



SEP 03 2014

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

RE: Clarises Personal Care Residence  
License #: 134090

Dear Ms. Almarales:

As a result of the Department of Public Welfare's licensing inspection on July 10, 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 November 1, 2014 to November 1, 2015 was issued on July 15, 2014. Your regular license remains in good standing.

Sincerely,

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

Matthew J. Jones  
Director

'SH

Enclosure  
License Inspection Summary

**VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2800**

PCH Name: CLARISES PERSONAL CARE RESIDENCE		License Number: 13408
Address: 514 EAST ROOSEVELT BOULEVARD, PHILADELPHIA, PA 19120		County: Philadelphia
Administrator: J. Allison Almarales		Region: SOUTHEAST
Legal Entity Name: CLARISES PERSONAL CARE RESIDENCE INC		
Legal Entity Address: 514 EAST ROOSEVELT BOULEVARD, PHILADELPHIA, PA 19120		
Certificate(s) of Occupancy I-1 02/08/1988 City of Philadelphia		
Staffing Hours Resident Support: Total Daily Staff: 8 Waking Staff: 6		
Type of Inspection: Ind - 49 Indicators BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal, Indicator		
On-Site Inspections Dates and Department Representatives On-Site 07/10/2014: Adams, Patricia		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: Random Indicators: 98a, 15c, 20b3, 44d, 5a3		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 8 Number of Residents Served: 7 Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served In Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 6 Are 60 Years of Age or Older: 3 Have Mental Illness: 7 Have an Intellectual Disability: 2 Have a Mobility Need: 1 Have a Physical Disability: 0	

Violation Report: 13409 - 07/10/2014 - Adams, Patricia  
 PCH Name: CLARISES PERSONAL CARE RESIDENCE

1. REGULATION 85 Pa.Code §2800  
 2800.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION  
 On 7/10/14, a tube of Cortaid Advanced Anti-Itch Cream, located in the home's first aid kit, expired on 7/2010.

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 & STAFF WAS TRAINED ON 7/11/14, WHICH INCLUDE CHECKING THE FIRST AID KIT MONTHLY FOR EXPIRED ITEMS. THE ADMINISTRATOR AND DESIGNEE WILL CONDUCT MONTHLY CHECKS, ON 7/11/14 A MONTHLY LOG WAS DEVELOPED TO ENSURE THAT NO EXPIRE ITEMS ARE IN THE FIRST AID KIT.

A SAMPLE OF THE MONTHLY CHECK LIST:

FIRST AID KIT INVENTORY IS ENCLOSE

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*J. Alvarado*

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

J. Alvarado

Date 8/14/14

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

The above plan of correction is approved as of

*8/20/14*  
 (Date)

Plan of correction implementation status as of

*8/20/14*  
 (Date)

The above plan of correction was approved by

*RB*  
 (Initials)

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