

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to CLARISES PERSONAL CARE RESIDENCE INC

LEGAL ENTITY

To operate CLARISES PERSONAL CARE RESIDENCE

NAME OF FACILITY OR AGENCY

Located at 514 EAST ROOSEVELT BOULEVARD, PHILADELPHIA, PA 19120

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 9  
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 November 1, 2012 until November 1, 2013,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 134090

*Robert E. Robinson*

ISSUING OFFICER

*[Signature]*

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



NOV 09 2012

Ms. J. Allison Almarales, Administrator  
Clarises Personal Care Residence, Inc.  
Clarises Personal Care Residence  
514 East Roosevelt Boulevard  
Philadelphia, Pennsylvania 19120

Dear Ms. Almarales:

As a result of the Department of Public Welfare's (Department) licensing inspection on August 31, 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 Human Services 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 "Ronald Melusky", written over a thin horizontal line.

Ronald Melusky  
Director

Enclosures  
License  
Violation Report



Violation Report: 13409 - 08/31/2012 - Grayes, Byron PCH Name: CLARISES PERSONAL CARE RESIDENCE	
1. REGULATION 55 Pa.Code §2600 2600.102(d)(2) - Bathtubs and showers must have slip-resistant surfaces.	
2a. DESCRIPTION OF VIOLATION The 2nd floor rear bathroom shower does not have a slip-resistant surface.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.</i>	
<p>To Prevent injuries And falls while Bathing, Slip-Resistant Surfaces must be present in All BathTubs. This occurred as the administrator failed to notice the missing slip resistant strips. 9/24/12</p> <p>Slip-Resistant Strips was install in All BathTubs 9/1/2012</p> <p>The Administrator will Review Quality Management Meeting, And Update Check List To Ensure All Slip-Resistant Strips Are in Place / Weekly Starting 10/1/12.</p>	
Picture Attach	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>J. Allison Almarales</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) J. Allison Almarales Administrator	Date Sept 14th 2012
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
The above plan of correction is approved as of <u>10/10/12</u> (Date)	Plan of correction implementation status as of <u>10/10/12</u> (Date)
The above plan of correction was approved by <u><i>(Signature)</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 13400 - 08/31/2012 - Grayes, Byron  
 PCH Name: CLARISES PERSONAL CARE RESIDENCE

1. REGULATION 66 Pa.Code §2600  
 2600.127(a) - Portable space heaters are prohibited.

2a. DESCRIPTION OF VIOLATION

-On 8/31/12 a portable space heater was located in the shower in the second floor bathroom.  
 -On 8/31/12 a portable space heater was located in the basement next to the stairs.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

PORTABLE SPACE HEATERS ARE PROHIBITED FROM HOMES TO PROVIDE A SAFE HOME FOR THE RESIDENTS. THIS OCCURED BECAUSE THE HOME WAS STORING THEM FOR A RESIDENT AND WERE UNAWARE OF THIS REGULATION @

THE SPACE HEATERS WAS REMOVE FROM THE HOME ASAP 8/31/12

ADMINISTRATOR AND STAFF WILL REVIEW THE WEEKLY CHECK LIST, BEGINNING 10/1/12

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page) J. Allison Amarales

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) J. Allison Amarales, ADMINISTRATOR      Date Sept 14th 2012

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 10/10/12  
 (Date)

Plan of correction implementation status as of 10/10/12  
 (Date)

The above plan of correction was approved by SA  
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 13408 - 08/31/2012 - Grayes, Byron  
 PCH Name: CLARISES PERSONAL CARE RESIDENCE

1. REGULATION 66 Pa.Code §2600  
 2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION  
 The last fire drill observed by a fire safety expert was conducted on August 8, 2011.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

A Fire Safety Inspection And Fire Drill Shall Be Done Annually, To Identify Any unsafe Conditions And Prevent Fires. This occurred because the administrator and residents were on vacation and forgot it was scheduled.

