



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

NOV 07 2016

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

RE: Roxborough Home for Women  
License #: 141560

Dear Ms. Anik:

As a result of the Department of Human Services' annual licensing inspection on August 23, 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: 14156 - 08/23/2016 - Colon, Lissello  
 PCH Name: ROXBOROUGH HOME FOR WOMEN

1. REGULATION 55 Pa.Code §2600  
 2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION  
 The last fire safety inspection and drill observed by a fire safety expert was conducted on 10/7/14.

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.

2600.132(b)-The administrator will ensure the fire safety inspection will be conducted by a fire safety expert within the annual time frame .  
 This change was made effective immediately. The administrator will meet with the homes team to review regulation 55.PA code 2600.132(b).  
 A plan was put in place that each year the administrator will schedule the fire safety expert to come out in the required time frame.  
 The fire safety inspection will be assessable to the department at the time of the inspection. This plan will ensure that the same violation will not occur again. 8/23/16 *BB*

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page) <i>Gabrielle Quick</i>		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>GABRIELLE ANIK, ADMINISTRATOR</i> Date <i>10.6.16</i>		
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>		
The above plan of correction is approved as of <i>10/13/16</i> (Date)	Plan of correction implementation status as of <i>10/13/16</i> (Date)	
The above plan of correction was approved by <i>BB</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: 14156 - 08/23/2016 - Colon, Lissette  
PCH Name: ROXBOROUGH HOME FOR WOMEN

1. REGULATION 55 Pa.Code §2600

2600.187(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

Resident # 1 has a prescribed order for Docolace 100mg 1 cap as needed. However, on the medication administration record is written as Docolace 100mg 2 caps as needed.

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.

mistake was fixed the day of inspection.

Dosage has been checked against the script, & the appropriate changes made to the MARs.

A double-check system will be put in place to ensure this does not recur.

2600.187(a)-The administrator will met with the medication administration person/nurse immediately to discuss the importance of accurately documenting the medication. The changes have been made immediately 8/23/16 AB

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page) <i>Gabrielle Anik</i>		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>GABRIELLE ANIK, ADMINISTRATOR</i>		Date <i>10.6.16</i>
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>		
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	<input type="checkbox"/> Partially Implemented - Inadequate Progress	
	<input type="checkbox"/> Not Implemented	

Violation Report: 14156 - 08/23/2016 - Colon, Lissette  
PCH Name: ROXBOROUGH HOME FOR WOMEN

1. REGULATION 65 Pa.Code §2600  
2600.224(c) - The preadmission screening shall be completed by the administrator or designee.

2a. DESCRIPTION OF VIOLATION

The preadmission screening dated [redacted] 16, for resident # 2, admitted [redacted] 16, was missing the following elements,

- Name of the admitting home
- Screening information sources
- Level of supervision
- Mobility Needs
- Ability to self administer
- Determination if the resident needs can be met by the home

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 preadmission screening of Resident # 2 was completed on August 24, 2016, by the Administrator.

In the future, all paperwork needed in the admissions process will be reviewed twice - once by the Administrator conducting the screening, and the second time by the Designee (or vice versa).

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, Administrator*      Date *10.6.16*

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

The above plan of correction is approved as of *10/13/16*  
(Date)

Plan of correction implementation status as of *10/13/16*  
(Date)

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

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