



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
Norristown State Hospital
1001 Sterigere Street
Bldg 2 Rm. 161
Norristown, Pennsylvania 19401

ADULT RESIDENTIAL LICENSING

PHONE: (610) 270-1137
FAX: (610) 270-1147

MAIL CERTIFIED – RETURN RECEIPT REQUESTED
MAILING DATE: March 29, 2012

Ms. Mary Anne Parris, Administrator
Philadelphia Protestant Home
Building 5
6500 Tabor Avenue
Philadelphia, Pennsylvania 19111

RE: Philadelphia Protestant Home

Dear Ms. Parris:

As a result of the Department of Public Welfare's licensing inspection on February 10, 2012 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.



Sincerely,

A handwritten signature in cursive script that reads "Chevon Miller".

Chevon Miller
Regional Licensing Administrator


Enclosure(s)
Violation Report

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

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|--|-----------------|--|-----------------|
| NAME AND ADDRESS OF PERSONAL CARE HOME PHILADELPHIA PROTESTANT HOME, 6500 TABOR ROAD MIDWAY MANOR PHILADELPHIA, PA 19111 | | CURRENT LICENSE NUMBER 144500 | |
| INSPECTION DATES (Include all dates of the inspection) 02/10/2012 | | REGIONAL REPRESENTATIVE Christine McHale, Justin Trupp | |
| PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Mary Ann Parisse, Administrator | | | |
| SIGNATURE OF LEGAL ENTITY  | DATE 3/22/12 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION  | DATE 3/22/12 |

| 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 |
|--|--|---|--|-----------------------------------|
| 132c A written fire drill record shall include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative. | On 2/1/12 at 4:23 am there was a fire in resident room 2402. Only 10 of the home's 128 residents were evacuated during this fire. The home's documentation of this event inaccurately lists that all 128 residents were evacuated. | 2/3/12, 2/29/12, 3/6/12 In-services with Staff regarding fire procedures and appropriate documentation. Unannounced fire drill will be conducted on 3/23/12 at 4:00am and observed by Administrator and Fire Safety Expert. | Unannounced fire drill conducted 3/21/12 at 10:50am and observed by Administrator and Director of Security. The fire drill record was completed accurately by Security (see attached). Security and Personal Care staff have been re-trained in fire alarm procedures (see attached in-services). In this particular incident the Security Officer was new and did not complete the actual paperwork, only the incident report. The next shift Security Officer completed the paperwork and was given incorrect information regarding the evacuation. When the Fire Dept. arrived they stopped the evacuation because the fire was already out and all the residents were safe. To ensure this does not occur again the Security Officer on site at the time of an event will complete all appropriate paperwork, prior to the end of the shift. The documentation for every fire drill and/or actual event will be reviewed by the Director of Safety and the Administrator. | 3/22/12 LAC |

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) | | | |
| SIGNATURE OF LEGAL ENTITY  | DATE 3/21/12 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION | DATE |

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

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| NAME AND ADDRESS OF PERSONAL CARE HOME PHILADELPHIA PROTESTANT HOME, 6500 TABOR ROAD MIDWAY MANOR PHILADELPHIA, PA 19111 | | CURRENT LICENSE NUMBER 144500 | |
| INSPECTION DATES (Include all dates of the inspection) 02/10/2012 | | REGIONAL REPRESENTATIVE Christine McHale, Justin Trupp | |
| 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>M. G. En Pursie</i> | DATE <i>3/21/12</i> | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION | DATE |

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| 132h Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill. | On 2/1/12 at 4:23 am there was a fire in resident room 2402. The staff of the home evacuated the residents in that wing and floor of the home only, for a total of 10 residents. The staff of the home did not account for the remainder of the residents. The 118 remaining residents were not evacuated to designated meeting places within the fire safe areas. <p style="text-align: center; margin-top: 20px;"><i>Violation Withdrawn LAC 3/22/12</i></p> | | | |

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) | | | |
| SIGNATURE OF LEGAL ENTITY <i>Megann Parsons</i> | DATE <i>3/2/12</i> | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION | DATE |

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