



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

NOV 13 2017

Ms. Gabrielle Anik,  
Administrator  
Roxborough Home for Women, Inc.  
601 East Leverington Avenue  
Philadelphia, Pennsylvania 19128

RE: Roxborough Home for Women  
License #: 141560

Dear Ms. Anik:

As a result of the Department of Human Services' Personal Care Homes annual licensing inspection on August 24, 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'.

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



Violation Report: 14156 - 08/24/2017 - Freeman, Sabrina  
PCH Name: ROXBOROUGH HOME FOR WOMEN

1. REGULATION 55 Pa.Code §2600  
2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION  
The home did not have a carbon monoxide detector outside of the basement heating room.

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.

Carbon monoxide detector was placed immediately outside of boiler room on date of inspection, 8/24/17.

We have added this location to our CO2 checklist so that all locations are checked & accounted for moving forward.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Gabrielle Anik*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **GABRIELLE ANIK, ADMINISTRATOR**      Date **10.9.17**

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

The above plan of correction is approved as of *10/11/17*  
(Date)

Plan of correction implementation status as of *10/11/17*  
(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: 14156 - 08/24/2017 - Freeman, Sabrina  
 PCH Name: ROXBOROUGH HOME FOR WOMEN

1. REGULATION 55 Pa.Code §2600  
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION  
 The floor of the walk-in freezer in the basement was covered with a thick sheet of ice posing a safety hazard.

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.

RS Sales (company who repairs our freezer) was called prior to the DHS inspection to repair same issue we received the violation.

They came out 8/30 & 9/13/17 to repair problem.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Gabrielle Quirk*

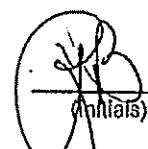
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **GABRIELLE ANIK, ADMINISTRATOR** Date **10.9.17**

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

The above plan of correction is approved as of 10/11/17 (Date)

Plan of correction implementation status as of 10/11/17 (Date)

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

The above plan of correction was approved by  (Initials)

Violation Report: 14156 - 08/24/2017 - Freeman, Sabrina  
 PCH Name: ROXBOROUGH HOME FOR WOMEN

1. REGULATION 55 Pa.Code §2600  
 2600.103(l) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION  
 On 8/24/17, at 2:45PM, four dented cans were observed on the shelf in the basement.

- 3 six pound cans of sliced pears
- 1 six pound can of bean salad

A bag of croissants with no label or date was observed in a Shoprite bag in the white freezer in the basement.

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.

All cans of food above was thrown away.  
 To prevent this from reoccurring, all cans will be inspected for dents as they are unloaded & stocked. Dented cans will be either rejected or put aside, labeled, & returned w/ the next food delivery. ↳ In a designated area.  
 In addition, all food will be rotated as the orders come in to ensure product w/ the earliest expiration dates are used first.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Gabrielle Anik*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) **GABRIELLE ANIK, ADMINISTRATOR** Date **10.9.17**

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

The above plan of correction is approved as of 10/11/17  
 (Date)

Plan of correction implementation status as of 10/11/17  
 (Date)

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

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

Violation Report: 14156 - 08/24/2017 - Freeman, Sabrina  
 PCH Name: ROXBOROUGH HOME FOR WOMEN

1. REGULATION 65 Pa.Code §2600  
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION  
 Resident #1's medical evaluation was completed late on 9/7/16. The previous medical evaluation was completed 4/30/15.

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.

*DME dates will be posted on the supervisor's calendar the month before they are due to ensure a timely date. If necessary, the PCA Supervisor will complete the Resident information sections & fax to the doctor for review & signature.*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Gabrielle Givik*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *GABRIELLE ANIK, ADMINISTRATOR* Date *10.9.17*

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

The above plan of correction is approved as of *10/11/17*  
 (Date)

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

Plan of correction implementation status as of *10/11/17*  
 (Date)

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

Violation Report: 14156 - 08/24/2017 - Freeman, Sabrina  
 PCH Name: ROXBOROUGH HOME FOR WOMEN

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

2a. DESCRIPTION OF VIOLATION

The home failed to follow the prescriber's order.

The home documented on 8/1, 8/2, 8/3, 8/4 & 8/5/17 that resident #2 did not receive 40 mg of Pantoprazole daily as prescribed. The home documented "waiting on refill."

The home documented on 8/1, 8/2, 8/3, 8/4 & 8/5, 8/6, 8/7, 8/8, 8/9, 8/10, 8/11, 8/12, 8/13, 8/14, 8/15, 8/16, 8/17, 8/18, 8/19, 8/20, 8/21, 8/22 & 8/23/17 that resident # 2 did not receive 500mcg of Vitamin B-12 daily as prescribed. The home documented "waiting on doctor."

The home documented on 8/9, 8/20, 8/22 & 8/23/17 that resident # 2 did not receive 400 mcg of Folic Acid as prescribed. The home documented "waiting on refill."

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.*

*A house rule will be added stating that anyone using a mail order pharmacy must be on an automatic refill system. If a resident or resident's family is responsible for picking up their own medication/s from a non-delivering pharmacy - and they run out - they will have two days to deliver the medication to the Home, or the Home will order the meds at the expense of the resident.*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Gabrielle Anik*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *GABRIELLE ANIK, ADMINISTRATOR* Date *10.9.17*

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

The above plan of correction is approved as of 10/11/17  
 (Date)

Plan of correction implementation status as of 10/11/17  
 (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: 14156 - 08/24/2017 - Freeman, Sabrina  
 PCH Name: ROXBOROUGH HOME FOR WOMEN

1. REGULATION 55 Pa.Code §2600  
 2600.227(h) - If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

2a. DESCRIPTION OF VIOLATION  
 Resident #3's support plan was complete on 5/4/17. Resident #4 did not sign the support plan and the home failed to document whether resident #3 was unable or chose not to sign the final support plan.

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 # 3's POA signed her RASP in the place designated for the resident's signature, not the POA's.

The PCA Supervisor will oversee all POA signatures to ensure they sign in the correct place.

All names, relationships, signatures, boxes, & dates will be double-checked by PCA Supervisor or Administrator.

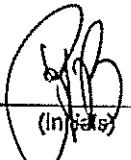
Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

Signature of Legal Entity Representative (Required on EVERY Page)	<i>Gabrielle Quirk</i>
--	------------------------

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
GABRIELLE ANIK ADMINISTRATOR	10.9.17

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

The above plan of correction is approved as of 10/11/17  
 (Date)

The above plan of correction was approved by   
 (Initials)

Plan of correction implementation status as of 10/11/17  
 (Date)

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