not receive a copy of the fee schedule due to oversight in prep of Admission Packet. Each resident, # 5,6 and 7 have received a copy of the fee schedule and a copy has been placed in their files. Admission staff to be re-educated on required content for all admissions to PC Home Admission Director will monitor the prep of the admission packet for content per code. PCA/Designee will conduct random audits for compliance 	<i>mm</i> 2/15/12

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

Jan. 11 2012 04:52PM 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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SIGNATURE OF LEGAL ENTITY <i>Karen Gramlich</i>		DATE <i>1/11/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Proskalozyk</i>
			DATE <i>2/15/12</i>

FAX NO. :

FROM : SIMPSON HOUSE

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
25c3 (3) An explanation of the annual assessment, medical evaluation and support plan requirements and procedures, which shall be followed if either the assessment or the medical evaluation indicates the need of another and more appropriate level of care.	The contract for Resident #8 dated 9-12-11 does not include information on the assessment and support plan process.	1/30/2012	<ol style="list-style-type: none"> Resident #8 did not receive the information on the assessment and support plan process due to an oversight by the admissions staff. PCA/Designee to re-educate the Admissions staff, or the needed information for each resident on admission and for compliance Admissions Director will monitor the content of Agreement to include discussion of assessment and the purpose of the support plan 	<p align="center">Site must be taken to correct violation; full compliance is not verifiable Date <i>2/15/12</i> Initials (DPW) <i>[Signature]</i></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 Gramlich</i>	DATE <i>1/11/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Proskalozyk</i>	DATE <i>2/15/12</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
25c6 (6) The conditions under which refunds will be made, including the refund of admission fees and refunds upon a resident's death.	Each resident of the home has two contracts: an "Occupancy Agreement for Assisted Living and Agreement for Personal Care Services" and a "Resident Agreement." Resident #5's Resident Agreement indicates the entry fee is refundable with a decreased rate of 5% of 20 months. The Occupancy Agreement for the same resident indicates the admission fee is non-refundable. Resident #5's contract does not indicate what refund will be given if the home initiates a 30 day discharge and the resident leaves before the 30 days is over. Under Chapter 2600.26a, a home is required to give a resident a refund in this scenario.	6/30/2012 <i>3/16/12</i> <i>M</i>	1. Personal Care Admission Agreement contract requires language updates to support the Penna. Codes, Chapter 2600 Personal Care Homes 2. The Legal Department has been provided with a copy of the current contract and the current codes. They will develop a contract which meets the current codes and resident needs. 3. All residents will be given at least a 30 day notice, in writing, that a new contract is being developed. 4. The refund process to the resident will be made specific if the home initiates a 30 day discharge	<i>MM</i>

Steps have been taken to correct violation; full compliance is not verifiable
 Data Initials (DPW)

Jan. 11 2012 04:52PM P11
 FAX NO. :
 FROM : SIMPSON HOUSE

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 Gramlich</i>	DATE <i>1/11/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>m. mogkulezyk</i>	DATE <i>2/15/12</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
25c9 (9) The conditions under which the agreement may be terminated including home closure as specified in § 2600.228 (relating to notification of termination).	Resident #5's contract, dated 4-4-11, in regards to discharge or transfer reads "...or if Resident has not resided in Facility for thirty (30) days, the thirty (30) day notice period may be waived, and Facility shall give only such notice as is reasonable and practicable under the circumstances." This is not compliant with Chapter 2600.228b.	4/30/2012 <i>3/16/12</i>	<ol style="list-style-type: none"> 1. Resident #5 contract, dated 4-4-11 in regards to discharge or transfer is not correct language. 2. The Legal Department has been provided with a copy of the current contract and current codes. They will develop a contract which meets the current codes and the resident needs. 3. All residents will be given at least 30 days notice, in writing, that a new contract is being developed. Upon completion the facility will obtain all required signatures 4. New contract will include the 30 day notice period in compliance with the Penna. Code, Chapter 2600, Personal Care Homes 	<i>Steps have been taken to correct violation; full compliance is not required</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 & MONUMENT ROAD PHILADELPHIA, PA 19131		CURRENT LICENSE NUMBER 189210	
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SIGNATURE OF LEGAL ENTITY <i>Karen Gramlich</i>	DATE <i>1/11/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moshalczyk</i>	DATE <i>2/15/12</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
65b Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following: (1) Resident rights. (2) Emergency medical plan. (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102). (4) Reporting of reportable incidents	Ancillary staff person D, whose date of hire was 4/12/11, did not have orientation to reportable incidents or the emergency medical plan. Ancillary staff person E, whose date of hire was 4/11/11, did not have orientation to reportable incidents or the emergency medical plan. Direct care staff person F, whose date of hire was 5/4/11, did not have orientation to reportable incidents or the emergency medical plan. Direct care staff person G, whose date of hire was 3/7/11, did not have orientation to reportable incidents or the emergency medical plan.	1/30/2012	1. Orientation for staff whose date of hire was 4/12/11, 4/13/11, 5/4/11 and 3/7/11 all did not receive the reportable incident, emergency medical plan. This was an oversight by the HR staff who conducted the orientation. 2. Each of these staff members have received the completed Orientation. 3. HR staff to be re-educated on the completion of all required orientation within the designated time frame for compliance. 4. HR will utilize a check list to ensure compliance and report to QA quarterly	MM 2/15/12

