



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 02 2015

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

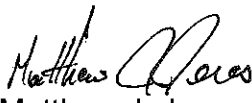
RE: Roxborough Home for Women
License #: 141560

Dear Ms. Nardone:

As a result of the Department of Human Services' annual licensing inspections on September 10, 2015 and October 12, 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,


Matthew J. Jones
Director

Enclosure
License Inspection Summary

Violation Report: 14156 - 09/10/2015 - McHale, Christine
PCH Name: ROXBOROUGH HOME FOR WOMEN

1. REGULATION 66 Pa.Code §2800
2800.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (36 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION
Direct care staff member A was hired on [redacted] 15. The home did not request a criminal background check for this person until 9/2/15.

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 home originally requested a background check for Staff A prior to her hire date. Administration could not locate the background check during a routine audit on 9/2/15. The home requested a new background check when they could not locate the original. Administration will obtain a background check for all staff prior to the date of hire. A copy of staff's criminal background checks will be kept on file in the home. If a background check become missing the home will immediately request an additional check. Administration will audit the staffing records annually to ensure background checks are accurate and on file in the home.

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

Signature of Legal Entity Representative (Required on EVERY Page) Gabrielle Crick

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) GABRIELLE ANIK, Designee Date 11/10/15

DEPARTMENT USE ONLY HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 11/12/15 (Date)

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

Plan of correction implementation status as of 11/12/15 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 14156 - 09/10/2015 - McHale, Christine
PCH Name: ROXBOROUGH HOME FOR WOMEN

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

- Direct care staff person A does not have a high school diploma, GED diploma, or active registration status on the Pennsylvania nurse aide registry.
- Direct care staff person B does not have a high school diploma, GED diploma, or active registration status on the Pennsylvania nurse aide registry.

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.

Request for withdrawal
 Staff persons A and B did have high school diplomas on file in the home (see attached).
 Administration could not locate Staff A and B's diploma during the inspection.
 The staff's diplomas were located in a record after the inspection.
 The home will obtain diplomas from potential employees prior to hire.
 A copy of all staff's diplomas will be kept on file in the home.
 Administration will audit the employee records annually to ensure that diplomas are on file.


Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Gabrielle Anik</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	GABRIELLE ANIK, DESIGNEE	Date	11/10/15
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(Date)

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(Initials)

Plan of correction implementation status as of 11/13/15
(Date)

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

Violation Report: 14155 - 09/10/2015 - McHale, Christine
 PCH Name: ROXBOROUGH HOME FOR WOMEN

1. REGULATION 55 Pa.Code §2600

- 2800.64(a) - Prior to initial employment as an administrator, a candidate shall successfully complete the following:
- (1) An orientation program approved and administered by the Department.
 - (2) A 100-hour standardized Department-approved administrator training course.
 - (3) A Department-approved competency-based training test with a passing score.

2a. DESCRIPTION OF VIOLATION

Staff person C, who is the home's administrator, has not successfully completed the Department-approved and administered orientation program; the Department-approved 100-hour administrator training course; the Department-approved competency-based training test.

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.

Staff person C is currently taking the 100 hour course.
 The home has contracted with MECA to have an administrator in the home until December 2015.
 [REDACTED] will be the home's administrator until December 2015.
 Staff C will complete her 100 hour training and competency based training test December 2015.
 Staff C will keep a copy of her training and competency test on file in the home.
 The home will always have an approved administrator in the home at least 20 hours weekly.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) *Gabrielle Anik*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **GABRIELLE ANIK, DESIGNER** Date *11/10/15*

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The above plan of correction is approved as of <u>11/2/15</u> (Date)	Plan of correction implementation status as of <u>11/18/15</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

Violation Report: 14156 - 09/10/2015 - McHale, Christine
 PCH Name: ROXBOROUGH HOME FOR WOMEN

1. REGULATION 58 Pa.Code §2800

2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10226.101-10226.5102).
- (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

Ancillary staff person D was hired [redacted] 15. The staff person did not receive orientation in the home's emergency medical plan and reporting of reportable incidents.

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 home could not locate Staff person D's orientation training during inspection.
 Staff D received training in the home's emergency medical plan and reporting incidents.
 All new staff will receive orientation training within the first 8 and 40 hours of working.
 A copy of the staff's training including topics will be kept on file in the home.
 Administration will audit the records annually to ensure that orientation records are present.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Gabrielle Anik*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *GABRIELLE ANIK, Designee* Date *11/10/15*

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 (Initials)

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- Not Implemented

Violation Report: 14158 - 09/10/2015 - McHale, Christine
 PCH Name: ROXBOROUGH HOME FOR WOMEN

1. REGULATION 55 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2008 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired on [redacted] 15, provides unsupervised ADL services in the home. The staff person has not completed the Department approved online direct care staff training.

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.

Request for withdrawal
 The home could not locate Staff person A's direct care online training during the inspection.
 Staff A completed the direct care online training [redacted] 07 prior to hire (see attached).
 The home will have all new staff complete the direct care online training before providing ADLs unsupervised.
 All direct care on line training will be kept on file in the home in the staffing records.
 Administration will audit the staffing records annually to ensure direct care online training is present.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Gabrielle Anik*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *GABRIELLE ANIK, Designer* Date *11/10/15*

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Violation Report: 14168 - 09/10/2015 - McHale, Christine
 PCH Name: ROXBOROUGH HOME FOR WOMEN

1. REGULATION 55 Pa.Code §2600
 2600.66(a) - A staff training plan shall be developed annually.

2a. DESCRIPTION OF VIOLATION
 The home does not have a staff training plan for 2015.

