



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUL 13 2017

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' annual licensing inspections on February 13, 2017, May 17, 2017, May 18, 2017 and May 19, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

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

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: VINE STREET MANOR		License Number: 14234
Address: 230 NORTH 65TH STREET, PHILADELPHIA, PA 19139		County: Philadelphia
Administrator: Rondella Huff		Region: SOUTHEAST
Legal Entity Name: KAYMARIE BRIDDELL		
Legal Entity Address: 9157 HOUNDSBAY DRIVE, MONTGOMERY, AL 36117		
Certificate(s) of Occupancy I-2 10/19/2010 City of Philadelphia, L&I		
Staffing Hours Resident Support: 0	Total Daily Staff: 5	Waking Staff: 4
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 02/13/2017: Gray, Dean; Kazimer, Lauren		
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: 5 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: 5 Are 60 Years of Age or Older: 1 Have Mental Illness: 5 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 14234 - 02/13/2017 - Gray, Dean
 PCH Name: VINE STREET MANOR

1. REGULATION 55 Pa.Code §2600
 2600.25(c)(2) - The contract shall specify a fee schedule that lists the actual amount of allowable resident charges for each of the home's available services

2a. DESCRIPTION OF VIOLATION

The home charges specified amounts for individual personal needs services. The contract for resident #1 does not include a fee for room and board.

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 resident #1's contract has been completed to include the fee for room and board.

Upon admission, all contracts will be completely filled in.

Administrative staff will be trained on completion of contracts within 10 days

receipt of approved POC (w)
 The training will be maintained for review by the Department (w)

The administrator is responsible for continued compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page) *Brittany Briddell, administrator*

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page) *Brittany Briddell, administrator*

Date *5/17/2017*

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

The above plan of correction is approved as of *6/5/17*
 (Date)

Plan of correction implementation status as of *6/5/17*
 (Date)

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

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

Violation Report: 14234 - 02/13/2017 - Gray, Dean
 PCH Name: VINE STREET MANOR

1. REGULATION 55 Pa.Code §2600
 2600.25(c)(12) - The contract shall specify the charges to the resident, if any, for holding a bed during hospitalization or other extended absence from the home.

2a. DESCRIPTION OF VIOLATION
 The contract for resident #1 does not include the charges for holding a bed during an absence.

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 contract has been completed to include the charges for holding a bed during an absence. Upon admission, all contracts will be completely filled in.

Administrative staff will be trained on completion of contracts within 10 days receipt of approved POC. The training will be maintained for renewal by the Department. In addition, a check list will be developed to ensure all info is included/completed. The administrator is responsible for continued compliance. *(Signature)*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Brittany Briddell* administrator

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Brittany Briddell, administrator* Date *5/17/2017*

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

The above plan of correction is approved as of 6/5/17 (Date)

Plan of correction implementation status as of 6/5/17 (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: 14234 - 02/13/2017 - Gray, Dear
 PCH Name: VINE STREET MANOR

1. REGULATION 55 Pa.Code §2800
 2600.52 - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

2a. DESCRIPTION OF VIOLATION
 - Staff Member A does not have a criminal background check in their personnel file.
 - Staff Member B was signing contracts as a designee in Nov 2016. Criminal background check was not completed until 01/02/17.
 - Staff Member C was hired at this home on [redacted] /17. The criminal background check in their personnel file is from a different employer dated 12/21/16.

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 member A is no longer employed at Vine St. Manor.
 Upon hiring, all staff will have a criminal background check completed.
 Staff member B currently has a background check at Vine St. Manor.
 Staff member C no longer works at Vine St. Manor.
 Hereafter, the administration will make sure all background checks are done in a timely manner.
 The home will develop a new employee check list to ensure continued compliance. Staff will be trained within 10 day receipt of approved POC.

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page) <i>Brittany Briddell</i> , administrator		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Brittany Briddell, administrator</i>		Date <i>5/17/2017</i>

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

The above plan of correction is approved as of <u>6/5/17</u> (Date)	Plan of correction implementation status as of <u>6/5/17</u> (Date)
The above plan of correction was approved by <u><i>BB</i></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: 14234 - 02/13/2017 - Gray, Dean
 PCH Name: VINE STREET MANOR

1. REGULATION 65 Pa.Code §2600

2600.53(a) - The administrator shall have one of the following qualifications:

- (1) A license as a registered nurse from the Department of State.
- (2) An associate's degree or 60 credit hours from an accredited college or university.
- (3) A license as a licensed practical nurse from the Department of State and 1 year of work experience in a related field.
- (4) A license as a nursing home administrator from the Department of State.
- (5) For a home serving 8 or fewer residents, a general education development (GED) diploma or high school diploma and 2 years direct care or administrative experience in the human services field.

