



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: SEP 15 2015

Ms. Marcia Waite – Sokale, Administrator
Evadney Scoggins
1243 West Tioga Street
Philadelphia, PA 19140

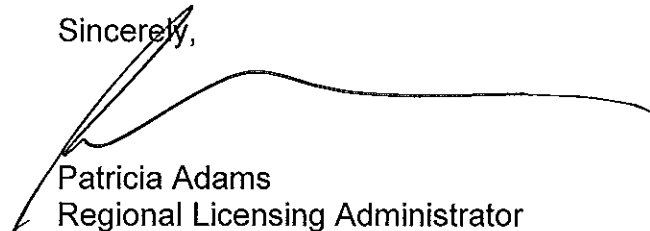
RE: Scoggins Personal Care Home
License #: 140150

Dear Waite - Sokale:

As a result of the Department of Human Services' licensing inspection on January 8, 2015 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Patricia Adams", written over a horizontal line.

Patricia Adams
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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

PCH Name: SCOGGINS PERSONAL CARE BOARDING HOME		License Number: 14015
Address: 1245 WEST TIOGA STREET, PHILADELPHIA, PA 19140		County: Philadelphia
Administrator: Marcia Waite-Sokate		Region: SOUTHEAST
Legal Entity Name: EVADNEY SCOGGINS		
Legal Entity Address: 1243 WEST TIOGA STREET, PHILADELPHIA, PA 19140		
Certificate(s) of Occupancy		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 26	Waking Staff: 20
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Complaint		
On-Site Inspections Dates and Department Representatives On-Site		
01/08/2015: Keppel, Autumn; Mcllvain, Shawn		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 26 Number of Residents Served: 22 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: 20 Are 60 Years of Age or Older: 12 Have Mental Illness: 18 Have an Intellectual Disability: 2 Have a Mobility Need: 4 Have a Physical Disability: 3	

Violation Report: 14015 - 01/08/2015 - Keppel, Autumn
 PCH Name: SCOGGINS PERSONAL CARE BOARDING HOME

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

The most recent assessment for Resident #1 was completed on 9/8/14. In speaking with the resident and the home, it was determined that the resident has hallucinations. This resident's assessment indicates that the resident has no problem with hallucinations.

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.

As per conversation with the licensing rep. we were not told by resident nor by the inspectors who visited on 1/8/2015 that resident had or was having hallucinations. Resident's diagnosis per the psychiatrist is bipolar. D/O however being aware of this the hallucinations as per this violation. we have ① contacted the psychiatrist ② spoken to the resident ③ updated a new RASP which were were already doing due to many medicine changes since resident entered the home August 2014. Every month there has been changes in medication.

Plans Pch staff will continue to monitor and work with the resident in clarifying fantasy vs reality and document incidents as they occur. New RASP also indicates the hallucination and delusion problem.

In the future: Staff will clarify with inspectors before they exist the building their findings & document everything.

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

Signature of Legal Entity Representative (Required on EVERY Page) Marcia Waite-Sokal

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Marcia Waite-Sokal Date 5/22/2015

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

The above plan of correction is approved as of <u>1/8/15</u> (Date)	Plan of correction implementation status as of <u>6/8/15</u> (Date)
The above plan of correction was approved by <u>[Signature]</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