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.

Administration could not locate the 2015 staff training plan during the inspection.
 The home has the 2015 staff training plan and a 2016 projected training plan (see attached).
 The home will keep a copy of the annual staff training plan on file in the home.
 If the training plan becomes missing or misfiled the home will immediately replace the plan.
 Administration will audit the training records annually to ensure that the annual staff training plan is on file in the home.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Gabrielle Anik*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>GABRIELLE ANIK, Designee</i>	Date <i>11/10/15</i>
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Plan of correction implementation status as of *11/13/15*
 (Date)

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

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

Violation Report: 14156 - 09/10/2015 - McHale, Christina
 PCH Name: ROXBOROUGH HOME FOR WOMEN

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 emergency service numbers posted near the phone in resident room #111 do not include the phone numbers for the nearest hospital, police department, fire department, ambulance, local emergency management agency, and poison control.

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 home revised and posted the emergency number listing during the inspection.
 The revisions included adding the 911, the nearest hospital, fire department, ambulance, local emergency management agency and poison control (see attached).
 Direct care staff will check the telephones daily to ensure that all emergency numbers are posted.
 If the emergency numbers list becomes frayed or removed the home will replace it immediately.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Gabrielle Anik*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *GABRIELLE ANIK, Designer* Date *11/10/15*

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Violation Report: 14158 - 09/10/2015 - McHale, Christine
 PCH Name: ROXBOROUGH HOME FOR WOMEN

1. REGULATION 68 Pa.Code §2800
 2800.131(f) - Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

2a. DESCRIPTION OF VIOLATION
 The fire extinguishers in the kitchen, on the "kitchen porch," four in the home's basement, three on the first floor, and four on the second floor have not been inspected a fire safety expert since March 2014.

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 home telephoned the fire extinguisher company immediately after inspection to schedule to have the fire extinguishers inspected.
 The fire extinguishers in the home were inspected 9/25/15.
 Administration will check and initial the fire extinguisher slips monthly.
 Any missing slips will immediately be replaced.
 Administration will schedule with the fire extinguisher company annually to ensure that they are checked by a reputable company at least annually.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Gabrielle Oude*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>GABRIELLE OUDE, Designer</i>	Date <i>11/10/15</i>
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Violation Report: 14168 - 09/10/2015 - McHale, Christine
 PCH Name: ROXBOROUGH HOME FOR WOMEN

1. REGULATION 56 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The medical evaluation for resident #1, dated 10/6/14, does not include a list of the resident's medications. The medical evaluation states "see attached med list," however, there is no list attached.

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 home had a new medical evaluation completed for Resident #1 on 10/23/15.
 The medications are listed on Resident #1's new medical evaluation.
 The home will have DME's completed with 30 days of admission and annually thereafter.
 Medications will be included on all new medical evaluations.
 Administration will audit resident records annually to ensure that all medical evaluations are completed with the inclusion of medications and within one year of the previous evaluation.
 Any medical evaluations found in error will be forwarded to the physician for correction.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Gabrielle Anik*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>GABRIELLE Anik, Designer</i>	Date <i>11/10/15</i>
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 (Initials)

- Fully Implemented
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- Not Implemented

Violation Report: 14156 - 09/10/2015 - McHale, Christine
 PCH Name: ROXBOROUGH HOME FOR WOMEN

1. REGULATION 65 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #1's most recent medical evaluation was completed on 10/8/14. The previous medical evaluation was completed on 6/18/13.

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.

Resident #1's 2013, 2014 and 2015 medical evaluations were dated more than one year apart. Administration will create a tickler to alert her as to when the resident's medical evaluation is due for completion. The administration will ensure that physicians are completing the medical evaluations timely. A copy of all medical evaluations will be kept on file in the home. Administration will audit the resident records annually to ensure that all medical evaluations have been completed within one year of the previously completed medical evaluation. Any medical evaluations found in error will be immediately forwarded to the physician for correction.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Gabrielle Cluik*

Printed Name and Title of Legal Entity Representative
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 (Date)

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 (Initials)

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Violation Report: 14156 - 09/10/2016 - McHale, Chrialne
 PCH Name: ROXBOROUGH HOME FOR WOMEN

1. REGULATION 55 Pa.Code §2600
 2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION
 Resident #1 receives Advair Diskus. Per the manufacturer of this medication, the medication must be discarded after one month. The resident's Advair Diskus is not labeled when it was opened.

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.

Administration conducted an in-service with the staff regarding dating medication (see attached).
 The staff will date all inhaler upon opening them.
 The direct care supervisor will check inhalers monthly to ensure that they are discarded monthly.
 Any inhalers found after the one month date will be immediately discarded.
 Administration will audit the inhalers in the medication drawer monthly to ensure that all inhalers are dated and appropriately discarded.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Gabrielle Anik*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) GABRIELLE ANIK, Designer	Date 11/10/15
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