2a. DESCRIPTION OF VIOLATION

The home has a license capacity of 84 residents. The home has been operating without a qualified administrator since the previous administrator's resignation on 12/06/16.

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.

Vine St. Manor currently has a qualified administrator.
 See attachment.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Brittany Briddell, administrator Date 5/17/2017

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

The above plan of correction is approved as of 6/5/17
 (Date)

Plan of correction implementation status as of 6/5/17
 (Date)

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

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

Violation Report: 14234 - 02/13/2017 - Gray, Dean
 PCH Name: VINE STREET MANOR

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 D has a high school diploma from "Porus High School" in Jamaica. The home does not have a waiver stating this non-US educational institution meets or exceeds US educational requirements.

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.

Direct care staff person # D is no longer a direct care staff person. In the future Administration will make sure all direct care staff people are qualified, or we will complete a waiver if necessary.

Staff will be trained on 54a as well as develop an employee checklist, within 15 day receipt of approved POC. The administrator is responsible for continued compliance. (W)

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Brittany Briddell* administrator

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Brittany Briddell, administrator* Date *5/17/2017*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 6/5/17 (Date) Plan of correction implementation status as of 6/5/17 (Date)

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

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

Violation Report: 14234 - 02/13/2017 - Gray, Dean
 PCH Name: VINE STREET MANOR

1. REGULATION 55 Pa.Code §2600
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION
 On 02/13/17, the water temperature at the bathroom sink in room #1 measured 127.7 degrees Fahrenheit.

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 water temperature has been adjusted so that it doesn't exceed 120°F
 In the future the administration will check the water temperature weekly. designee
 a log will be maintained for Departmental review @

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Brittany Briddell administrator

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

Brittany Briddell, administrator

Date

5/17/2017

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The above plan of correction is approved as of 6/5/17
 (Date)

Plan of correction implementation status as of 6/5/17
 (Date)

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

The above plan of correction was approved by.

[Signature]
 (Initials)



Violation Report: 14234 - 02/13/2017 - Gray, Dean
 PCH Name: VINE STREET MANOR

1. REGULATION 55 Pa.Code 52600
 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 third floor telephone room does not have emergency service numbers posted nearby.

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 service numbers have been posted in the third floor telephone room. In the future, the administrator designee will make sure that the emergency numbers are always posted.

Staff will be trained on the importance of the posting of emergency service numbers within 10 days receipt of POC

The administrator is responsible for compliance

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

Signature of Legal Entity Representative [Required on EVERY Page] *Brittany Bridwell* administrator

Printed Name and Title of Legal Entity Representative [Required on EVERY Page] *Brittany Bridwell, administrator* Date *5/17/2017*

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

The above plan of correction is approved as of *6/5/17*
 (Date)

Plan of correction implementation status as of *6/5/17*
 (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: 14234 - 02/13/2017 - Gray, Dean
 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, bedroom #B1 is to accommodate two residents; however the room measures 116.65 square feet. The previous plan of correction, dated 10/22/15, stated this room was modified to single room occupancy but upon inspection on 02/13/17, two beds were present in this bedroom.

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 room has been modified to a single bedroom. In the future the administrator will check all rooms at least monthly to make sure all bedrooms are in compliance.

Repeat Violation: Yes Date(s) of Previous Violation(s): 10/05/2016

Signature of Legal Entity Representative (Required on EVERY Page) *Brittany Briddell* administrator

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Brittany Briddell, administrator* Date *5/17/2017*

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The above plan of correction is approved as of <u>4/5/17</u> (Date)	Plan of correction implementation status as of <u>4/4/17</u> (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: 14234 - 02/13/2017 - Gray, Deen
PCH Name: VINE STREET MANOR

1. REGULATION 55 Pa.Code §2600
2600.101(r)(2) - Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

2a. DESCRIPTION OF VIOLATION
The blinds on the bathroom window in bedroom #1 are broken at the bottom.

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 blinds in bedroom #1's bathroom has been replaced.

see attachment

Maintenance will develop a check list to ensure compliance. The staff will be trained on keeping the home clean and in good repair within 10 day receipt of approved POC. (u)

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

Signature of Legal Entity Representative (Required on EVERY Page) *Brittany Briddell* administrator

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Brittany Briddell, administrator* Date *5/17/2017*

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

The above plan of correction is approved as of *6/5/17* (Date)

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

Plan of correction implementation status as of *6/5/17* (Date)

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

Violation Report: 14234 - 02/13/2017 - Gray, Dean
 PCH Name: YINE STREET MANOR

1. REGULATION 55 Pa.Code §2600
 2600.103(a) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION
 - A previously open package of hot dogs were found in the home's freezer without a date of opening.
 - Leftover chili, stored in a pitcher, was found in the home's freezer without a label or a date.