A Fire Safety Inspection And Fire Drill was Done By The Fire Marshal on 9/13/12

The Checklist implemented will include the Above Violations, By The Administrator.

ATTACH IS: Fire Safety Inspection And Fire Drill

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page) J. AL. Almaraz

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) J. ALISON ALMARAZES Administrator      Date Sept 14th 2012

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The above plan of correction was approved by <u>SA</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 13409 - 08/31/2012 - Grays, Byron  
 PCH Name: CLARISES PERSONAL CARE RESIDENCE

1. REGULATION 86 Pa.Code §2600  
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION  
 The last drill conducted during sleeping hours was on January 16, 2012 at 7:00am

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

We Are Going To Provide A SAFE HOME For Residents, And Practice  
 Response Time And Evacuation While Residents Are ASLEEP.

A Sleeping Fire Drill was conducted on SEPT 11th 2012 At 6:30 AM

The Administrator Has implemented A CHECK LIST To PREVENT Future  
 Violations and will begin using the check list on 10/1/12.

ATTACH: COPY OF FIRE DRILL

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *J. Allison Almond*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>J. Allison Almond Administrator</i>	Date <i>SEPT 14th 2012</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 10/10/12  
 (Date)

Plan of correction implementation status as of 10/10/12  
 (Date)

The above plan of correction was approved by *JA*  
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 13400 - 08/31/2012 - Grayee, Byron	
PCH Name: CLARISES PERSONAL CARE RESIDENCE	
<b>1. REGULATION 58 Pa.Coda §2800</b> 2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.	
<b>2a. DESCRIPTION OF VIOLATION</b> -The fire drills held on April 21, 2012, May 26, 2012, June 23, 2012 and July 21, 2012 were all held on Saturdays.  -The fire drills held on January 18, 2012 and February 20, 2012 were held Mondays.	
<b>3. PLAN OF CORRECTION (POC)</b> (Attach pages as necessary. Remember that you must sign and date any attached pages.) Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.	
<p style="font-size: 1.2em;">Fire Drills will be held on different days of the week, and different times of the day and night</p> <p style="font-size: 1.2em;">Our fire drills records were carefully inspected by the administrator to ensure the fire drills are held on different days of the week, and different times of day and night, and will be checked monthly beginning 10/1/12.</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>J. Alison Alumbales</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>J. Alison Alumbales</i>	Date <i>SEPT 14th 2012</i>
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
The above plan of correction is approved as of <u>10/10/12</u> (Date)	Plan of correction implementation status as of <u>10/10/12</u> (Date)
The above plan of correction was approved by <u><i>SA</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 13409 - 08/31/2012 - Grayes, Byron  
 PCH Name: CLARISES PERSONAL CARE RESIDENCE

1. REGULATION 56 Pa. Code §2800  
 2800.187(a) - 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 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.

2a. DESCRIPTION OF VIOLATION  
 The medication administration record for resident #1 does not include Donapenzil 5mg (avlocept) that was present in the resident's medication-on-time pack.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

PROPER MAR USE IS CRITICAL. BLISTERPACK INFORMATION FOR EACH PILL MUST BE LISTED ON MAR. THIS VIOLATION OCCURED BECAUSE THE PHARMACY DID NOT LABEL THE MEDICATION PROPERLY.

PHARMACY HAS CORRECTED THE PROBLEM, THE MEDICATION IS NOW LISTED ON THE MAR

THE ADMINISTRATOR HAS REVIEW HOW NEW DELIVERY OF MEDICATION MUST BE CHECK, NOT ONCE BUT TWICE TO ASSURE THAT NO ERRORS WILL BE REPEATED BEGINNING 10/1/12. THE STAFF WILL REVIEW THE MAR AFTER EACH ADMINISTRATION AND THE ADMINISTRATOR WILL CHECK DAILY. (S)

ATTACH: NEW MAR

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page) J. Alison Humarques

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) J. Alison Humarques

Date: SEPT 13th 2012

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The above plan of correction was approved by <u>(SN)</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented