



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUL 15 2016

Ms. Patti Gray, RN, PCH Administrator
Simpson House, Inc.
2101 Belmont Avenue
Philadelphia, Pennsylvania 19131

RE: Simpson House
Belmont Avenue & Monument Road
Philadelphia, Pennsylvania 19131
License #: 189210

Dear Ms. Gray:

As a result of the Department of Human Services' annual licensing inspection on April 18, 2016 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 "Jay Bausch".

Jay Bausch
Deputy Secretary

Enclosure
License Inspection Summary

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

PCH Name: SIMPSON HOUSE		License Number: 18021
Address: BELMONT AVENUE & MONUMENT ROAD, PHILADELPHIA, PA 19131		County: Philadelphia
Administrator: Paul Gray		Region: SOUTHEAST
Legal Entity Name: SIMPSON HOUSE INC		
Legal Entity Address: 2101 BELMONT AVENUE, PHILADELPHIA, PA 19131		
Certificate(s) of Occupancy I-2 07/17/1995 Philadelphia I. & I		
Staffing Hours Resident Support: 0 Total Daily Staff: 110 Working Staff: 83		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 04/18/2016: Kazlmer, Lauren; Braswell, Natasha		
Off-Site Inspection Dates and Inspectors, If Applicable 04/20/2016: Kazlmer, Lauren		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 84 Number of Residents Served: 55 Secured Dementia Care Unit In Home: Yes Area: Comfort Haven Secured Dementia Unit Capacity, if Applicable: 9 Number of Residents Served In Secured Dementia Care Unit, if applicable: 7 Number of Current Hospice Residents: 0 Number of Hospice Residents In past year: 6	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 55 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 55 Have a Physical Disability: 2	