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 left over food has been discarded. All direct care staff and cook have been reminded to always label all food items leftover in the fridge and freezer. Administration will periodically check. Butlers and direct care staff will be trained on labeling and dating leftover food within 10 days. Receipt of approved POC @

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Brittany Briddell* administrator

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Brittany Briddell, administrator* Date *5/17/2017*

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

The above plan of correction is approved as of *6/5/17*
 (Date)

Plan of correction implementation status as of *6/5/17*
 (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: 14234 - 02/13/2017 - Gray, Dean
 PCH Name: VINE STREET MANOR

1. REGULATION 55 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
 On 02/13/17, the home had 5 residents, but only 14 gallons of 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.

The home currently has the required amount of emergency drinking water.

In the future, the administration will make sure there is always enough nonperishable food and drinking water.

see attachment

The home will audit the emergency drinking H₂O supply @ least quarterly. Audits records to be maintained for Department review.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/05/2016
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Brittany Briddell</i> , administrator
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Brittany Briddell, administrator	5/17/2017

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

The above plan of correction is approved as of 4/5/17
 (Date)

Plan of correction Implementation status as of 4/5/17
 (Date)

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

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

Violation Report: 14234 - 02/13/2017 - Gray, Dean
 PCH Name: VINE STREET MANOR

1. REGULATION 55 Pa.Code §2600
 2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION
 No fire drill was conducted during December 2016 when at least three residents were living at 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 Home has conducted fire drills monthly.

- See attachment

The administrator will ensure fire drills are conducted once a month. Staff will be trained on the importance of conducting fire drills within 15 days receipt of approved POC (u)

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

Signature of Legal Entity Representative (Required on EVERY Page) *Brittany Briddell* administrator

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Brittany Briddell, administrator* Date *5/17/2017*

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

The above plan of correction is approved as of <u>6/15/17</u> (Date)	Plan of correction implementation status as of <u>6/15/17</u> (Date)
The above plan of correction was approved by <u><i>JB</i></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: 14234 - 02/13/2017 - Gray, Dean
 PCH Name: VINE STREET MANOR

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

- Resident #2 was admitted on [redacted] 16. The resident's medical evaluation was completed on 01/02/17.
- Resident #3 was admitted on [redacted] 16. The resident's medical evaluation was completed on 02/02/17.
- Resident #4 was admitted on [redacted] 16. A medical evaluation has not been completed for this resident. The home is using a medical evaluation from resident's previous residence.

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.

Residents #2, 3 currently have up to date medical evaluations. Resident #4 will have completed medical evaluation on or before June 1, 2017.

Hereafter all new residents will have completed medical evaluations completed within 30 days

Resident medical records to be audited monthly. Audited to be maintained per Department record. Staff to be trained on the regulation within 10 days receipt of approved POC. (u)

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Brittany Briddell, administrator Date 5/17/2017

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

The above plan of correction is approved as of 6/5/17
 (Date)

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

Plan of correction implementation status as of 6/5/17
 (Date)

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

Violation Report: 14234 - 02/13/2017 - Gray, Dean
 PCH Name: VINE STREET MANOR

1. REGULATION 55 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 #3, dated 02/02/17, does not include the completed sections listed below.
- The medical evaluation for resident #5, dated 02/02/17, does not include the completed sections listed below.

- (3) Medical information pertinent to diagnosis and treatment in case of an emergency.
- (4) Special health or dietary needs of the resident.
- (5) Allergies.
- (6) Immunization history.
- (8) Body positioning and movement stimulation for residents, if appropriate.
- (9) Health status.
- (10) Mobility assessment.

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 medical evaluations for resident #3 and resident #5 have been completed fully.

Hereafter, the designee will make sure the physician fully completes the DME. She will develop a check list to ensure full completion of the medical evaluation within 10 day receipt of approved POC. The staff will audit resident files monthly to ensure compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Brittany Briddell, administrator*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Brittany Briddell, administrator* Date *5/17/2017*

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

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The above plan of correction was approved by <u><i>BB</i></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: 14234 - 02/13/2017 - Gray, Dean
 PCH Name: VINE STREET MANOR

1. REGULATION 55 Pa.Code §2600
 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

The preadmission screening form for resident #1, admitted [redacted]/17, which includes the determination that the home can meet the resident's service needs, is not dated.

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 pre-admission screening for resident #1 has been dated. Hereafter, the administrator will make sure all pre-admission screenings are completed and dated.

Staff to receive training on all required forms and completion thereof within 15 day receipt of approved POC. @

The administrator is responsible for continued compliance @

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

Signature of Legal Entity Representative (Required on EVERY Page) Brittany Briddell, administrator

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Brittany Briddell, administrator Date 5/17/2017

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 4/5/17 (Date)

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

Plan of correction implementation status as of 4/5/17 (Date)

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

Violation Report: 14234 - 02/13/2017 - Gray, Dean
 PCH Name: VINE STREET MANOR

1. REGULATION 55 Pa.Code §2600
 2600.251(c) - The home shall use standardized forms to record information in the resident's record.