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) 10/05/2011		REGIONAL REPRESENTATIVE Andrea Kurtz, Laura Cipriani	
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 GRAMLIFF</i>			
SIGNATURE OF LEGAL ENTITY <i>Karen Gramliff</i>	DATE <i>1/11/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Muskalczyk</i>	DATE <i>2/15/12</i>

REGULATION 55 Pa.Code §2600 and conditions.	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
			<i>- Cont. from previous page -</i>	

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

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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>KAREN GRAMLICH</i>			
SIGNATURE OF LEGAL ENTITY <i>Karen Gramlich</i>	DATE <i>4/11/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>m. moghialczyk</i>	DATE <i>2/15/12</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
85a Sanitary conditions shall be maintained.	On 10/13/11, the shower curtain in the first floor shower room in Bennett Building had mildew along the bottom and halfway up the inside. On 10/13/11, a soiled adult brief was on the floor of the bathroom in room 304.	1/30/2012	<ol style="list-style-type: none"> 1. Shower curtain on 1st floor Bennett had mildew along the bottom and inside of the curtain due to staff failure to report finding to PCA 2. Shower curtain was removed on the same day it was noted during survey and a new curtain was hung 3. Re-education by PCA/designee for all PC staff to monitor and report any signs of mildew in shower area 4. Inspection of all PC shower rooms was completed and no other mildew curtains were noted. 5. Housekeeping dept. notified to order additional shower curtains to have on hand for future needs and all PC shower areas received new curtains 6. Random inspections to be done by PCA/designee of all shower areas weekly 	<i>MM</i> <i>2/15/12</i>

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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) 10/05/2011		REGIONAL REPRESENTATIVE Andrea Kirtz, Laura Cipriani	
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>1/11/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Mroglaczka</i>	DATE <i>2/15/12</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
85d Trash in Kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.	On 10/05/11, the trash can in the main kitchen contained compostible food matter and did not have a lid. Repeated Violations: 09/17/2010	1/30/2012	<ol style="list-style-type: none"> 1. Trash can lid was missing in main kitchen for compostible food. The dietary Director had the lid and forgot to put back on can. 2. The lid for the can was attached on the same day it was noted by inspectors. 3. Lid was attached with a chain for use at all times. 4. Dietary manager will monitor can cover coverage at all times. Extra lids were purchased for any needs. 	<i>MM</i> <i>2/15/12</i>

FROM : SIMPSON HOUSE

FRX NO. :

Jan. 12 2012 10:00AM P6

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) 10/05/2011		REGIONAL REPRESENTATIVE Andrea Kirtz, Laura Cipriani	
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SIGNATURE OF LEGAL ENTITY <i>Karen Gramlich</i>	DATE <i>1/11/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalyuk</i>	DATE <i>2/15/12</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
91 Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control center, municipal emergency management agency and personal care home complaint hotline shall be posted on or by each telephone with an outside line.	On 10/13/11, there were no emergency phone numbers by the phone in the Carson Building 1st floor kitchen. On 10/13/11, there were no emergency phone numbers by the phone in the Residents #1, #4, or #5's rooms or by the phone in rooms 104 and 204.	1/30/2012	<ol style="list-style-type: none"> Emergency phone list was missing on the Carson 1st floor kitchen phone due to phone cord replacement and not re-attached to cord. List was applied immediately on kitchen phone while inspector was present. Residents # 1, 4, 5 and rooms 104 and 204 also were missing phone list for reason unknown. Each received list immediately on same day while inspector was present. All resident phones were inspected for Emergency Phone list and any missing were replaced immediately. Random room inspections will be conducted by PCA/designee every month for compliance <p>All PC staff to be re-educated on reporting missing phone lists to PCA.</p>	<i>MM</i> <i>2/15/12</i>