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Violation Report: 18921 - 04/18/2016 - Kazimer, Lauren			
PCH Name: SIMPSON HOUSE			
<p>1. REGULATION 55 Pa. Code §2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.</p>			
<p>2a. DESCRIPTION OF VIOLATION The contract for resident #1 was not signed by the resident.</p>			
<p>3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i></p> <p>Immediate Correction: The contract for the resident indicated was reviewed with the resident and the resident's designated person on April 24, 2016. The resident's signature was obtained on the contract at that time. (Please see attachment # 1, signature page 24 of the contract)</p> <p>Plan for ongoing compliance: Execution of the contract is the responsibility of the Personal Care Home, Director of Admissions. The person in this position has been educated on the regulations and the need for a fully executed contract on or before the date of admission. All newly executed contracts will be reviewed by the Personal Care Home Administrator or the Assistant Personal Care Home Administrator for accuracy and completion on an ongoing basis.</p>			
Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)		<i>Patti Gray, RN PCHA</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date	6-9-2016
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <i>6/10/16</i> (Date)		Plan of correction implementation status as of <i>6/10/16</i> (Date)	
The above plan of correction was approved by <i>[Signature]</i> (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: 18921 - 04/18/2016 - Kazimer, Lauren PCH Name: SIMPSON HOUSE	
1. REGULATION 65 Pa.Code §2600 2600.41(e) - A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in § 2600.41(d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.	
2a. DESCRIPTION OF VIOLATION Resident #1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
<p>Immediate Correction:</p> <p>The resident's rights were reviewed with the resident and the resident's designated person on April 24, 2016.</p> <p>All parties signed acknowledgement of the Resident's Rights and Responsibilities at that time. (See attachment #2, 8 pages)</p> <p>Plan for ongoing compliance:</p> <p>Review of the resident's rights is the responsibility of the Personal Care Home, Director of Admissions. The resident rights information is part of the contract and is to be reviewed and acknowledgement of their rights and responsibilities indicated with a signature and date, on or before the day of admission along with the rest of the contract. The person in this position has been educated on the regulations and the need for a fully executed contract on or before the date of admission.</p> <p>All newly executed contracts will be reviewed by the Personal Care Home Administrator or the Assistant Personal Care Home Administrator for accuracy and completion on an ongoing basis.</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Patti Gray, RN, PCHA</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Patti Gray, RN PCHA	Date 6-9-2016
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Violation Report: 18021 - 04/18/2016 - Kazimer, Lauren			
PCH Name: SIMPSON HOUSE			
1. REGULATION 55 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 There were no emergency service numbers posted near the phone in room #107.			
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>			
<p>Immediate Correction:</p> <p>The prior procedure was to have a list of emergency phone numbers in a picture frame and hung in each resident's apartment. What was found was that some residents do not like this on their wall as part of their decor. To correct the issue a list of emergency phone numbers has been attached to the phone cord of all phones with an outside line (land line). If it is a cordless phone the list has been attached to the phones charging base. This correction was completed as of April 29, 2016.</p> <p>Plan for ongoing compliance:</p> <p>An audit for the presence of the emergency phone list will be done daily by the care givers as they are completing light housekeeping. An audit for the emergency phone list will also be done by the housekeeper weekly when they are cleaning the resident's apartment.</p>			
Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)		<i>Patricia Gray, RN PCHA</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date	6-9-2016
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Violation Report: 18921 - 04/18/2016 - Kazimor, Lauren			
PCH Name: SIMPSON HOUSE			
<p>1. REGULATION 55 Pa.Code §2600 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.</p>			
<p>2a. DESCRIPTION OF VIOLATION There was no thermometer in the freezer located in Comfort Haven's kitchen.</p>			
<p>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.</p> <p>Immediate Correction:</p> <p>Thermometers have been adhered to the inside wall of all refrigerators and freezers in the common areas.</p> <p>Temperature logs have been utilized, and the care givers are responsible for checking the temperature of the refrigerator and freezer daily in the AM and PM. (See attachment #3)</p> <p>Plan for ongoing compliance:</p> <p>The log will be completed twice a day by the care givers. It is indicated on the log that if the thermometer is missing they must report it to the charge nurse, administrator and or maintenance and it will be replaced immediately.</p>			
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Violation Report: 18921 - 04/18/2016 - Kazlmer, Lauren PCH Name: SIMPSON HOUSE			
1. REGULATION 56 Pa.Code §2600 2600.107(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 - The medication administration record for resident #1 does not include the diagnosis or purpose for Metoprolol 50mg. - The medication administration record for resident #2 does not include the diagnosis or purpose for Vitamin D400 IU and Valsartan 320mg.			
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.			
Immediate Correction: The prescribing physician reviewed the orders for both residents on April 19, 2016 and the diagnosis was indicated on the physician orders, and added to the medication administration record. (See attachment #4 and #5) Plan for ongoing compliance: All new orders will be reviewed by the Wellness Nurse and/or the Personal Care Home Administrator for accuracy and completeness, including a Diagnosis at the time the order is obtained. The physician will be contacted if corrections or additional information is needed.			
