

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to EVADNEY SCOGGINS LEGAL ENTITY

To operate SCOGGINS PERSONAL CARE BOARDING HOME NAME OF FACILITY OR AGENCY

Located at 1245 WEST TIOGA STREET, PHILADELPHIA, PA 19140 (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 26 (MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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 October 11, 2013 until October 11, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 140150

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

SEP 05 2013

Ms. Marcia Waite-Sokale, Administrator
Evadney Scoggins
1243 West Tioga Street
Philadelphia, Pennsylvania 19140

RE: Scoggins Personal Care Boarding Home
1245 West Tioga Street
Philadelphia, Pennsylvania 19140

Dear Ms. Waite-Sokale:

As a result of the Department of Public Welfare's (Department) licensing inspection on July 8, 2013, of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Licensing Inspection Summary were found.

All violations specified on the enclosed Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary 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 Licensing Inspection Summary. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky", written over a white rectangular area.

Ronald Melusky
Director

Enclosures
License
Licensing Inspection Summary

Violation Report: 14015 - 07/08/2013 - Scharpf, Amy
 PCH Name: SCOGGINS PERSONAL CARE BOARDING HOME

1. REGULATION 55 Pa.Code §2600
 2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
 (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
 (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
 (3) Resident rights.
 (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
 (5) Falls and accident prevention.
 (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION
 Ancillary Staff Person A did not receive training in fire safety completed by a fire safety expert, emergency preparedness procedures and recognition and response to crises and emergency situations, and falls and accident prevention during training year January, 2012 to December, 2012.

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.

Immediate Action:
 Staff did receive training on 4/29/2012 documentation was done on the wrong forms (see attached) Training did not cover all topic areas.

Future Plans:
 New training forms were developed by the administrator (see attached) to prevent any recurrence. The Fire Department was contacted to do an in house training. This training is planned for 8/7/2013. Administrator & designee is responsible for making sure the error does not repeat. Anniversary dates will be used for all staff in the future.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/31/2012
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Signature of Legal Entity Representative (Required on EVERY Page) *Marcia Waik-Scale admin*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Marcia Waik-Scale Admin* Date *8/2/2013*

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

The above plan of correction is approved as of <u>8/9/13</u> (Date)	Plan of correction implementation status as of <u>8/9/13</u> (Date)
The above plan of correction was approved by <u>CM</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: 14015 - 07/08/2013 - Scharpf, Amy
 PCH Name: SCOGGINS PERSONAL CARE BOARDING HOME

1. REGULATION 55 Pa.Code §2600
 2600.96(a) - 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.

2a. DESCRIPTION OF VIOLATION
 The first aid kit in the medication area of the home has thermometer strips that expired in October 2007.

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.

Immediate
 The administrator did purchase digital thermometers for the home. Along with the thermometers probe covers (disposable) were also purchased to prevent cross contamination. (see attached pictures).
Future To prevent violation from recurring.
 Every 6 months the administrator or designee will check first aid kits to ensure all supplies are current and adequate for the home

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]* admin

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Maria Wark-Sokale Admin Date 8/2/2013

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Violation Report: 14015 - 07/08/2013 - Scharpf, Amy
 PCH Name: SCOGGINS PERSONAL CARE BOARDING HOME

1. REGULATION 65 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 11/5/12.

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.

Immediate:

A fire drill was conducted during the sleeping hours on 7/21/2013. This was done in response to the violation listed above. (See attached)

Future Plans

Due to the violation the administrator has developed a red dot system to identify when drills should be done during sleeping hours. The information was discussed with all current staff all new staff will also get updated information on orientation.

Administrator & designee are responsible for ensuring no further violation in this area.

The Administrator has placed a red dot next to each month on a fire drill log when a drill for sleeping hours is due for 2014. 8/14/13 om

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Marcia Waite-Sokal admin*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Marcia Waite-Sokal Admin* Date *8/2/2013*

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The above plan of correction is approved as of 8/14/13
 (Date)

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

Plan of correction implementation status as of 8/14/13
 (Date)

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

Violation Report: 14015 - 07/08/2013 - Scharpf, Amy
PCH Name: SCOGGINS PERSONAL CARE BOARDING HOME

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 6/4/13. A medical evaluation has not been completed for the resident.

Resident #2 was admitted on 1/9/13. A medical evaluation has not been completed for the resident.

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.

Immediate Action.

Both medical evaluations had been given to the PCP to be completed. Administrator forgot to get them back to be placed in the residents files.

Attached are the copies of MAST for Resident #1 and a copy of MAST for resident #2.

Future Plans

Administrator will follow check list and use a color code for when files are waiting on documentation from outside sources.

Administrator and designee are responsible for continued compliance and prevention of any violations of DPW regulations

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

Signature of Legal Entity Representative (Required on EVERY Page) *Marcia White-Sokale admin*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Marcia White-Sokale Admin* Date *8/2/2013*

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Violation Report: 14015 - 07/08/2013 - Scharpf, Amy
PCH Name: SCOGGINS PERSONAL CARE BOARDING HOME

1. REGULATION 55 Pa.Code §2600
2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION
On 7/8/13, Insulin pens belonging to Resident #3 were unlocked and accessible to residents in home's refrigerator in the kitchen of the home.

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.

Immediate Action: All extra insulin pens were returned to the pharmacy 7/8/2013. This is due to space issue.
Future Plans

The home will only store as much pens that can safely fit into the locked box. The administrator or designee will check the insulin pens weekly to ensure that the resident does not run out of the needed insulin due to this charge. Administrator & designee is responsible for preventing a recurrence of this violation.

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]* admin

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Marissa White-Sobale Admin* Date *8/2/2013*

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The above plan of correction was approved by cm (initials)

Plan of correction implementation status as of 8/14/13 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
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Violation Report: 14015 - 07/08/2013 - Scharpf, Amy
 PCH Name: SCOGGINS PERSONAL CARE BOARDING HOME

1. REGULATION 55 Pa.Code §2600

2600.227(d) - 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.

2a. DESCRIPTION OF VIOLATION

The assessment for Resident #3 indicates the resident has needs for managing finances, making and keeping appointments, personal hygiene, securing health care and laundry. The resident's support plan does not document how these needs will be met.

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.

Immediately

1/8/2013 Administrator did fill out the needed areas as documented on the attach RASP (Support Plan)

Future Plans

The administrator will always use the check list which was developed to prevent this error. The designee will also go over the files to ensure all problems are dealt with at the onset.

Administrator & designee is responsible for checking all forms to prevent recurrence of any errors.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Marcia Warte-Sokale*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Marcia Warte-Sokale Admin	Date 8/2/2013
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