



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

FEB 02 2015

Ms. Mary Ann Parris, Vice President  
Philadelphia Protestant Home  
Building 5, Floors 2, 3, 4  
6500 Tabor Road, Midway Manor  
Philadelphia, Pennsylvania 19111

RE: Philadelphia Protestant Home  
License #: 144500

Dear Ms. Parris:

As a result of the Department of Human Services' licensing inspection on May 27, 2014 and May 28, 2014 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.

Your regular license for the period August 15, 2014 to August 15, 2015 was issued on May 12, 2014. Your regular license remains in good standing.

Sincerely,

Matthew J. Jones  
Director

Enclosure  
License Inspection Summary

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

|   |   |                       |
|---|---|-----------------------|
| POH Name: PHILADELPHIA PROTESTANT HOME  |   | License Number: 14450 |
| Address: 6600 TABOR ROAD MIDWAY MANOR, PHILADELPHIA, PA 19111   |   | County: Philadelphia  |
| Administrator: Mary Ann Parisse   |   | Region: SOUTHEAST     |
| Legal Entity Name: PHILADELPHIA PROTESTANT HOME   |   |                       |
| Legal Entity Address: 6600 TABOR ROAD, PHILADELPHIA, PA 19111   |   |                       |
| Certificate(s) of Occupancy<br>I1 2A<br>10/28/1999<br>I.&I City of Philadelphia   |   |                       |
| Staffing Hours  |   |                       |
| Resident Support:   | Total Daily Staff: 228  | Working Staff: 171    |
| Type of Inspection: Full  | BHA Docket Number:  | Notice: Unannounced   |
| Reason(s) for Inspection(s)<br>Renewal  |   |                       |
| On-Site Inspections Dates and Department Representatives On-Site<br>05/27/2014: Adams, Patricia; Braswell, Natacha<br>05/28/2014: Adams, Patricia; Braswell, Natacha  |   |                       |
| Off-Site Inspection Dates and Inspectors, If Applicable   |   |                       |
| Other Details   |   |                       |
| Partial or Full Triggers:   |   | Random Indicators:    |
| Resident Demographic Data as of Inspection Date   |   |                       |
| Licensed Capacity: 176<br>Number of Residents Served: 155<br>Secured Dementia Care Unit In Home: No<br>Area:<br>Secured Dementia Unit Capacity, If Applicable:<br>Number of Residents Served in Secured Dementia Care Unit, If applicable:<br>Number of Current Hospice Residents: 2<br>Number of Hospice Residents in past year: | Number of Residents who:<br>Receive Supplemental Security Income: 0<br>Are 60 Years of Age or Older: 155<br>Have Mental Illness: 3<br>Have an Intellectual Disability: 0<br>Have a Mobility Need: 73<br>Have a Physical Disability: 2 |                       |

Violation Report: 14460 - 05/27/2014 - Adams, Patricia  
 PCH Name: PHILADELPHIA PROTESTANT HOME

**1. REGULATION 65 Pa.Code §2800**  
 2800.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

**2a. DESCRIPTION OF VIOLATION**  
 On 5/29/14, at 1:50 pm, the 24 hour report book was observed unlocked and accessible atop a shelf above the microwave; located in the 2nd floor television lounge.

**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.

The 24 hour report book was immediately removed from the shelf above the microwave. The 24 hour report book is utilized by direct care staff to document vital signs, weights, accuchecks and any other pertinent information that needs to be communicated from shift to shift.

All staff have been in-serviced on keeping the 24 hour report book locked in the medication room on each floor when not being utilized.  
 Nursing Administration/Administrator will make daily rounds to ensure the 24 hour report book is locked in med room when not in use.

See attached in-service sign in sheet.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

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

Date 6/26/14

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

The above plan of correction is approved as of 6/30/14  
 (Date)

Plan of correction implementation status as of 6/30/14  
 (Date)

The above plan of correction was approved by [Signature]  
 (Initials)

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

**Regulation 2600.17** Resident records shall be confidential, and except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person, if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

The 24 hour report book is utilized by staff to document vital signs, accuchecks, weights and any other pertinent information that needs to be communicated from shift to shift.

The 24 hour report book will be kept in the locked medication room on each floor when not being utilized by staff.

Violation Report: 14460 - 05/27/2014 - Adams, Patricia  
 PCH Name: PHILADELPHIA PROTESTANT HOME

1. REGULATION 55 Pa.Code §2800  
 2800.08(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION  
 The floors in the home's dining areas were coated with a sticky substance, causing shoes to stick to the floor and presenting a falling hazard for 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.

