

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ROXBOROUGH HOME FOR WOMEN INC
LEGAL ENTITY

To operate ROXBOROUGH HOME FOR WOMEN
NAME OF FACILITY OR AGENCY

Located at 601 EAST LEVERINGTON AVENUE, PHILADELPHIA, PA 19128
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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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 30
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 December 21, 2012 until December 21, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 141560

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



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

NOV 19 2012

Ms. Crystal Nardone, Administrator
Roxborough Home for Women, Inc.
Roxborough Home for Women
601 East Leverington Avenue
Philadelphia, Pennsylvania 19128

Dear Ms. Nardone:

As a result of the Department of Public Welfare's (Department) licensing inspection on September 20, 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 "R. Melusky", with a long horizontal stroke extending to the right.

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 14156 - 09/20/2012 - Foulkes, Kimberl
 PCH Name: ROXBOROUGH HOME FOR WOMEN

1. REGULATION 56 Pa.Code §2600
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

On the left side of the home's porch there is a hanging bench swing and the right swing arm is broken posing a hazard to residents.

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.

Administrator regularly checks furniture & equipment. Repair slips are posted for maintenance man on bulletin board. Maintenance man had copy of repair slip and swing arm was repaired the next day following inspection - see photo. (9/21/12)
 All staff members who see that a repair is needed post a repair slip for our maintenance person. - see photo. From now on yellow tape will be tied on something in need of repair that could be a hazard until repair is completed. Maintenance man or administrator will tie on the tapes. The residents have been informed to be cautious if they see it.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Crystal Nardone, Administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *CRYSTAL NARDONE, ADMINISTRATOR* Date *10/21/12*

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

The above plan of correction is approved as of 11/2/12
 (Date)

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

Plan of correction implementation status as of 11/2/12
 (Date)

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

Violation Report: 14156 - 09/20/2012 - Foulkes, Kimberli
 PCH Name: ROXBOROUGH HOME FOR WOMEN

1. REGULATION 55 Pa.Code §2600
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
 On 9/20/12, at 3:29pm, the temperature in the refrigerator in the kitchen was 52 degrees farenheit.

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.

Refrigeration Company called the morning of 9/21/12. Serviceman come out same day. Repaired exterior thermostat so can see if temp is off. PM Cook will check temp each day as she comes on duty and record it in new log book. Will report to Administrator or designee if below 40°. (Photo of repaired temp gauge enclosed)

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)
Cristal Nardone

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) CRISTAL NARDONE, ADMINISTRATOR	Date 10/21/12
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 (Date)

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

Plan of correction implementation status as of 11/2/12
 (Date)

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

Violation Report: 14156 - 09/20/2012 - Foulkes, Kimberli
 PCH Name: ROXBOROUGH HOME FOR WOMEN

1. REGULATION 55 Pa.Code §2600
 2600.103(l) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION
 -On 9/20/12, there was four dented six pound cans of sliced peaches in the home's kitchen.
 -On 9/20/12, there was ten pounds of corn beef open in the refrigerator with a date of 2/28/12. ← packing date
 -On 9/20/12, there was four cans of potatoes, five cans of whole sweet potatoes, and four cans of pork and beans without dates in the kitchen.
 -9/20/12, there was three bags of long rolls and one bag of bagels in the home's freezer without dates.

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.
 Kitchen staff re-trained to set all dented items aside upon unpacking. Freezer tape will be used to put date on all frozen foods so as not to have corned beef (with supply exp. date) incident repeated. Garvey's has supplied information on all brands we receive so we can determine use-by dates and label the cans accordingly during rotation. Kitchen staff reminded again to date all breads put into freezer. Administration will do weekly spot checks to ensure procedure is followed.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Crystal Nardone*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *CRYSTAL NARDONE, ADMINISTRATIVE* Date *10/2/12*

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The above plan of correction is approved as of <u>11/2/12</u> (Date)	Plan of correction implementation status as of <u>11/2/12</u> (Date)
The above plan of correction was approved by <u><i>CN</i></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: 14156 - 09/20/2012 - Foulkes, Kimberli
 PCH Name: ROXBOROUGH HOME FOR WOMEN

1. REGULATION 55 Pa.Code §2600
 2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION
 On 9/20/12, three one gallon containers of used cooking oil was located in the homes designated smoking area.

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.

*All oils (used) and recycling moved to outdoor patio. All cooks have been informed of the violation. Oil & recycling moved as of 9/20/12 - photo
 Administrator will check weekly that used cooking oil is being stored safely*

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Crystal Nardone*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *CRYSTAL NARDONE, Admin.* Date *10/21/12*

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

The above plan of correction is approved as of 11/2/12
 (Date)

Plan of correction implementation status as of 11/2/12
 (Date)

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

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

Violation Report: 14156 - 09/20/2012 - Foulkes, Kimberli
 PCH Name: ROXBOROUGH HOME FOR WOMEN

1. REGULATION 56 Pa.Code §2600
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION
 The home has not conducted a fire drill during sleeping hours from 1/29/12 through 9/20/12.