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			DATE <i>2/15/12</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
95 Furniture and equipment shall be in good repair, clean and free of hazards.	The grab bar on the right of the toilet when facing the toilet in Resident #5's bathroom is loose.	1/30/2012	<ol style="list-style-type: none"> Grab bar on the right side of toilet for resident # 5 was loose and not reported by staff. Grab bar was immediately secured same day with inspector present. Assessment was conducted same day by the maint. dept for every room in PC Home and no further loose bars noted A monthly check list was started by the maint dept for each unit and every room. This will be done by the Maint dept and reported to QA team quarterly. All PC staff to be re-educated on safety concerns and reporting any loose or broken items in res rooms to Maint/ECA 	<i>mm</i> 2/15/12

FROM : SIMPSON HOUSE

FAX NO. :

Jan. 12 2012 10:01AM PB

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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 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
96a The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.	The home keeps multiple first aid kits throughout the building. None of the first aid kits had all of the required elements. The first aid kit kept in the medication cart on the 1st floor of the Carson Building could not be located. The first aid kit on the 2nd floor of the Carson Building did not contain gauze pads and scissors. The first aid kit in Wesley Commons did not include adhesive bandages, gauze pads, a thermometer, adhesive tape, or eye coverings.	1/30/2012	<p>First Aid Kit on Carson 1st floor</p> <ol style="list-style-type: none"> 1. Medication cart was not located due to a staff member had moved it to another area on unit without informing anyone. The kit on 2nd fl Carson and Wesley Commons were missing items from kit due to lack of communication from staff. 2. First Aid Kit was assembled per regulation content and placed at the Main Desk at the Carson Entrance 3. PC Staff to be re-educated on location of kit and to replace with use 4. PCA/designee to inspect kit monthly for content and sign off inspection 5. Central Supply to maintain a complete kit for exchange replacement needs 	<i>MM</i> <i>2/15/12</i>

FROM : SIMPSON HOUSE

FAX NO. :

Jan. 12 2012 10:01AM P9

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

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SIGNATURE OF LEGAL ENTITY <i>Taren Gramlich</i>		DATE <i>1/11/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Miskalczyk</i>
			DATE <i>2/15/12</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
101j7 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 bed in Resident #5's room and the bed in room 204 do not have a source of light that can be turned on/off from bedside. Repeated Violations: 09/17/2010	1/30/2012	<ol style="list-style-type: none"> Res #5 and room 204 did not have a working light at bedside so to residents did not want one there. Both residents were given various options for bedside light and both agreed to placement <ol style="list-style-type: none"> RM 204 decided on a stick up light at bedside wall Res #5 agreed to table between he and his wife's bed All res rooms inspected for a light source at bedside PC staff to be re-educated on importance of light to be easily accessed from bedside Maint dept to maintain supply of stick-up lights and batteries for use 	<p>Steps have been taken to correct violation; full compliance (and not violation) initiated (DPW)</p>

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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
102i A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.	On 10/13/11, there were two used, unlabeled bars of soap in the shower in the first floor shower room of Bennett Building.	1/30/2012	<ol style="list-style-type: none"> 2 unlabeled bars of soap found in 1st floor Bennett shower. Possibly left from PC or Independent residents and staff not monitoring shower Both bars of soap removed PC staff to be re-educated on close monitoring of showers and need for labeling container as well as each shower room to be checked each shift for any unlabeled bar soap and to remove Random shower checks will be done by PCA/designee daily until compliance 	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>MSV</i> Initials (DPW)</p>

FROM : SIMPSON HOUSE

FAX NO. :

Jan. 12 2012 10:13AM P2

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>Faren Gramlich</i>	DATE <i>1/11/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moshkalezyk</i>	DATE <i>2/15/12</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
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.	On 10/13/11, there was no thermometer in the freezer in the kitchen area on the first floor of Carson Building.	1/30/2012	<ol style="list-style-type: none"> 1. Thermometer was missing from 1st floor Carson refrigerator due to breakage and staff not reporting 2. New thermometer was placed in freezer immediately and all PC refrigerators/freezers were checked for thermometers and function 3. Staff re-educated on importance to report any refrigerator/freezer missing or not functioning thermometer 4. All refrigerators/freezers to be checked on 11-7 shift 2x week with a check list 5. check list to be monitored by PCA or designee weekly by 3-11 staff 	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date <i>1/30/12</i> Initials (DPW) <i>DPW</i></p>

FROM : SIMPSON HOUSE

FAX NO. :

Jan. 12 2012 10:13AM P3

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 Gramlich</i>		DATE 1/11/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalczyk</i>
			DATE 2/15/12

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
107b The home shall have written emergency procedures that include the following: (1) Contact information for each resident's designated person. (2) The home's plan to provide the emergency medical information for each resident that ensures confidentiality. (3) Contact telephone numbers of municipal and state emergency management agencies and local resources for housing and	The home's emergency preparedness plan does not include the following: -contact information for each resident's designated person -the home's plan to provide the emergency medical information for each resident that ensures confidentiality -contact telephone numbers of municipal and state emergency management agencies and local resources for housing and emergency care of residents -duties and responsibilities of staff persons during transportation in an emergency relocation and at the emergency location.	1/30/2012	1. Emergency Preparedness Plan did not include required information due to oversight of the PCA 2. Contact information for each res. has been placed in a single binder located in the Wellness Center for rapid access by PCA/designee and placed in an Emergency bag 3. Emergency Medical information is contained in a lap top computer in Wellness Center for rapid access and placed in the Emergency Bag with AC adapter 4. Contact phone list of municipal, state Emergency Management Agencies and local resources for housing and emergency	<i>mm</i> 2/15/12

VIOLATION REPORT
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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>Laren Gramlich</i>	DATE <i>1/11/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Mognalozzi</i>	DATE <i>2/15/12</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
emergency care of residents. (4) Means of transportation in the event that relocation is required. (5) Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs. (6) Alternate means of meeting resident needs in the event of a utility outage.			<p>care of residents also in Emergency Bag located in Wellness Center.</p> <p>5. List of duties for all PC DCS during transport/relocation and duties while at emergency location also in Emergency Bag.</p> <p>6. All PC staff to be re-educated on location of Emergency Bag and contents as well as duties and process</p>	<i>Cont. from previous page</i>

FROM : SIMPSON HOUSE

FAX NO. :

Jan. 12 2012 10:13AM PS

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PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

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133a1 If the home serves nine or more residents, signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.	Attached to the main dining room on the first floor of Bennett Building is a small private dining area. Folding doors are used to close off this smaller area. Inside the smaller dining area is a door that exits to an open lounge area. There is no exit sign on this door.	1/30/2012	1. Exit sign for doorway from small dining area off the Barnes Dining room was not placed due to room not used for residents 2. Exit sign was placed at doorway by maint dept	<i>mm</i> <i>2/15/12</i>

FROM : SIMPSON HOUSE

FAX NO. :

Jan. 12 2012 10:14AM P6

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 19151		CURRENT LICENSE NUMBER 189210	
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			DATE <i>2/15/12</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
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 #4 dated 1-28-11 does not include the resident's ability to self-administer medications.</p> <p>The medical evaluation for Resident #7 dated 2-22-11 does not include immunization history and a mobility assessment.</p> <p>The medical evaluation for Resident #9 dated 4-7-11 does not include immunization history. It also does not include the resident's "CCD Diet" as indicated on the 4-18-11 assessment.</p> <p>Repeated Violations: 09/17/2010</p>	1/30/2012	<ol style="list-style-type: none"> 1. Medical evaluations for residents # 4, 7 and 9 were missing information due an oversight by MD's and PCA 2. Each residents medical record was reviewed by MD for updating of information 3. All attending MD's re-educated on DME form and compliance of all information 4. Audits of all DME's will be done by PCA/designee for completion at the time of evaluation 	<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

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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
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>- Cont. from previous page</i>	

FROM : SIMPSON HOUSE

FAX NO. :

Jan, 12 2012 10:14AM P8

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

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SIGNATURE OF LEGAL ENTITY <i>Karen Granlich</i>	DATE <i>1/11/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Mostialczyk</i>	DATE <i>2-15-12</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
143a The home shall have a written emergency medical plan that includes the following: (1) The hospital or source of health care that will be used in an emergency. This shall be the resident's choice, if possible. (2) Emergency transportation to be used. (3) An emergency-staffing plan.	The home's emergency medical plan does not include an emergency staffing plan.	1/30/2012	<ol style="list-style-type: none"> Emergency medical Plan was missing a list of Hospitals, transport phone numbers and staffing plan. This was an oversight by the facility Emergency Medical Plan was written and contents of plan includes all required information and phone numbers and placed in Emergency Bag located in Wellness Center All PC staff to be re-educated on Emergency Plan and location of necessary items in the event of emergency 	<i>mm</i> 2-15-12

FROM : SIMPSON HOUSE

FAX NO. :

Jan. 12 2012 10:15AM P9

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 189218	
INSPECTION DATES (Include all dates of the inspection) 10/05/2011 -		REGIONAL REPRESENTATIVE Andrea Kurtz, Laura Cipriani	
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>1/11/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>m. mogralczyk</i>
		DATE <i>2/15/12</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
144c A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures. The written fire safety policy and procedures shall include proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including extinguishing procedures.	The home's designated smoking areas are in the ground floor smoking room and also in outside designated areas. The home's smoking policy indicates that smoking is permitted only in the ground floor smoking room. The policy did not include any information on the safeguards to prevent fire hazard and extinguishing procedures.	1/30/2012	<ol style="list-style-type: none"> Homes designated smoking policy was missing information on the safeguards to prevent fires and extinguishing procedures due to facility oversight Policy has been updated to include the safeguards as required. All Staff to be re-educated on the smoking Policy and Procedures by the PCA/designee 	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>DPW</i> Date Initials (DPW)</p>

