



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

SEP 16 2015

Ms. Mary Ann Parisse, VP Residential Living and Personal Care  
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. Parisse:

As a result of the Department of Human Services' licensing inspection on June 10, 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.

Your regular license for the period August 15, 2015 to August 15, 2016 was issued on May 7, 2015. 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 - 56 Pa.Code Chapter 2600**

PCH Name: PHILADELPHIA PROTESTANT HOME		License Number: 14450
Address: 6500 TABOR ROAD, PHILADELPHIA, PA 19111		County: Philadelphia
Administrator: MARY ANN PARISSÉ		Region: SOUTHEAST
Legal Entity Name: PHILADELPHIA PROTESTANT HOME		
Legal Entity Address: 6500 TABOR ROAD, MIDWAY MANOR, PHILADELPHIA, PA 19111		
<b>Certificate(s) of Occupancy</b> I-1 2A 10/28/1999 L&I CITY OF PHILADELPHIA		
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 242	Working Staff: 182
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
06/10/2015: Colon, Lissette; Braswell, Natasha		
<b>Off-Site Inspection Dates and Inspectors, If Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: <del>175</del> 188 (JK) Number of Residents Served: 164 Secured Dementia Care Unit in Home: Yes Area: Chapters Secured Dementia Unit Capacity, if applicable: 20 Number of Residents Served in Secured Dementia Care Unit, if applicable: 20 Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 1	<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 164 Have Mental Illness: 3 Have an Intellectual Disability: 0 Have a Mobility Need: 78 Have a Physical Disability: 2	

Violation Report: 14460 - 06/10/2015 - Colon, Lissette  
 PCH Name: PHILADELPHIA PROTESTANT HOME

**1. REGULATION 55 Pa.Code §2600**  
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

**2a. DESCRIPTION OF VIOLATION**  
 There was one broken ceiling tile inside the 3rd floor personal care bathroom.

**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 one broken ceiling tile inside the 3rd floor Personal Care bathroom was immediately replaced by the maintenance staff during the survey.

Weekly inspections of each Personal Care bathroom will be conducted by our Maintenance staff and reviewed by the Maintenance Supervisor and PC Administrator.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/27/2014
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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 *VP Residential Living & Personal Care* Date *7/17/15*  
 (Required on EVERY Page) *Mary Ann Parisse*

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

The above plan of correction is approved as of *7/29/15*  
 (Date)

Plan of correction implementation status as of *7/29/15*  
 (Date)

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

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