The Director of Environmental Services placed a call to the 3M Sales Representative, who distributes chemicals, and had him come out and re-calibrate the 3M Portion Control Chemical System. The 3M Representative came out to PPh on 6/3/14 and made recommendations to use another cleaning product on these floors since they are anti-slip. We are now using a 3H chemical, which is a neutralizer to clean the floors and also recommended was a #34 chemical - peroxide cleanser and have not noticed any "sticky" floors.

All housekeeping staff have been in-serviced on the proper techniques of floor cleaning and mopping.  
 The Director of Environmental Services and Administrator will conduct rounds in the dining rooms to ensure floors are not "sticky".

See attached in-service sign in sheet.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

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

Mary Ann Porisse, VP Residential Living & Personal Care  
 VP Residential Living & Personal Care  
 Date 6/26/14

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 (Date)

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 (Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Plan of Correction for Code 88a

The Director of Environmental Services will place a call to the 3M Sales Representative, who distributes chemicals, and have him come out and recalibrate the 3M Portion Control Chemical System.

Also, all staff (day and night service) will be in-serviced by [REDACTED] on Dining Room Floor Cleaning according to the policy. Staff will also be instructed to contact [REDACTED] when cleaning of dining room floors has been completed and ready for inspection.

Violation Report: 14450 - 05/27/2014 - Adams, Patricia  
 PCH Name: PHILADELPHIA PROTESTANT HOME

1. REGULATION 56 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 telephone located in resident # 1's room does not have emergency service numbers posted nearby.

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.

Regulation 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.

This violation occurred in the SDU, which is a 20 bed unit. The resident had been transferred to the SDU 4 days prior to the survey. The ER sign was placed on the resident's wall near the telephone; however the ER #'s were not posted when the surveyor entered the room that morning and an ER phone # sign was immediately put back up while the surveyor was still in the room.

Staff will conduct audit of all residents rooms on the SDU on a daily basis to ensure the ER #'s are posted near the telephone.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page) Mary Ann Parise, VP Residential Living & Personal Care

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Mary Ann Parise, VP Residential Living & Personal Care Date 6/26/14

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 (Date)

Plan of correction implementation status as of 6/30/14  
 (Date)

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 (Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 14460 - 05/27/2014 - Adams, Patricia  
 PGH Name: PHILADELPHIA PROTESTANT HOME

1. REGULATION 55 Pa.Code §2800  
 2800.103(d) - Food shall be stored off the floor.

2a. DESCRIPTION OF VIOLATION  
 On 5/27/14, boxes of food were stored on the floor inside the freezer.

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 approved shelving system was placed in the freezer the same day the boxes were observed on the freezer floor and all boxes that were noted to be found on the freezer floor were placed in a safe manner on the shelving. The surveyor did state "I went back to the kitchen in the afternoon and checked the freezer and all the boxes were off the floor". Dining Service staff were in-service of awareness of any item on the freezer floor and if they observe something to inform a Manager or Supervisor aware so the item can be placed in the correct location by the appropriate staff member. A task was also placed on the Dining Services Opening Checklist, which a Manager or Supervisor conducts on a daily basis to ensure no boxes of any type are on the freezer floor. See attached Opening Checklist and also in-service provided to all Dining Staff.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Mary Ann Parvise, VP Residential Living & Personal Care*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Mary Ann Parvise, VP Residential Living & Personal Care*      Date *6/26/14*

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The above plan of correction is approved as of *6/30/14* (Date)

The above plan of correction was approved by *[Signature]* (Initials)

Plan of correction implementation status as of *6/30/14* (Date)

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

Violation Report: 14460 - 06/27/2014 - Adams, Patricia  
 PCH Name: PHILADELPHIA PROTESTANT HOME

**1. REGULATION 55 Pa. Code §2600**

2600.185(b) - At a minimum, the procedures in § 2600.185(a) shall include:

- (1) Documentation of the receipt of controlled substances and prescription medications.
- (2) A process to investigate and account for missing medications and medication errors.
- (3) Limited access to medication storage areas.
- (4) Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply for a resident who self-administers medication without the assistance of a staff person and stores the medication in his/her room.

**2a. DESCRIPTION OF VIOLATION**

Resident # 4, was observed by an agent of the Department, ingesting medication in their room, unattended, at 3:00 pm on 5/28/14. The medication was identified as Furosemide 40 mg administered daily at 1:00 pm. The home's procedures for medication administration states "give resident the medication and watch the resident take the medication."