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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) 16/05/2011		REGIONAL REPRESENTATIVE Andrea Kurtz, Laura Cipriani	
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 1/11/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Magriale</i>	DATE 2/15/12

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
183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.	Resident #2's Santyl External Ointment was discontinued on 10-5-11 but was still in the medication drawer on 10/13/11.	1/30/2012	<ol style="list-style-type: none"> 1. Resident #2's topical ointment was left in med cart after the medication was d/c'd due to staff forgetting to remove it. 2. Medication was removed immediately at the time it was found by inspector. Inspection was done of all medication carts for any d/c'd medications immediately. 3. Staff to be re-educated on the importance of removing any medication no longer ordered for any resident to prevent medication errors. 4. All medication carts to have random inspections and audits for contents and compliance. This will be done by PCA/designee weekly on 3-11 shift. 	<p align="center">Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date: _____ Initials (DPW): _____</p>

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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) 10/05/2011		REGIONAL REPRESENTATIVE Andrea Kurtz, Laura Cipriani	
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>1/11/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. M. [Signature]</i>	DATE <i>2/15/12</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
185a The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.	<p>Resident #2 had an order for Tramadol 50 mg every 6 hours as needed. The medication was not available in the home for administration.</p> <p>Resident #2 had an order for Mylanta every 4 hours as needed. The medication was not available in the home for administration.</p> <p>Resident #3 takes Milk of Magnesia, 30 ml at bedtime as needed. The medication was not available in the home for administration.</p>	1/30/2012	<ol style="list-style-type: none"> 1. PRN medications for res's # 2&3 were not in medication cart due to staff not re-ordering in a timely manner 2. Medication for both residents were re-ordered and placed in med cart same day as noted by inspectors 3. All staff to be re-educated on the importance of having all medication available at all times per MD orders and to inform PCA/designee of any difficulty obtaining medication immediately 4. PCA/designee to audit medication carts weekly for compliance 	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>[Signature]</i> Initials (DPW)</p>

FROM : SIMPSON HOUSE

FAX NO. :

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INSPECTION DATES (include all dates of the inspection) 10/05/2011		REGIONAL REPRESENTATIVE Andrea Kurtz, Laura Cipriani	
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 GRANLICH</i>			
SIGNATURE OF LEGAL ENTITY <i>Karen Granlich</i>	DATE 1/11/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. No Stialczyk</i>	DATE 2/15/12

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
185b At a minimum, the procedures must include: (1) Documentation of the receipt of controlled substances and prescription medications. (2) A process to investigate and account for missing medications and medication errors. (3) Limited access to medication storage areas. (4) Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive	The home's medication procedures do not include documentation of the receipt of controlled substances and prescription medications and a process to investigate and account for missing medications and medication errors.	1/30/2012	<ol style="list-style-type: none"> 1. Facility Medication procedure did not include documentation of the receipt of controlled substances and prescription medication as well and process of investigation was an oversight of PCA 2. Policy and Procedure was updated to include process. All medications are received by a nurse from the Wellness Center and signed for by nurse. Slips are kept in Wellness Center for checks and balance 3. All PC staff to be re-educated on P&P and importance of accountability of all medications for residents 4. PCA/designee will audit all delivery of medications to each unit and all narcotic count sheets for accountability this will be done weekly by PCA/designee 	<p align="center">Steps have been taken to correct violation; full compliance is not verifiable</p> <p align="center">Date <i>1/30/12</i> Initials (DPW) <i>DPW</i></p>

FROM : SIMPSON HOUSE

FAX NO. :

Jan. 12 2012 10:16AM P13

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INSPECTION DATES (include all dates of the inspection) 10/05/2011		REGIONAL REPRESENTATIVE Andrea Kurtz, Laura Cipriani	
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>1/11/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Mostkalczyk</i>	DATE <i>2/15/12</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
medication administration services or assistance with self-administration. This requirement does not apply to a resident who self-administers medication without the assistance of a staff person and stores the medication in his room.			<i>- Cont. from previous page</i>	

