



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to PHILADELPHIA PROTESTANT HOME
LEGAL ENTITY

To operate PHILADELPHIA PROTESTANT HOME
NAME OF FACILITY OR AGENCY

Located at BUILDING 5, FLOORS 2,3,4, 6500 TABOR ROAD, MIDWAY MANOR, PHILADELPHIA, PA 19111
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 188
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
MAXIMUM CAPACITY
Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 23

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from July 19, 2018 until January 19, 2019,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **144501**

Robert E. Robinson

ISSUING OFFICER

Carolyn K. Ellison

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628 - 2/18cse



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE:

JUL 19 2018

Ms. Mary Ann Parisse
Vice President Residential Living and Personal Care
Philadelphia Protestant Home
6500 Tabor Road, Building 5
Philadelphia, Pennsylvania 19111

RE: Philadelphia Protestant Home
Midway Manor
Building 5, Floors 2, 3, and 4
License #: 144501

Dear Ms. Parisse:

As a result of the Department's Bureau of Human Services Licensing inspection on March 5, 2018 and April 9, 2018 of the above facility, the violations specified on the enclosed License Inspection Summary were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), your current license # 144500 dated June 22, 2017 to August 15, 2018 is REVOKED. Additionally, your license dated August 15, 2018 to August 15, 2019 is REVOKED. A FIRST PROVISIONAL license is being issued. This FIRST PROVISIONAL license replaces all previously issued licenses and is effective for six months from the date of issuance. The license dated August 15, 2018 to August 15, 2019 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your FIRST PROVISIONAL license is enclosed.

All violations specified on the 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.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Ms. Parisse

2

Shivani Patel, Enforcement Manager
Human Services Licensing
Department of Human Services
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Jacqueline L. Rowe
Director

Enclosures
License
License Inspection Summary

Violation Report: 14460 - 03/05/2018 - Parker, Shawn
 PCH Name: PHILADELPHIA PROTESTANT HOME

1. REGULATION §5 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

On 03-01-18 at approximately 9:30am, resident # 1 along with 5 other residents were taken out of the SDU by staff member A who is the activities coordinator. The residents were being transported to the on site chapel in the personal care wing so they could attend church service. Their wander guards were turned off by staff member B so the alarms wouldn't sound throughout the home. After church service was over at approximately 10:30am staff member A returned all 6 residents to the SDU. At this time the wander guards should have been reactivated so the 6 residents would be safely secured in the SDU. Staff members B, C, and D were all on duty but all failed to reactivate the wander guards. At approximately 1:20pm staff member A returned to the SDU after lunch to start an activity. Staff member A inquired where resident # 1 was and was informed by staff member C she was in her bedroom. Staff member A informed staff member C resident # 1 was not in her bedroom. Resident # 1 was allowed to elope from the home. She suffered a fall and was found by local EMS on the street and taken to Einstein Hospital. She wasn't located by the home until 2:37 pm.

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 3 Certified Nursing Assistants that were on duty when this unfortunate incident occurred were placed on suspension pending a full investigation, after conclusion of the investigation, the employees were terminated due to failing to follow proper procedures resulting in the elopement.

New policies were implemented to include; residents leaving the Secured Memory Unit will no longer be placed on Transport Mode.

All residents on now wearing an ID bracelet that includes their name, name of home and phone # of home.

All staff working on the unit have been re-trained on the importance of conducting hourly rounds at the top of each hour.

See attached documents.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Mary Ann Parisse*

Printed Name and Title of Legal Entity Representative *Mary Ann Parisse* Date *6/25/18*
 (Required on EVERY Page) *VP Residential Living & Personal Care*

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

The above plan of correction is approved as of 6-25-18
 (Date)

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

Plan of correction implementation status as of 7-9-18
 (Date)

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

Violation Report: 14450 - 03/05/2018 - Parker, Shawn
 PCH Name: PHILADELPHIA PROTESTANT HOME

1. REGULATION 55 Pa.Code §2600

2600.201 - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself/herself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

2a. DESCRIPTION OF VIOLATION

Resident # 1 is a known wanderer, The home has safe management techniques in place but they were not followed. Resident # 1 along with 6 other SDU residents were allowed to re-enter unit without their wander guards being reactivated. Staff members B, C, and D failed to activate the wander guards and resident # 1 eloped. Staff member D admitted to not doing an hourly head count at 1:00pm which is part of the homes safe management techniques.

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 3 employees working on the unit were placed on suspension pending a full investigation, after conclusion of the investigation the employees were terminated due to failing to follow proper procedures resulting in the elopement of a resident. The Transport Mode is no longer used by staff when residents leave the SDU. A new committee was created to help with the challenges of protecting residents in the SDU, Prevent Elopement Team (PET). The committee is made up of Social Workers, Nurses, Administrators, and Security. New Policies and Procedures have been created. Staff have been re-trained in all the new policies and procedures. A quick reference checklist was created for staff to refer to during an actual incident We will start conducting quarterly elopement drills. Access control was added to the 4 doors on the unit to increase security in this area. Only authorized staff are now allowed to enter the unit. The Roam Alert along with the Access Control are both monitored by staff 24 hours a day. Security Officers in our parking lot Welcome Booths have been instructed to greet all residents who are walking in the parking lot to help determine where the resident lives. See attached policies

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Mary Ann Parusse

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

*Mary Ann Parusse
 VP Resident of Living & Personal Care*

Date *6/25/18*

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

The above plan of correction is approved as of *06-25-18*
 (Date)

Plan of correction implementation status as of *7-9-18*
 (Date)

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

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