



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

NOV 08 2013

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

RE: Roxborough Home for Women
License #: 141560

Dear Ms. Nardone:

As a result of the Department of Public Welfare's (Department) licensing inspection on September 12, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License 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.

Your regular license for the period December 21, 2013 to December 21, 2014 was issued on September 2, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones".

Matthew J. Jones
Acting Director *MJ*

Enclosure
License Inspection Summary

Violation Report: 14156 - 09/12/2013 - McHale, Christine
 PCH Name: ROXBOROUGH HOME FOR WOMEN

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

- Direct care staff person A did not receive training in fire safety, emergency preparedness, resident rights, the Older Adult Protective Services Act, and falls and accident prevention during training year 2012.
- Direct care staff person B did not receive training in resident rights, the Older Adult Protective Services Act, and falls and accident prevention during training year 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.

Every staff person now receives printed materials on these topics taken from PCPP training, former DPW training and Adult Protective Services to read and study. When paperwork is returned quizzes are handed out and kept in a "training 2013" book when returned. The staff person also signs off on a ~~sample~~ ARL-PCA Record of Training sheet. Resident rights are reviewed and signed by each staff person annually and the type of Record of Training sheet is used.

Sample photos of training sheets attached.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Crystal Wardone Administrator</i>	Date <i>10/23/13</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>10/30/13</u> (Date)	Plan of correction implementation status as of <u>10/30/13</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: 14156 - 09/12/2013 - McHale, Christine
 PCH Name: ROXBOROUGH HOME FOR WOMEN

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

- The emergency service numbers posted near the phones in resident room #104, #111, #114 do not include telephone numbers to the nearest hospital, police department, fire department, ambulance, poison control center, and the local emergency management agency.

- The emergency service numbers posted near the phones in the home's main kitchen do not include a telephone number to the local emergency management agency.

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 telephones in the house now have the additional numbers added to them. See photos.

The administrator will conduct monthly rounds to ensure that the required telephone numbers are posted, starting 11/30/13.

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
10/23/13

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Violation Report: 14156 - 09/12/2013 - McHale, Christine
 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
 The freezer in the "refrigerator room" on the second floor of the home does not have a thermometer.

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.

Freezers in both upstairs and downstairs refrigerators now have thermometers which will be checked for accuracy each time checks are changed (as are refrigerator thermometers).

Repeat Violation: Yes Date(s) of Previous Violation(s): 09/20/2012

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 *10/23/13*

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Violation Report: 14156 - 09/12/2013 - McHale, Christine
 PCH Name: ROXBOROUGH HOME FOR WOMEN

1. REGULATION 55 Pa.Code §2600
 2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION
 The home's written emergency procedures have not been submitted to the municipal emergency management agency since 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.

*Copy of letter from OEM of the City of Philadelphia attached.
 Will send new plan to OEM each January from this date forward by the administrator.*

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 *10/23/13*

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Violation Report: 14158 - 09/12/2013 - McHale, Christine
 PCH Name: ROXBOROUGH HOME FOR WOMEN

1. REGULATION 55 Pa.Code §2600
 2600.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION
 "All fire exits" were used during the fire drills on 1/31/13, 2/17/13, 3/30/13, 4/30/13, 5/30/13, 6/28/13, 7/29/13, and 8/30/13.

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.

Administrators now holds "fire" sign and residents who see her must choose another route.
 Sept. 30 drill had "fire" in PCA office and front door was inaccessible. Drill continue to rotate to make exits unavailable.

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 *10/23/13*

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Violation Report: 14156 - 09/12/2013 - McTale, Christine
 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 pre-admission screening form for resident #1, admitted 7/31/13, does not include a determination that the home can meet the service needs of the resident.
- The pre-admission screening form for resident #2, admitted 5/25/13, does not include a determination that the home can meet the service needs of the resident.
- The pre-admission screening form for resident #3 admitted 6/28/13, does not include a determination that the home can meet the service needs of 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.

An oversight on the part of the Administrator Resident's forms have been corrected and new resident's form is correctly filled out in its entirety. see attached

The administrator will review All new admission records to ensure that all required elements of the resident records is complete by the day of admission, within 24 hours and then again on the 30th day, starting 11/30/13

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/20/2012
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Signature of Legal Entity Representative (Required on EVERY Page) *Crystal Narbone*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>CRYSTAL NARBONE, ADMINISTRATOR</i>	Date <i>10/23/13</i>
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