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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) 10/05/2011		REGIONAL REPRESENTATIVE Andrea Kurtz, Laura Cipriani	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>LAREN GRAMLICH</i>			
SIGNATURE OF LEGAL ENTITY <i>Laren Gramlich</i>	DATE <i>1/11/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>m. Moskalczyk</i>	DATE <i>2/15/12</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
188b A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.	On 8-17-11 and 8-28-11, Resident #3 did not receive Flonase at 9:00 am as prescribed because the medication was not available in the home. This medication error was not reported to the resident, the resident's designated person, or the physician.	1/30/2012	<ol style="list-style-type: none"> Res #3 did not receive medication ordered on 8/17/11 and on 8/28/11 due to failure to re-order and then misplaced by staff and not reported PCA for reporting Medication had been ordered and no ill effects from missed doses noted by MD All staff to be re-educated by PCA/designee on proper medication administration and reporting of any error to PCA immediately and the potential ill effects to a resident by not following MD orders PCA/designee will audit all MAR's on a weekly basis for any missed doses not reported. All medication errors will be reported to MD, res, PCA and DFW per regulation. 	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>2/15/12</i></p> <p>Date Initials (DPW)</p>

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NAME AND ADDRESS OF PERSONAL CARE HOME SIMPSON HOUSE, BELMONT AVENUE & MONUMENT ROAD PHILADELPHIA, PA 19131		CURRENT LICENSE NUMBER 189218	
INSPECTION DATES (Include all dates of the inspection) 10/05/2011		REGIONAL REPRESENTATIVE Andrea Kurtz, Laura Cipriani	
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>1/11/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Mognalozyski</i>	DATE <i>2/15/12</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
187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	In July 2011, resident #3's evening medications and 6:30am medications were administered by staff on the floor where the resident resided. All other medications were administered by nurses in the home's Wellness Center. Staff on the floor initialed the medication administration record for July 2011 for the doses that were administered in the Wellness Center, even though they did not actually administer the medications themselves. Repeated Violations: 09/17/2010	1/30/2012	1. Res #3 medications were being given by the Wellness Center nurse for compliance purpose and the DCS signed out on the MAR in error. 2. All PC staff re-educated on the medication administration process and signing out medications when given importance of the understanding for this process and all the rules and rights of medication administration 3. audits of all MAR's will be done by PCA/designee for compliance of proper signatures of administration of medications. This will be done weekly.	Steps have been taken to correct violation; full compliance is not verifiable <i>[Signature]</i> Date Initials (DPW)

FROM : SIMPSON HOUSE

FAX NO. :

Jan. 12 2012 10:17AM P16

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

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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) 10/05/2011		REGIONAL REPRESENTATIVE Andrea Kurtz, Laura Cipriani	
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 GRAMMICH</i>			
SIGNATURE OF LEGAL ENTITY <i>Karen Grammich</i>	DATE <i>1/11/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalezyk</i>	DATE <i>2-15-12</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
precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.			<i>- Cont. from previous page.</i>	

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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) 10/05/2011		REGIONAL REPRESENTATIVE Andrea Kurtz, Laura Cipriani	
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 GRAMLI</i>			
SIGNATURE OF LEGAL ENTITY <i>Karen Gramlich</i>		DATE 1/11/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalczyk</i>
			DATE 2/15/12

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
187b The information in subsections 187a13 and 187a14 shall be recorded at the time the medication is administered.	Staff at the home did not initial the medication administration record for Resident #3 for the administration of the following medications: -Protonix 40 mg once daily from 8-18-11 through 8-21-11 -Seroquel 200 mg once daily from 8-18-11 through 8-21-11 -Flonase at 9:00am from 8-18-11 and at both 9:00 am and 5:00 pm from 8-18-11 through 8-21-11 -Neurontin 100 mg at 3:00 pm from 8-18-11 through 8-21-11 -Gaviscon 160-105 mg at 6:30 am and 11:30 am on 8-18-11; on 8-21-11 for all four scheduled doses; on 8-22-11 for the 6:30 am dose -Refresh Ophthalmic Solution at 9:00 am on 8-18-11 and at 9:00 am and 5:00 pm from 8-18-11 through 8-21-11 -Neurontin 100 mg at 9:00 pm from 8-18-11 through 8-21-11 -Neurontin 400 mg at 9:00 pm from 8-18-11 through 8-21-11	1/30/2012	1. Blanks on the MAR for res #3 for the dates of 8/16/11 thru 8/21/11 were caused by a computer server failure 2. Pharmacy notified for delivery of written MAR's to be sent to Administration Office copy machine for distribution to the PC units immediately in the event of any computer failure 3. All PC staff re-educated to report any computer malfunction immediately to PCA/designee and the importance of the medication record of administration of all medications 4. PCA/designee will monitor any computer failure for timely receipt of written MAR's and report to QA team any concerns quarterly	<i>M</i> 2/15/12

FROM : SIMPSON HOUSE

FAX NO. :

