



pennsylvania
DEPARTMENT OF HUMAN SERVICES

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 inspections on March 6, 2017 and March 17, 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: 18921 - 03/16/2017 - Freeman, Sabrina
 PCH Name: SIMPSON HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION
 - Resident # 1 is prescribed blood sugar testing before meals. There was no documentation testing was completed on 3/5/17, 3/6/17 at 6:00 am, 3/9/17 at 9:00 pm, 3/10/17 and 3/11/17 at 8:00 am.
 - Resident #2's Biscacodyl 10mg and Preparation H were not available for administration on 3/17/17.

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.

see attached

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Jamilla Allen, RN*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jamilla Allen, RN* Date *5/2/2017*

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

The above plan of correction is approved as of *6/8/17*
 (Date)

Plan of correction implementation status as of *6/8/17*
 (Date)

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

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

Simpson House
189210

Plan of Correction from March 17, 2017 Inspection

Violation

#185(a)

- 1) Resident #1 blood sugars for 3/5/17, 3/6/17 at 6:00AM , 3/9/17 for 9:00PM, 3/10/17 & 3/11/17 at 6:00AM were not recorded in resident glucometer due to operator not following policy for device
- 2) All residents using Glucometers were assessed for personal glucometer devices. All devices were labeled both on storage bag and device to identify all devices to maintain compliance
- 3) PC Administrator/Designee will audit glucometer devices along with MAR for accurate documentation and recording of blood sugars monthly
- 4) All PC Staff have been re-educated on accurate documentation and use of Glucometers assigned to each resident on all units.

Simpson House
#189210

Continued Plan of Correction from March 17, 2017

Violation

185(a)

Resident #2

1. Resident #2 had PRN medications not available at the time of inspection.
2. Pharmacy delivered medications on 3/17/17 for resident use PRN (see attached)
3. Staff re-educated on compliance of all meds to be available at all times per physicians orders
4. PC Administrator/Designee will conduct weekly audits of medications per MAR for consistent availability to maintain compliance for 1 month then monthly audits to maintain compliance

Violation Report: 18921 - 03/16/2017 - Freeman, Sabrina
 PCH Name: SIMPSON HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
 Resident # 2 is prescribed Acetaminophen 325 mg, Hydrochlorothiazide 25mg, Loratadine 10 mg, Metoprolol 50mg, Pantoprazole 40mg and Vitamin D3 at 9:00 am. On 3/17/17 at 10:30 am, the medications had not been administered.

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.

See attached

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

Jamilla Allen, RN

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

Jamilla Allen, RN Date 5/5/2017

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

The above plan of correction is approved as of <i>4/18/17</i> (Date)	Plan of correction implementation status as of <i>4/18/17</i> (Date)
The above plan of correction was approved by <i>JA</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

Shirley Hulse
#189210

Plan of Correction for March 17, 2017 Inspection

Violation 187(d)

1. Resident #2 had not received medications per MD orders on 3/17/17 due to not feeling well
2. Upon further investigation it was noted that resident #2 had reported not feeling well on 3/14/17 with complaint of loose stool that was reported to MD and new orders noted to obtain Urine culture and CBC with Diff all obtained as ordered. (see attached)
3. Resident #2 did test positive for UTI, Klebsiella Pneumoniae, MD made aware on 3/17/17 when report was available. Orders noted to start resident on antibiotic Bactrim DS 2x day for 3 days to resolve infection. Resident completed scheduled dosage and infection resolved without ill effects to resident.
4. Resident #2 has continued to take all medications as prescribed without any refusals
5. All PC staff re-educated on reporting any resident refusals of medications for documentation purpose, as well as resolving any issues resident may have for physicians awareness.
6. PC Administrator/Designee will audit all MAR's for any refusals and rationale of refusal weekly for 1 month then monthly for compliance

Violation Report: 18921 - 03/16/2017 - Freeman, Sabrina
 PCH Name: SIMPSON HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION
 Resident # 2 participated in the development of their support plan on 10/26/16. The resident did not sign the support plan.
 Resident # 4 participated in the development of their support plan on 12/14/16. The resident did not sign the support plan.
 Resident # 5 participated in the development of their support plan on 9/30/16. The resident did not sign the support plan.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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see attached

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Signature of Legal Entity Representative
 (Required on EVERY Page) *Jamilla Allen, RN*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Jamilla Allen, RN* Date *5/2/2017*

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 (Date)

Plan of correction implementation status as of *6/8/17*
 (Date)

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

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

Suzanne Howell
#189210

Plan of Correction for March 17, 2017

Violation

227(g)

1. Resident #2 is legally blind due to glaucoma and macular degeneration and family advised resident not to sign any document without their presence.
2. Family notified for needed signature and agreed to have document signed in their presence along with their signatures. Resident #2 did sign RASP dated 10/26/16 on 4/27/17 to comply with regulations (see attached)
3. Resident #4 signed RASP on 3/18/17 (see attached)
4. Resident #5 signed RASP on 3/18/17 (see attached)
5. PC Administrator/Designee will be responsible for all RASP signatures of residents when assessment is completed per regulation. Families who request resident not to sign anything without their presence will be scheduled to come in and sign with resident to meet compliance
6. PC Administrator/Designee will audit all RASP monthly to meet compliance

Violation Report: 18921 - 03/16/2017 - Freeman, Sabrina
PCH Name: SIMPSON HOUSE

1. REGULATION 55 Pa.Code §2600
2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION
Resident # 3's record does not include a current photograph.

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.

see attached

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(Required on EVERY Page) *Jamilla Allen, RN*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Jamilla Allen, RN* Date *5/2/2017*

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(Date)

Plan of correction implementation status as of *6/8/17*
(Date)

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

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- Partially Implemented - Inadequate Progress
- Not Implemented

Simpson Houll
#189210

Plan of Correction for March 17, 2017

Violation

252

1. Resident #3 was missing current photograph
2. Resident #3 had photograph taken and on record per regulation (see attached)
3. All residents have been scheduled for new photographs for current record and to be completed by May 10, 2017 to meet compliance
4. PC Administrator/Designee will audit all admissions and manage all photographs at time of admission to meet compliance
5. Audits of photos will be conducted monthly to ensure compliance and accuracy of photos.