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.

Fire drill conducted at 5:30 AM on Sept. 25th. Administrator will ensure drills conducted during sleep hours at least every six months. Next drill during sleep hours to be conducted in February 2013.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Crystal Nardone*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>CRYSTAL NARDONE, Admin.</i>	Date <i>10/21/12</i>
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The above plan of correction was approved by <u>CNM</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: 14156 - 09/20/2012 - Foulkes, Kimberli
 PCH Name: ROXBOROUGH HOME FOR WOMEN

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted on 7/30/12. The resident's medical evaluation was completed on 5/3/12.

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.

Resident's [redacted] changed admission date and I didn't realize it would be past the 60 day mark for [redacted] medical evaluation. (3) Administrator will check all dates on previous documents before lease is signed in the future.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Cristal Narbone*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>CRYSTAL NARBONE, ADMIN.</i>	Date <i>10/21/12</i>
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The above plan of correction is approved as of <u>11/2/12</u> (Date)	Plan of correction implementation status as of <u>11/2/12</u> (Date)
The above plan of correction was approved by <u>OCM</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: 14156 - 09/20/2012 - Foulkes, Kimberli
 PCH Name: ROXBOROUGH HOME FOR WOMEN

1. REGULATION 55 Pa.Code §2600

2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION

The home's designated smoking area has furniture with seat cushions. The cushions are not labeled as fire retardant and the home could not provide evidence that the cushions were fire retardant.

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.

Designated smoking area is currently being refurbished. All furniture has been removed. When finished, new cushions will be used and a fire retardant spray such as "Firez off" will be used on the furniture pads. Furniture itself is wrought iron. Work should be completed by end of November 2012.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Crystal Nardone

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

CRYSTAL NARDONE, ADMINISTRATOR

Date

10/21/12

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The above plan of correction is approved as of

11/2/12
 (Date)

Plan of correction implementation status as of

11/2/12
 (Date)

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

The above plan of correction was approved by

CPN
 (Initials)

Violation Report: 14156 - 09/20/2012 - Foulkes, Kimberli
 PCH Name: ROXBOROUGH HOME FOR WOMEN

1. REGULATION 56 Pa.Code §2600

2600.187(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, who can not self administer medications, does not include the resident's centrum silver multivitamins that the home is administering, and the resident is receiving Alendronate Sodium tablets 70mg and the medication administration record has Alendronate Sodium tablets 10mg listed.

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.

MAR record has been corrected to show multivitamin and correct dosage of Alendronate Sodium tablets (70mg). A senior PCA staff member has been assigned to check all new MAR as they are made and as new medications are added, old deleted, or changes made to current meds to maintain accuracy.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Crystal Raudone*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *CRYSTAL RAUDONE, ADMINISTRATOR* Date *10/21/12*

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

The above plan of correction is approved as of 11/2/12
 (Date)

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

Plan of correction implementation status as of 11/2/12
 (Date)

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

Violation Report: 14156 - 08/20/2012 - Foulkes, Kimberli
 PCH Name: ROXBOROUGH HOME FOR WOMEN

1. REGULATION 55 Pa.Code §2600

2600.187(c) - 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.

2a. DESCRIPTION OF VIOLATION

On 9/10/12, 9/11/12, 9/12/12, 9/13/12, 9/14/12, 9/15/12, and 9/16/12, resident #2 refused to take a scheduled dose of Flonase .05%. The home did not report the refusal to the resident's doctor as required.

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.

Resident's doctor changed Rx to only one time per day ^{10/3/12} and resident is taking the Flonase as prescribed. (9/21) All refusals of non-PRN medications will be reported to resident's doctor (and recorded on chart) on the day of refusal.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Crystal Nardone*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *CRYSTAL NARDONE, Administrator* Date *10/2/12*

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 (Initials)

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 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 14156 - 09/20/2012 - Foulkes, Kimberli
 PCH Name: ROXBOROUGH HOME FOR WOMEN

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

-The preadmission screening form for resident #1, admitted 7/30/12, which includes the determination that the home can meet the resident's service needs, is dated 6/26/12.

-There is no preadmission screening form for resident #2, admitted 3/24/12.

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.

Resident #1's [redacted] moved [redacted] scheduled date of admittance to a later date - I will now always check the dates before admittance to ensure this does not happen again.

Resident #2 - [redacted] preadmission screening was out of [redacted] file because I was working on re-establishing [redacted] access card for [redacted] and I was using [redacted] info. It was in a file w/ [redacted] medical info on my desk. A copy is attached. In the future, I will return such documents immediately to [redacted] file. Pre-admission screening date 3.2.12. Contract date 3/24/12. (see attached copies)

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Crystal Redone*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *CRYSTAL REDONE, Administrator* Date *10/21/12*

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