**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.*

The resident finally disclosed on Friday, 5/30/14, that it was the lasix that was taken at 3pm. The MD was notified of this and sent an order to change the time of lasix from 1pm to 3pm at resident's request (see attached order from MD and also reportable incident for medication error-out of compliance with medication time). The med tech was counselled on making sure the resident swallows all medication before leaving the room. The med tech did state "I did see the resident take her pills with water". Med tech also instructed to remove pill cup from residents room prior to leaving room.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Mary Ann Parryse, VP Residential Living & Personal Care*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Mary Ann Parryse, VP Residential Living & Personal Care* Date *6/26/14*

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

Violation Report: 14460 - 05/27/2014 - Adams, Patricia  
 POH Name: PHILADELPHIA PROTESTANT HOME

1. REGULATION 55 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

- On 5/28/14, the medication administration record for resident #2 does not include the prescription label instructions stating "take with orange juice" for Furosemide 40 mg.  
 - On 5/28/14, the medication administration record for resident #3 does not include the prescription label instructions stating "take with orange juice" for Furosemide 20 mg.

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.

This was corrected immediately-direction label changes were placed on both bottles of furosemide.  
 Weekly med cert audits are conducted by the Charge Nurses/Supervisors for Personal Care and they have been in-serviced on making sure that the MAR's and the prescription label match verbalim or a direction label change must be placed on the prescription label.

See attached In-service sign in sheet  
 Nursing Administration/Administrator will randomly audit med carts to ensure MAR's and prescription labels match.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Mary Ann Parisse, VP Residential Living & Personal Care*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Mary Ann Parisse, VP Residential Living & Personal Care* Date *6/26/14*

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 (Date)

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 (Initials)

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

Regulation 2600.187(a) a medication record shall be kept to include the following for each resident for whom medications are administered

The MAR's for 2 separate residents during the survey did not match the prescription label The MAR stated furosemide 20mg tablet one tablet by mouth daily and the prescription label stated furosemide 20mg tablet one tablet by mouth daily "take with orange juice"

Weekly med cart audits are conducted by the Charge Nurses and Supervisors for Personal Care and the Charge Nurses and Supervisors have been in-serviced to make sure that when med cart audits are conducted the MAR and the prescription label must match verbatim or a direction label change must be placed on the prescription label.

Violation Report: 14460 - 05/27/2014 - Adams, Patricia  
 PCH Name: PHILADELPHIA PROTESTANT HOME

1. REGULATION 55 Pa.Code §2600 -  
 2800.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

- Resident # 4's Hydrocortin cream was not available for use on 5/28/14.  
 - Resident # 4 is prescribed Furosemide 40 mg daily at 1:00 pm. On 5/28/14, resident #4 was observed, by agent of the Department, ingesting the medication at 3:00 pm, unattended.

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.

The Hydrocortin cream is ordered for application twice daily at 9am and 9pm. The surveyor entered residents room at approximately 3pm and opened the Hydrocortin Cream container and observed that the container was empty. The pharmacy was called and sent a new container of Hydrocortin Cream and resident had the cream available to apply for the 9pm dose. (see attached receipt from the pharmacy with date cream ordered and received).  
 Since the resident self medicates the Hydrocortin Cream, we will complete monthly self med teaching to ensure there is an ample supply of cream.

The resident finally disclosed on Friday, 5/30/14, that it was the lasix that was taken at 3pm. The MD was notified of this and sent an order to change the time of lasix from 1pm to 3pm at resident's request (see attached order from MD and also reportable incident for medication error-out of compliance with medication time). The med tech was counselled on making sure the resident swallows all medication before leaving the room. The med tech did state "I did see the resident take her pills with water". Med tech also instructed to remove pill cup from residents room prior to leaving room.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Mary Ann Porriese, LP Residential Living & Personal Care*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Mary Ann Porriese, LP Residential Living & Personal Care*      Date *6/26/14*

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 (Date)

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 (Initials)

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- Not Implemented

Violation Report: 14460 - 05/27/2014 - Adams, Patricia  
 POH Name: PHILADELPHIA PROTESTANT HOME

1. REGULATION 65 Pa.Code §2600  
 2600.261(a) - A separate record shall be kept for each resident.

2a. DESCRIPTION OF VIOLATION  
 On 5/29/14, discharged resident # 5's RASP was observed in the record of resident # 6.

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.

The Resident Care Coordinator was closing out the RASP for resident #5, who had discharged to home on 5/24/14 and she also had resident #6's chart open at the same time and when the Resident Care Coordinator received the list of resident charts the surveyors requested, resident #6 was one of the 17 requested charts and she inadvertently closed resident #6's chart with resident #5's RASP in the chart. This was clearly an error as all of the other medical files reviewed during the survey had only the correct documentation.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Mary Ann Purvase, VP Residential, Living & Personal Care*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Mary Ann Purvase, VP Residential Living & Personal Care*      Date *6/26/14*

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