



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Ms. Shelly R. Smith, Administrator
Broad Street Residence
5224-26 North Broad Street
Philadelphia, Pennsylvania 19141

SEP 27 2016

RE: Broad Street Residence
License #: 176360

Dear Ms. Smith:

As a result of the Department of Human Services' annual licensing inspection on July 15, 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 "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: BROAD STREET RESIDENCE		License Number: 17636
Address: 5224 26 NORTH BROAD STREET, PHILADELPHIA, PA 19141		County: Philadelphia
Administrator: Shelley Smith		Region: SOUTHEAST
Legal Entity Name: SHELLEY R SMITH		
Legal Entity Address: 5224-26 NORTH BROAD STREET, PHILADELPHIA, PA 19141		
Certificate(s) of Occupancy I-1 07/10/1991 City of Philadelphia		
Staffing Hours Resident Support: 44 Total Daily Staff: 68 Waking Staff: 51		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 07/15/2016: Freeman, Sabrina		
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: 24 Number of Residents Served: 24 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: 21 Are 60 Years of Age or Older: 6 Have Mental Illness: 19 Have an Intellectual Disability: 5 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 17636 - 07/15/2016 - Freeman, Sabrina
 PCH Name: BROAD STREET RESIDENCE

1. REGULATION 55 Pa.Code §2600
 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.

2a. DESCRIPTION OF VIOLATION
 Resident # 1 did not sign a statement to acknowledge the Home's collection of a portion of a resident's rent rebate.

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.

This page was inadvertently omitted by resident #1 during the signing of the admission agreement and other documents. The manager will review new resident files after admission to assure continued compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Shelley R. Smith*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Shelley R. Smith, Administrator</i>	<i>8/15/16</i>

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

The above plan of correction is approved as of <i>8/18/16</i> (Date)	Plan of correction implementation status as of <i>8/18/16</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: 17636 - 07/15/2016 - Freeman, Sabrina

PCH Name: BROAD STREET RESIDENCE

1. REGULATION 55 Pa.Code §2600

2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION

Staff person A works on Saturday and Sunday, from 11 PM to 7 AM; there are 24 residents present in the home. During this time no staff persons were present in the home that was certified in CPR and first aid training.

Staff person A's certification expired February 2016.

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 A completed CPR and first aid training on June 21, 2016 (copy enclosed). The manager will review Cpr expiration dates quarterly to assure continued Compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Shelley R. Smith*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Shelley R. Smith, Admin* Date *8/15/16*

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Violation Report: 17636 - 07/15/2016 - Freeman, Sabrina
 PCH Name: BROAD STREET RESIDENCE

1. REGULATION 55 Pa.Code §2600
 2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
 One of the steps out front of the Home was damaged. It was cracked and chipped and posed a safety and tripping hazard.

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 cracked step has been repaired (picture enclosed). The administrator will walk thru the building monthly to identify and fix areas needing repair to assure continued compliance with regulations.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Shelley R. Smith*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Shelley R. Smith, Admin^{strator}* Date *8/15/16*

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Violation Report: 17636 - 07/15/2016 - Freeman, Sabrina

PCH Name: BROAD STREET RESIDENCE

1. REGULATION 55 Pa.Code §2600

2600.102(i) - A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

2a. DESCRIPTION OF VIOLATION

There was no soap available in the male bathroom on the 2nd floor.

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.

A new soap dispenser has been placed in the bathroom (picture enclosed). The administrator will walk thru the building monthly to identify and fix areas needing repair to Assure continued compliance with regulations.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Shelley R. Smith*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Shelley R. Smith</i>	Date <i>8/15/16</i>
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