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Signature of Legal Entity Representative (Required on EVERY Page) <i>Patti Gray RN PCHA</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Patti Gray, RN PCHA		Date	6-9-2016
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The above plan of correction was approved by <i>AB</i> (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: 18921 - 04/18/2016 - Kazimer, Lauren			
PCH Name: SIMPSON HOUSE			
<p>1. REGULATION 65 Pa.Code §2600 2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.</p>			
<p>2a. DESCRIPTION OF VIOLATION There is no documentation that resident #1 has been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.</p>			
<p>3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i></p> <p>Immediate Correction:</p> <p>The resident rights including the right to question or refuse medication has been reviewed with the resident and the resident's responsible person on April 24, 2016.</p> <p>All parties signed acknowledgement of the Resident's Rights and Responsibilities at that time. (See attachment #2, page 2, and page 8)</p> <p>Plan for ongoing compliance:</p> <p>Review of the resident's rights is the responsibility of the Personal Care Home, Director of Admissions. The resident rights information is part of the contract as is to be reviewed and acknowledgement of their rights and responsibilities indicated with a signature and date, on or before the day of admission along with the rest of the contract. The person in this position has been educated on the regulations and the need for a fully executed contract on or before the date of admission.</p> <p>All newly executed contracts will be reviewed by the Personal Care Home Administrator or the Assistant Personal Care Home Administrator for accuracy and completion on an ongoing basis.</p>			
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The above plan of correction was approved by <i>[Signature]</i> (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: 18921 - 04/18/2016 - Kazimer, Lauren PCH Name: SIMPSON HOUSE			
1. REGULATION 55 Pa.Code §2600 2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.			
2a. DESCRIPTION OF VIOLATION - Resident, admitted to the SDCU on [redacted] 2015, had a medical evaluation that did not document the resident's need for SDCU care. - Resident #3, a resident of the SDCU, had a medical evaluation dated 3/9/2016 that did not document the resident's need for SDCU care.			
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>			
Immediate Correction: Resident #1 was admitted to the Secure Dementia Unit on [redacted] 2015. On that date [redacted] primary care physician had evaluated [redacted] and completed the Medical Evaluation form. On that form he did not indicate the need for a Secure Dementia Unit by putting a check mark in the box. However, he did complete the cognitive screen also on [redacted] 2015, as part of the Pre-screen and indicated on that screen that the resident has a diagnosis of Dementia and that the needs of this resident require secured dementia care due to Alzheimer's Disease or other dementia (See attachment # 6, page 2). [redacted] primary care physician corrected the Medical Evaluation form on April 22, 2016 by putting a mark in the box indicating the need for Secured Dementia Care on the Medical Evaluation form mentioned in the violation (See attachment # 7) Resident #2 was evaluated by [redacted] primary care physician on April 20, 2016 and he corrected Medical Evaluation form mentioned in the violation by putting a check mark in the box indicating the need for Secured Dementia Care (See Attachment # 8). The physician expressed that the form indicates that the box for Secured Dementia Care has the notation (For SDCU admissions only). This resident was not a new admission to the SDCU, therefore he followed what the form said and did not check the box. He did continue to indicate under the diagnosis section that the resident has a diagnosis of Dementia. The physicians have been educated on the regulation, and the need for this box to be checked on all Medical Evaluation forms for any resident residing on the Secure Dementia Unit. Plan for ongoing compliance: All Medical Evaluation forms will be reviewed by the Wellness Nurse, Personal Care Home Administrator or the Assistant Personal Care Home Administrator after being returned by the physician for accuracy and completion.			
Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Patti Gray RN PCMA</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Patti Gray, RN 2016		Date	6-9-2016
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The above plan of correction was approved by <i>[Signature]</i> (In Words)		<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: 18921 - 04/18/2016 - Kazimer, Lauren	
PCH Name: SIMPSON HOUSE	
<p>1. REGULATION 55 Pa.Code §2600 2600.231(e) - Each resident record shall have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.</p>	
<p>2a. DESCRIPTION OF VIOLATION Resident #1 was admitted to the SDCU on [redacted] 2015. The home has no documentation that the resident has not objected to the admission.</p>	
<p>3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i></p> <p>Immediate Correction:</p> <p>The consent to reside in the Secure Dementia Unit was reviewed with the resident and resident's designated person on June 2, 2016. All parties agreed to the placement and signed the consent at that time. (See attachment #9)</p> <p>Plan for ongoing compliance:</p> <p>Review of the consent for secured dementia care and the execution of the contract is the responsibility of the Personal Care Home, Director of Admissions. The consent for secured dementia care is to be reviewed and executed with a signature and date, on or before the day of admission to the unit. The person in this position has been educated on the regulations and the need for a fully executed consent for secured dementia care on or before the date of admission.</p> <p>All newly executed contracts, including the consent for secure dementia care will be reviewed by the Personal Care Home Administrator or the Assistant Personal Care Home Administrator for accuracy and completion on an ongoing basis.</p>	
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Signature of Legal Entity Representative (Required on EVERY Page)	
<p><i>Patti Gray, RN PCHA</i></p>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Patti Gray, RN PCHA	6-9-2016
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