



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

SEP 07 2017

Ms. Jodie L. Smiley,  
Executive Director  
Paxton Street Home Benevolent Society, Inc.  
2001 Paxton Street  
Harrisburg, Pennsylvania 17111

RE: Paxton Street Home Benevolent Society  
License #: 342010

Dear Ms. Smiley:

As a result of the Department of Human Services' annual licensing inspections on June 27, 2017 and June 28, 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](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, 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: PAXTON STREET HOME BENEVOLENT SOCIETY		License Number: 34201
Address: 2001 PAXTON STREET, HARRISBURG, PA 17111		County: Dauphin
Administrator: Jodie Smiley		Region: CENTRAL
Legal Entity Name: PAXTON STREET HOME BENEVOLENT SOCIETY INC		
Legal Entity Address: 2001 PAXTON STREET, HARRISBURG, PA 17111		
<b>Certificate(s) of Occupancy</b>		
Personal Care 02/12/2012 Swatara Township	C-2 LP 02/01/1995 PA Labor & Industry	
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 83	Waking Staff: 62
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
06/27/2017: McCloskey, Jason; Cargile, Kellie		
06/28/2017: McCloskey, Jason; Cargile, Kellie		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 85	<b>Number of Residents who:</b>	
Number of Residents Served: 83	Receive Supplemental Security Income: 55	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 46	
Area:	Have Mental Illness: 49	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 23	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 0	
Number of Current Hospice Residents: 0	Have a Physical Disability: 5	
Number of Hospice Residents in past year: 0		

Violation Report: 34201 - 08/27/2017 - McCloskey, Jason  
 PCH Name: PAXTON STREET HOME BENEVOLENT SOCIETY

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 fire drill observed by a fire safety expert was conducted on 3-23-17. The previous fire safety inspection and fire drill observed by a fire safety expert was conducted on 2-12-16.

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.

*See attached page 2 A*

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Jodie Smiley, Executive Director* Date *7/6/17*

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

The above plan of correction is approved as of 7/6/17  
 (Date)

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

Plan of correction implementation status as of 7/6/17  
 (Date)

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

Plan of Correction – 7/6/17

**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 the fire safety inspection shall be kept.*

**Description of Violation:**

- The last fire safety inspection and fire drill observed by a fire safety expert was conducted on 3-23-17. The previous fire safety inspection and fire drill observed by a fire safety expert was conducted on 2-12-16.

**Corrective action:**

1. The Fire Drill Log will now have a note on the form as a reminder of the date of the required fire safety inspection and observed fire drill. This is maintained by the Director of Facilities, who is our staff fire safety expert. This form is updated for every month's fire drill, and will be forwarded monthly to the Administrators.
2. The Director of Facilities, who is responsible for scheduling fire drills, will begin contacting the Fire Marshall approximately 60 days before the anniversary date of the last drill. He will follow-up to assure that the observed drill is scheduled within the required timeframe.

 7/6/17  
Jodie Smiley Date

Executive Director (Administrator)

Violation Report: 34201 - 06/27/2017 - McCloskey, Jason  
 PCH Name: PAXTON STREET HOME BENEVOLENT SOCIETY

1. REGULATION 55 Pa.Code §2600  
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

- Resident 1's medical evaluation dated 3-13-17 is missing height
- Resident 2's medical evaluation dated 2-27-17 is missing height, weight, pulse and temperature
- Resident 3's medical evaluation dated 2-23-17 is missing temperature
- Resident 4's medical evaluation dated 7-28-16 is missing temperature

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 page 3A*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jodie Smiley, Executive Director</i>	Date <i>7/6/17</i>
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The above plan of correction is approved as of 7/6/17  
 (Date)

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

Plan of correction implementation status as of 7/6/17  
 (Date)

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

Plan of Correction – 7/6/17

2600.141(a)(2) – The medical evaluation must include the following: (1) through (10).

**Description of Violation:**

- Resident #1's medical evaluation dated 3-13-17 is missing height.
- Resident #2's medical evaluation dated 2-27-17 is missing height, weight, pulse and temperature.
- Resident #3's medical evaluation dated 2-23-17 is missing temperature.
- Resident #4's medical evaluation dated 7-28-16 is missing temperature.

**Corrective action:**

1. For our residents being seen by Pinnacle Health Community Medicine for primary care services at our facility (including DME's), Paxton staff will pre-populate the DME form with the most current information. The LPN or designee will record weight, pulse, blood pressure and temperature directly onto the DME form just prior to the resident's evaluation by the physician.
2. For residents being seen by other providers in the community, Paxton staff will again pre-populate the form with the most current information. The DME with the attached Provider Instruction Form will accompany the resident to the appointment. (See Attachment 1)
3. Upon return of the DME form to Paxton, the Resident Care Manager or designee will review the form for accuracy and completeness. Any form with errors or omissions will be flagged and an email sent to alert the nurse to the concerns. The LPN or RN will be responsible to contact the provider who examined the resident, and in consultation with that provider will assure that all inaccuracies and/or omissions are addressed. The nurse will, with the permission of the provider, correct the DME, documenting the date, time and person spoken to on the form next to the correction.
4. After all documentation is completed the Form will be reviewed once more prior to being scanned into the resident's electronic record and the original being filed with their previous year's DME.

 7/6/17  
\_\_\_\_\_  
Jodie Smiley Date

Executive Director (Administrator)