



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 30 2019

Ms. Cynthia Townsend
Administrator
Simpson House, Inc.
2101 Belmont Avenue
Philadelphia, Pennsylvania 19131

RE: Simpson House
Belmont Avenue and Monument Road
Philadelphia, Pennsylvania 19131
License #: 189210

Dear Ms. Townsend:

As a result of the Department's Bureau of Human Services Licensing annual inspection on October 30 & 31, 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 (relating to Personal Care Homes) 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.

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
Violation Report

Violation Report: 18921 - 10/30/2018 - Braswell, Natasha

PCH Name: SIMPSON HOUSE

1. REGULATION 55 Pa.Code §2600

2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

On 10-30-18, at 9:50 am, the carpet in the Memory Care Unit had a urine odor.

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.

Memory Care unit carpet was cleaned during survey and was free of any odors. Housekeeping Director or designee will initiate a carpet cleaning schedule to ensure timely and efficient sanitary conditions of the carpet in the Memory care unit. A weekly audit will be conducted and reviewed by the PC Administrator or designee to ensure compliance.

Maintain audits for Department review for a period of three years. *MCJ* 1/28/19

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) Cynthia Townsend , PCHA

Date 12/19/2018

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

The above plan of correction is approved as of 1/28/19
(Date)Plan of correction implementation status as of 1/28/19
(Date)

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

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

Violation Report: 18921 - 10/30/2018 - Braswell, Natasha

PCH Name: SIMPSON HOUSE

1. REGULATION 55 Pa.Code §2600

2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

On 10-30-18, at 2:45pm, the water temperature in the Memory Care Unit's kitchen sink was 129.5 degrees Fahrenheit; the bathroom of Room 109 was 133.3 degrees Fahrenheit and the bathroom of Room 207 was 129.3 degrees Fahrenheit.

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 water temperature was corrected and was within proper range before survey team exited the facility.

The director of facilities services or a designee will conduct random weekly audits of water temperatures throughout the facility to ensure proper temperatures are maintained in resident areas. A copy of the water temps will be maintained in a water temperature log book and provided to the PCHA upon request. Any temp found to be above 120 degrees Fahrenheit will be reported to the administrator immediately and corrective action initiated.

Maintain audits for Department review for a period of three years. *MJ* 1/28/19

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)

Cynthia Townsend, PCHA

Date 12/19/2018

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

The above plan of correction is approved as of 1/28/19
(Date)

Plan of correction implementation status as of 1/28/19
(Date)

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

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

Violation Report: 18921 - 10/30/2018 - Braswell, Natasha

PCH Name: SIMPSON HOUSE

1. REGULATION 55 Pa.Code §2600

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

The bed in room 311 does not have a source of light that can be turned on/off from bedside.

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.

Each resident is provided a lamp and night stand at bedside ; if the resident preference is not to have a lamp or night stand a light switch with attached night light is placed at bedside. Room 311 has been supplied with a light switch and is in full compliance. Administrator /designee will perform monthly audits to ensure compliance with operable lamps/light switches at bedside.

Maintain audits for Department review for a period of three years. *WJ* 1/28/19

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) Cynthia Townsend , PCHA

Date 12/19/2018

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

The above plan of correction is approved as of 1/28/19
(Date)Plan of correction implementation status as of 1/28/19
(Date)

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

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