Jan. 12 2012 10:17AM P18

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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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) 10/05/2011		REGIONAL REPRESENTATIVE Andrea Kurtz, Laura Cipriani	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Laura Cipriani</i>			
SIGNATURE OF LEGAL ENTITY <i>Laura Cipriani</i>		DATE 1/11/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Mostialczyk</i>
			DATE 2/15/12

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
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.	Resident #7 refused Sorbitol on 6-28-11, 6-29-11, 8-31-11, 9-7-11, 9-9-11, 9-13-11, 9-15-11, and 9-29-11. The resident also refused all medications on 10-6-11. These refusals were not reported to the prescriber. Per Administrator E, staff at the home are instructed to contact the Wellness Center so that the physician can be notified after a resident has refused a medication three times, not after each refusal. Repeated Violations: 09/17/2010	2/30/2012	1. Staff did not notify Wellness Center or PCA of frequent medication refusals by resident #7 and PCA gave incorrect direction to report after 3 refusals instead of 1 refusal 2. All staff re-educated on reporting any resident refusal to PCA/designee immediately and MD to be informed each time any treatment or medication is refused and to follow MD orders 3. Audits of the 24hr report sheets will be done by PCA/designee weekly for compliance.	Steps have been taken to correct violation; full compliance is not verifiable <i>[Signature]</i> DATE Initials (DPW)

FROM : SIMPSON HOUSE

FAX NO. :

Jan. 12 2012 10:18AM P19

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

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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) 10/05/2011		REGIONAL REPRESENTATIVE Andrea Kurtz, Laura Cipriani	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>SAREN GRAMLICH</i>			
SIGNATURE OF LEGAL ENTITY <i>Saren Gramlich</i>	DATE <i>1/11/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moshalozyk</i>	DATE <i>2/15/12</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
187d The home shall follow the directions of the prescriber.	Resident #3 has an order for Flonase 2 sprays twice a day at 9:00 am and 5:00 pm. This medication was not administered at 9:00 am on 8-17-11 and 8-28-11 because it was not available in the home.	1/30/2012	<ol style="list-style-type: none"> 1. Medication for res #3 was not available on dates of 8/17/11 and 8/28/11 and not re-ordered timely 2. MD made aware of missed doses and no ill effects to resident per MD 3. All staff re-educated on the importance of re-ordering medications in a timely manner and potential ill effects to a resident by not following MD orders. Any missed medication to be reported to MD, resident and family as well as DFW for a medication error 4. 24 hour report to have documentation when a medication is re-ordered and PCA/designee will audit reports for compliance weekly 	<p align="center">Steps have been taken to correct violation; full compliance is not verifiable</p> <p align="center">Date <i>2/15/12</i> Initials (DPW) <i>[Signature]</i></p>

FROM : SIMPSON HOUSE

FAX NO. :

Jan. 12 2012 10:18AM P20

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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FROM : SIMPSON HOUSE

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) 10/05/2011		REGIONAL REPRESENTATIVE Andrea Kurtz, Laura Cipriani	
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 GRAMUICHA</i>			
SIGNATURE OF LEGAL ENTITY <i>Karen Gramucha</i>		DATE <i>1/11/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Magkialczyk</i>
			DATE <i>2/15/12</i>

FAX NO. :

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
223a The home shall have a current written description of services and activities that the home provides including the following: (1) The scope and general description of the services and activities that the home provides. (2) The criteria for admission and discharge. (3) Specific services that the home does not provide, but will arrange or coordinate.	The description of services does not include the criteria for admission and discharge.	1/30/2012	<ol style="list-style-type: none"> Description of services did not include the criteria for admission and discharge due to oversight by the admission dept Criteria will be added to the description of services by the Admission Dept Admission dept will monitor the admission packets for all services available and criteria's and report to QR team for any needs or changes 	<p>Steps have been taken to correct violation; full compliance is nonverifiable</p> <p><i>[Signature]</i> Date Initials (DPW)</p>

Jan. 12 2012 10:18AM P21

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2500

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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) 10/05/2011		REGIONAL REPRESENTATIVE Andrea Kurtz, Laura Cipriani	
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SIGNATURE OF LEGAL ENTITY <i>Karen Gramlich</i>	DATE <i>1/11/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalczyk</i>	DATE <i>2/15/12</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
223b The home shall develop written procedures for the delivery and management of services from admission to discharge.	The home does not have a written policy for the delivery and management of services from admission to discharge.	1/30/2012	<ol style="list-style-type: none"> 1. Facility is missing a written policy for the delivery and management of services from admission to discharge due to an oversight of the Admission dept. 2. A policy will be written by the Admission Dept and presented to the QA team for approval at the next meeting 3. PCA/designee will monitor process and approval 	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>[Signature]</i> Initials (DPW)</p>

