



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**February 26, 2019**

Ms. KayMarie Briddell  
President/Owner  
KayMarie Briddell  
9157 Houndsbay Drive  
Montgomery, Alabama 36117

RE: Vine Street Manor  
230 North 65<sup>th</sup> Street  
Philadelphia, Pennsylvania 19139  
License #: 142340

Dear Ms. Briddell:

As a result of the Department's Bureau of Human Services Licensing Complaint inspection on September 17, 2018 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa. Code Ch. 2600 must be maintained.

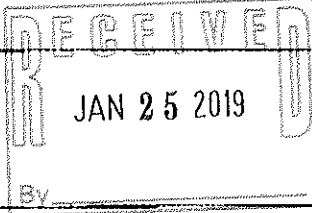
Sincerely,

A handwritten signature in black ink, appearing to read "Ayus Adelanwa".

Ayus Adelanwa  
Workload Manager

Enclosure  
Violation Report

**VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: VINE STREET MANOR		License Number: 14234
Address: 230 NORTH 85TH STREET, PHILADELPHIA, PA 19130		County: Philadelphia
Administrator: BRITTANY BRIDDELL		Region: SOUTHEAST
Legal Entity Name: KAYMARIE BRIDDELL		
Legal Entity Address: 9157 HOUNSBAY DRIVE, MONTGOMERY, AL 36117		
Certificate(s) of Occupancy Other 10/09/2010 PHILA LABOR & INDUSTRY		
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 47	Working Staff: 35
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Complaint		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 09/17/2018: Braswell, Natasha		
<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: 84 Number of Residents Served: 42 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	<b>Number of Residents who:</b> Receive Supplemental Security Income: 41 Are 60 Years of Age or Older: 10 Have Mental Illness: 42 Have an Intellectual Disability: 8 Have a Mobility Need: 5 Have a Physical Disability: 5	

Violation Report: 14234 - 09/17/2018 - Braswell, Nalasha  
 FCH Name: VINE STREET MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.23(b) - A home shall provide each resident with assistance with instrumental activities of daily living as indicated in the resident's assessment and support plan.

**2a. DESCRIPTION OF VIOLATION**

The assessment and support plan for Resident #1, dated 11/09/17, indicates that the resident requires assistance with remembering to attend appointments. On 9/17/18, resident #1 could not be located when transportation arrived to take him to his scheduled appointment. No documentation was provided to indicate the resident was assisted with his appointment as required.

**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 #1 was picked up at 8:31am to go to program. Resident #1 goes to program 3 days a week by 2 different drivers. On 9/17/18, both drivers came to Vine St Manor at different times to pick up resident #1 to take him to program. When the 2nd driver came, resident #1 had already left with the 1st driver.

Resident #1's RASP has been updated to show resident doesn't require assistance with remembering to attend appointments.

Administration will monitor resident #1's needs and make sure to keep RASP updated.

Within 15 days of receiving this POC, Administrator or a designee will review all resident's RASP to ensure that the requisites indicated in the plan to support the residents are being implemented in compliance to the reg. 2/21/19

AAA

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Brittany Briddell, Administrator* Date *01/25/2019*

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

The above plan of correction is approved as of 2/21/19  
 (Date)

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

Plan of correction implementation status as of 2/21/19  
 (Date)

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

Violation Report: 14234 - 09/17/2018 - Braswell, Natasha  
 PCH Name: VINE STREET MANOR

1. REGULATION 55 Pa.Code §2600

2600.90(b) - For a home serving nine or more residents, there shall be a system or method of communication that enables staff persons to immediately contact other staff persons in the home for assistance in an emergency.

2a. DESCRIPTION OF VIOLATION

The home does not have a system that allows staff in different parts of the home to communicate with each other in an emergency. On 9/17/18, the home served 42 residents.

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 Home has purchased walkie-talkies and they are currently in use between staff members. The staff has been instructed and advised to always carry the walkie-talkies on the job and use them, especially during emergency situations.

Administrator and designee will ensure that walkie-talkies are being used by staff members at all times.

Administrator will ensure continual compliance. 2/21/19

A.A.A

Repeat Violation: Yes	Date(s) of Previous Violation(s):	8/6/2018		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Brittany Briddell*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Brittany Briddell, Administrator*

Date *01/25/2019*

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The above plan of correction was approved by A.A.A  
 (Initials)

Violation Report: 14234 - 09/17/2018 - Braswell, Natasha  
 PCH Name: VINE STREET MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

**2a. DESCRIPTION OF VIOLATION**

On 9/17/18 at 10:20 AM, the medication room was unlocked and accessible to residents. There were unlocked cabinets that contained medications and medical supplies inside the medication 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.*

All staff members have been advised, verbally and in writing, that the medication room is to stay locked at all times.

Administration will ensure that the medication room is locked at all times.

Please find the attached notice that was given to all employees.

Administrator will conduct a daily random check on the medication storage carts to ensure compliance with the cited reg. 2/21/19

*AAA*

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Brittany Briddell, Administrator* Date *01/25/2019*

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The above plan of correction was approved by <u>AAA</u> (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

Violation Report: 14234 - 09/17/2018 - Braswell, Nalasha

PCH Name: VINE STREET MANOR

**1. REGULATION 55 Pa. Code §2600**

2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

**2a. DESCRIPTION OF VIOLATION**

Resident # 1 has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

**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 residents have been informed in writing that they have the right to refuse medication if they believe there may be a medication error. In the future, all new residents will be advised verbally and in writing of their right to question or refuse medication if they believe there has been a medication error.

Please see attached.

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

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page) *Brittany Briddell, Administrator*Date *01/25/2019***DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**The above plan of correction is approved as of 2/21/19  
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