2a. DESCRIPTION OF VIOLATION
 The home created it's own pre-screening form for resident #3, admitted [redacted] 18 and resident #4 admitted [redacted] 18.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Includes 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 currently uses the department's pre-screening form.

Hereafter the home will use the department's pre-screening form.

Staff will be trained on the use and use of referenced standardized forms within 10 days receipt of Approval POC (u)

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

Signature of Legal Entity Representative (Required on EVERY Page) *Brittany Briddell, administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Brittany Briddell, administrator* Date *5/17/2017*

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

The above plan of correction is approved as of <u>6/5/17</u> (Date)	Plan of correction Implementation status as of <u>6/5/17</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
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PCH Name: VINE STREET MANOR		License Number: 14234
Address: 230 NORTH 65TH STREET, PHILADELPHIA, PA 19139		County: Philadelphia
Administrator: Brittany Maie Briddell		Region: SOUTHEAST
Legal Entity Name: KAYMARIE BRIDDELL		
Legal Entity Address: 9157 HOUNDSBAY DRIVE, MONTGOMERY, AL 36117		
Certificate(s) of Occupancy Other N/A		
Staffing Hours Resident Support: 9 Total Daily Staff: 18 Working Staff: 14		
Type of Inspection: Interim - POC BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Interim		
On-Site Inspections Dates and Department Representatives On-Site 05/17/2017: Parker, Shawn; Adams, Patricia 05/18/2017: Parker, Shawn 05/19/2017: Parker, Shawn		
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: 894 Number of Residents Served: 9 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: 9 Are 60 Years of Age or Older: 3 Have Mental Illness: 9 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 14234 - 05/17/2017 - Parker, Shawn
PCH Name: VINE STREET MANOR

1. REGULATION 55 Pa.Code §2800
2600.52 - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

2a. DESCRIPTION OF VIOLATION
Staff person A held permanent residences in a state other than Pennsylvania. There is no documentation of a FBI background check.

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 has registered for the FBI fingerprinting on June 8, 2017 and the results should be received by June 28, 2017.

In the future, all out of state applicants will have FBI background checks done before being hired. A check list will be developed and staff also trained to ensure continued compliance. The administrator is responsible for ensuring continued compliance.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Brittany Briddell* administrator

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Brittany Briddell administrator* Date *6/2/2017*

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The above plan of correction is approved as of <i>6/2/17</i> (Date)	Plan of correction implementation status as of <i>6/2/17</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: 14234 - 05/17/2017 - Parker, Shawn
PCH Name: VINE STREET MANOR

1. REGULATION 55 Pa.Code §2600

2600.53(a) - The administrator shall have one of the following qualifications:

- (1) A license as a registered nurse from the Department of State.
- (2) An associate's degree or 60 credit hours from an accredited college or university.
- (3) A license as a licensed practical nurse from the Department of State and 1 year of work experience in a related field.
- (4) A license as a nursing home administrator from the Department of State.
- (5) For a home serving 8 or fewer residents, a general education development (GED) diploma or high school diploma and 2 years direct care or administrative experience in the human services field.

2a. DESCRIPTION OF VIOLATION

The home has a license capacity of 84 residents. The home has been operating without a qualified administrator from 12/05/16 until 5/15/17.

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 was under the assumption that with 8 residents or less the administrator could operate with a high school diploma and an administrative license.

The home will have a qualified administrator on or before June 30.

See page 2 of this violation report.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Brittany Briddell administrator

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

Brittany Briddell administrator

Date 6/2/2017

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The above plan of correction is approved as of 6/5/17
(Date)

Plan of correction implementation status as of 6/5/17
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 14234 - 05/17/2017 - Parker, Shawn
PCH Name: VINE STREET MANOR

1. REGULATION 55 Pa.Code §2600

2600.254(c) - Resident records shall be stored in locked containers or a secured, enclosed area used solely for record storage and be accessible at all times to the administrator or the administrator's designee, and upon request, to the Department or representatives of the area agency on aging.

2a. DESCRIPTION OF VIOLATION

Resident records were locked in a supervisors office. Records weren't available to staff or DHS at time of POC review 05-18-17 at 4:30pm

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 records are locked in a secured area and are available to the administrator and designee at all times and DHS upon request - Staff, designees and administrator to be trained on Resident records, storage, use and access within 10 days receipt of the approved plan of correction @

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

Signature of Legal Entity Representative (Required on EVERY Page) Brittany Briddell administrator

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Brittany Briddell administrator Date 6/2/2017

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

The above plan of correction is approved as of 6/5/17 (Date).

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

Plan of correction implementation status as of 6/5/17 (Date)

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