



NOV 02 2017

Ms. Marcia Waite-Sokale  
Administrator  
Evadney Scoggins  
1243 West Tioga Street  
Philadelphia, Pennsylvania 19140

Re: Scoggins Personal Care Home  
License #140150

Dear Ms. Sokale:

As a result of the Department of Human Services' Adult Residential annual licensing inspection on August 17, 2017 and August 18, 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 that reads "J. Rowe". The signature is written in a cursive style.

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary





Violation Report: 14015 - 08/17/2017 -  
PCH Name: SCOGGINS PERSONAL CARE BOARDING HOME

1. REGULATION 65 Pa.Code §2600  
2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION  
Staff member A was hired 07-06-17. There is not a valid PA state police background check in the file

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.

Immediate plan

Administrator did get a PA Criminal Background check done on staff. Staff did submit a Nation wide background check when hired. (see attached)

Future Plan:

All prospective staff will be subjected to getting a PA criminal background check. (copies will be retained in staff folder).

Responsible Party:

Administrator will ensure that all future staff will get PA Criminal Background check prior to first day of work.

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

Signature of Legal Entity Representative (Required on EVERY Page) Marcia W. Schale

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Marcia W. Schale (Admin) Date 9/22/2017

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

The above plan of correction is approved as of 9/21/17 (Date)

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

Plan of correction implementation status as of 10/3/17 (Date)

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

Violation Report: 14015-08172017

PCH Name: SCOGGINS PERSONAL CARE BOARDING HOME

1. REGULATION 55 Pa. Code §2600  
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  
The Older Adults Protective Services Act (OAPSA) requires staff have a criminal background check completed within a year of hire date. Staff member A did not have a valid PA state police 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.

Immediate plan: Every new staff will be subjected to a criminal background check prior to working here. (PA Criminal Background check)

Future Plan: Once received all <sup>PA</sup> criminal background checks will be placed in the staff records.

Responsible Party: Administrator / Designee will ensure continued compliance of PA Criminal Background check requirement.

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		
M. Klau Schale Admin		Date 9/22/2017

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

The above plan of correction is approved as of 9/26/17 (Date)

- Plan of correction implementation status as of 10/3/17 (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: 14015 - 08/17/2017 -  
 PCH Name: SCOGGINS PERSONAL CARE BOARDING HOME

**1. REGULATION 55 Pa.Code §2600**  
 2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

**2a. DESCRIPTION OF VIOLATION**  
 As of 08/17/17 the discontinued medication remained in the pill packet. Resident #2's Risperidone 1 mg tablet were discontinued on 08/21/17.

**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.

Immediate Plan: (See attached)

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *M. Waite-Sotale*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *M. Waite-Sotale (Admin)* Date *9/22/2017*

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The above plan of correction is approved as of *9/26/17*  
 (Date)

Plan of correction implementation status as of *10/3/17*  
 (Date)

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

- Fully Implemented
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- Not Implemented



Violation Report: 14015 - 08/17/2017 -  
PCH Name: SCOGGINS PERSONAL CARE BOARDING HOME

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

Resident # 2 was admitted [redacted] 17 to the home. A RASP was completed but the assessment date finalized was not dated. This is outside the 15 day time frame.

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.

Immediate Plan:

The resident RASP was corrected on 8/17/2017 once the violation was discovered. Resident RASP should have shown a completion date of [redacted] 2017 (see attached)

Future Plan:

The administrator/designee will audit all records at least quarterly to ensure compliance. Any problems will be addressed and corrected immediately.

Responsible Party

Administrator/Designee is responsible for ensuring compliance of all regulations

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Marcia Wake-Schale (Admin)      Date 9/22/2017

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The above plan of correction is approved as of 9/21/17 (Date)

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