



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to KAYMARIE BRIDDELL
LEGAL ENTITY

To operate VINE STREET MANOR
NAME OF FACILITY OR AGENCY

Located at 230 NORTH 65TH STREET, PHILADELPHIA, PA 19139
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 84
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from November 2, 2016 until November 2, 2017,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **142340**

Robert E. Robinson
ISSUING OFFICER

Jay Baul
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 04 2016

Ms. Kaymarie Briddell, Owner
9157 Houndsbay Drive
Montgomery, Alabama 36117

RE: Vine Street Manor
230 North 65th Street
Philadelphia, Pennsylvania 19139
License #: 142340

Dear Ms. Briddell:

As a result of the Department of Human Services' licensing inspection on October 5, 2016 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa.Code Ch. 2600 (related to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because the home is new and not yet serving four or more residents.

In accordance with 55 Pa.Code § 2600.11(b) (relating to procedural requirements for licensure or approval of personal care homes) a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

Your NEW license is enclosed.

Sincerely,

A handwritten signature in black ink that reads 'J. Rowe'.

Jacqueline L. Rowe
Director

Enclosures
License
Licensing Inspection Summary

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

PCH Name: VINE STREET MANOR		License Number:
Address: 230 N. 65TH STREET, PHILADELPHIA, PA 19139		County: Philadelphia
Administrator: LUCILLE BARRETT		Region: SOUTHEAST
Legal Entity Name: KAYMARIE BRIDDELL		
Legal Entity Address: 8157 HOUNDSDAY DRIVE, MONTGOMERY, AL 36117		
Certificate(s) of Occupancy Other 10/19/2010 City of Philadelphia L&I		
Staffing Hours Resident Support: 0 Total Daily Staff: 0 Waking Staff: 0		
Type of Inspection: Partial BHA Docket Number: Notice: Announced		
Reason(s) for Inspection(s) New		
On-Site Inspections Dates and Department Representatives On-Site 10/05/2016: Colon, Lissello		
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: 84 Number of Residents Served: 0 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 * Hospice Residents in past year: 0		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 0 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0

Violation Report: - 10/05/2016 - Colon, Lissette
 PCH Name: VINE STREET MANOR

1. REGULATION 55 Pa.Code §2600
 2600.101(b) - Each shared bedroom must have at least 60 square feet of floor space per resident measured wall to wall, including space occupied by furniture.

2a. DESCRIPTION OF VIOLATION

According to the home's floor plan, the following bedrooms accomodates two residents, however the measurements of each room is less than the dept-approved measurement of 60 square feet of floor space per resident,

- Bedroom # A5 measured at 116 square feet.
- Bedroom # B1 measured at 116.55 square feet.
- Bedroom # C7 measured at 112 square feet.

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.

Bedrooms A5, B1, and C7 were modified to single rooms as per requested.

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Lucille Barrett PCH*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Lucille Barrett</i>	Date <i>10/22/14</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of *10/22/14*
 (Date)

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

Plan of correction implementation status as of *10/22/14*
 (Date)

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

Violation Report: - 10/05/2016 - Colon, Lisselle
 PCH Name: VINE STREET MANOR

1. REGULATION 65 Pa.Code §2600
 2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION
 The home did not have a 3-day supply of food or emergency drinking water.

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.

Three day supply of food is now in place.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Lucille Barrett PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Lucille Barrett* Date *10/22/14*

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

The above plan of correction is approved as of <i>10/20/16</i> (Date)	Plan of correction implementation status as of <i>10/20/16</i> (Date)
The above plan of correction was approved by <i>LB</i> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: - 10/05/2016 - Colon, Lissette
 PCH Name: VINE STREET MANOR

1. REGULATION 55 Pa.Code §2800
 2800.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION
 The home's written emergency procedures have not been submitted to the municipal emergency management agency.

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 emergency procedure plan was submitted to [REDACTED] who forwarded it to the fire prevention department. A representative will be out the week of October 24th to sign the policy.

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

Lucille Barrett PCHA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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Lucille Barrett

10/22/16

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 10/26/16
 (Date)

Plan of correction implementation status as of 10/26/16
 (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: - 10/05/2016 - Colon, Lissette
 PCH Name: VINE STREET MANOR

1. REGULATION 56 Pa.Code §2600
 2600.123(a) - Exit doors must be equipped so that they can be easily opened by residents from the inside without the use of a key or other manual device that can be removed, misplaced or lost.

2a. DESCRIPTION OF VIOLATION
 The exit door located inside the 2nd floor theater room cannot easily open in the event of an emergency.

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 exit door was repaired to make exit easy for all residents and staff. The lock was in good condition and functioning. The door was binding due to resent paint job.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Lucille Payrett* PCHA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Lucille Payrett* Date *10/22/16*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of *10/20/16*
 (Date)

Plan of correction implementation status as of *10/20/16*
 (Date)

The above plan of correction was approved by *LP*
 (Initials)

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

Violation Report: - 10/06/2016 - Colon, Lleselle
 PCH Name: VINE STREET MANOR

1. REGULATION 55 Pa.Code §2600
 2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

2a. DESCRIPTION OF VIOLATION
 The home has not notified the local fire department in writing of the address of the home, the location of resident bedrooms or the assistance needed in an evacuation.

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 Fire Department was made aware of the address of Vine Street Manor.

Repeat Violation: No	Date(s) of Previous Violation(s):
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Lucille Barrett</i> PCHA
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Lucille Barrett	10/22/16

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

The above plan of correction is approved as of <u>10/22/16</u> (Date)	Plan of correction implementation status as of <u>10/22/16</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: - 10/05/2016 - Colon, Lissette
 PCH Name: VINE STREET MANOR

1. REGULATION 55 Pa.Code §2600
 2600.221(a) - The administrator shall develop a program of activities designed to promote each resident's active involvement with other residents, the resident's family and the community.

2a. DESCRIPTION OF VIOLATION
 The home does not have a program of activities designed to promote the active involvement of residents with families and the community.

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.

Activity program is now set up and is posted in the elevator.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Lucille Parrett PCHA*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Lucille Parrett* Date *10/22/16*

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

The above plan of correction is approved as of *10/26/16*
 (Date)

Plan of correction implementation status as of *10/26/16*
 (Date)

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

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