VIOLATION REPORT
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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) 10/05/2011		REGIONAL REPRESENTATIVE Andrea Kurtz, Laura Cipriani	
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 1/11/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Mrozkalczyk</i>
			DATE 2/15/12

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
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.	<p>Resident #2 has issues with depression as described on the medical evaluation and support plan. The resident's assessment dated 9-16-11 does not indicate that the resident has any issues with depression.</p> <p>Resident #5's condition has been declining and the resident now requires hands on assistance for showering. The resident's assessment dated 4-11-11 was not updated to reflect this need. The assessment indicates that the resident needs only cueing for showers.</p> <p>From July of 2011 to September of 2011, Resident #5 had on-going issues with open areas and the need for wound care and observation. The resident's assessment dated 4-11-11 was not updated to reflect the resident's needs related to monitoring or treatment of the resident's skin integrity.</p> <p>The assessment for Resident #10 dated 5-25-11 was not completed annually. The previous assessment was completed on 5-3-10.</p>	1/30/2012	<ol style="list-style-type: none"> Res #2,5 and 10 had their assessments updated accurately to reflect their conditions All resident assessments have been reviewed to assure accurate information All staff will be re-educate regarding the requirement for accurate and timely assessments, along with updating as changes in conditions occur Resident assessments will be audited quarterly by PCA/designee to ensure compliance 	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>[Signature]</i> Date: 2/15/12 Initials: (DPW)</p>

FROM : SIMPSON HOUSE

FAX NO. :

Jan. 12 2012 10:19AM P23

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

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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) 10/05/2011		REGIONAL REPRESENTATIVE Andrea Kurtz, Laura Cipriani	
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>1/11/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Mostkialczyk</i>	DATE <i>2/15/12</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
	Repeated Violations: 09/17/2010		<i>- Cont. from Previous Page</i>	

FROM : SIMPSON HOUSE

FAX NO. :

Jan. 12 2012 10:19AM P24

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) 10/05/2011		REGIONAL REPRESENTATIVE Andrea Kurtz, Laura Cipriani	
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>1/11/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Magdziarczyk</i>
			DATE <i>2/15/12</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
226a The resident shall be assessed for mobility needs as part of the resident's assessment.	Resident #4's assessment dated 1-19-11 does not indicate if the resident has or does not have a mobility need. The assessment indicates the resident is both unable to move without physical assistance from others and independently mobile with an ambulation device.	1/30/2012	<ol style="list-style-type: none"> 1. Resident #4 had their assessment updated to accurately reflect their current condition 2. All residents' assessments have been reviewed to assure accurate information including mobility needs 3. All staff will be re-educated regarding the requirement for accurate and timely assessments, along with updating as changes occur 4. Resident assessments will be audited quarterly to ensure compliance by PCA/designee 	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>[Signature]</i> Initials (DPM)</p>

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

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NAME AND ADDRESS OF PERSONAL CARE HOME SIMPSON HOUSE, BELMONT AVENUE & MONUMENT ROAD PHILADELPHIA, PA 19151		CURRENT LICENSE NUMBER 189210	
INSPECTION DATES (include all dates of the inspection) 10/05/2011		REGIONAL REPRESENTATIVE Andrea Kurtz, Laura Cipriani	
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 G. RAMLICH</i>			
SIGNATURE OF LEGAL ENTITY <i>Karen Ramllich</i>	DATE <i>1/11/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. M. Stalczyk</i>	DATE <i>2/25/12</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
227d Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.	<p>The support plan for Resident #2 dated 9-16-11 does not address the anxiety and judgment needs as identified on the assessment dated 9-16-11.</p> <p>The assessment for Resident #5 dated 4-11-11 indicated the resident required cueing/prompting for the following activities: eating, drinking, transferring, toileting (both bowi and bladder), grooming, using the telephone and caring for personal possessions. These needs are not addressed on the support plan dated 4-11-11.</p> <p>Resident #5 received physical therapy from 4-6-11 until 6-30-11 and occupational therapy from 4-7-11 until 7-22-11. The support plan dated 4-11-11 was never updated to reflect this need.</p>	1/20/2012	<ol style="list-style-type: none"> Support Plan for res #2, assessment for res #5 as well as support plan for res #5 have been reviewed and updated to reflect an accurate need for each resident All RASP forms to be completed by PCA/designee per res schedule and a full review will be done to assure compliance with needs of resident Audits of RASP will be done Quarterly by PCA/designee 	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>[Signature]</i> Date Initials (DPW)</p>

FROM : SIMPSON HOUSE

FAX NO. :

Jan. 12 2012 10:20AM P26