



MAY 08 2019

Ms. Allison Almarales  
Administrator  
Clarises Personal Care Residence, Inc.  
514 East Roosevelt Boulevard  
Philadelphia, Pennsylvania 19120

RE: Clarises Personal Care Residence  
License #: 134090

Dear Ms. Almarales:

As a result of the Department's Bureau of Human Services Licensing annual inspection on March 4, 2019 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](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,

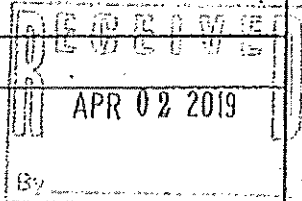
A handwritten signature in black ink, appearing to read "J. Rowe", is written over the typed name.

Jacqueline L. Rowe  
Director

Enclosure  
Violation Report

**VIOLATION REPORT**

PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PCH Name: CLARISES PERSONAL CARE RESIDENCE		License Number: 13409
Address: 514 EAST ROOSEVELT BOULEVARD, PHILADELPHIA, PA 19120		County: Philadelphia
Administrator: Allison Almarales		Region: SOUTHEAST
Legal Entity Name: CLARISES PERSONAL CARE RESIDENCE INC		
Legal Entity Address: 514 EAST ROOSEVELT BOULEVARD, PHILADELPHIA, PA 19120		
Certificate(s) of Occupancy L-1 02/08/1985 L&I		
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 8	Waking Staff: 6
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 03/04/2019: Chung, Youn Hie		
Off-Site Inspection Dates and Inspectors, If Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 9 ✓ Number of Residents Served: 7 ✓ 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 ✓		Number of Residents who: Receive Supplemental Security Income: 3 ✓ Are 60 Years of Age or Older: 7 ✓ Have Mental Illness: 7 ✓ Have an Intellectual Disability: 1 ✓ Have a Mobility Need: 1 Have a Physical Disability: 0

Violation Report: 13409 - 03/04/2019 - Chung, Youn Hlo  
 PCH Name: CLARISES PERSONAL CARE RESIDENCE

1. REGULATION 65 Pa.Code §2600  
 2600.102(f) - A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

2a. DESCRIPTION OF VIOLATION  
 On 03/04/2019, there was an unlabeled bar of soap at the bathtub in the bathroom shared by resident #1 and #2.

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 soap was removed from the bathroom, and placed in a soap dish with residents named labeled on it.  
 Daily check was added to our daily check list to prevent this from recurring.  
 3/4/19

Daily check logs will be kept by home and made available for Department review. SP 04-19-19

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Allison Almarales	Date 3/9/19
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>04-19-19</u> (Date)  The above plan of correction was approved by <u>SP</u> (Initials)	Plan of correction implementation status as of <u>04-19-19</u> (Date) <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
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Violation Report: 13409 - 03/04/2019 - Chung, Youn Hie  
 PCH Name: CLARISES PERSONAL CARE RESIDENCE

1. REGULATION 65 Pa.Code §2600  
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION  
 The last drill conducted during sleeping hours was on Jan 15, 2018.

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.*

One sleeping fire drill was not accounted for, so we developed a color code to show our sleeping hours fire drill every six months. It was confirmed by the administrator, and will monitor for compliance.

Administrator or designee will ensure an overnight fire drill is held once every 6 months during sleeping hours. SP 04-19-19

Repeat Violation: No.	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Allison Almarales*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Allison Almarales Date 3/9/19

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Violation Report: 13409 - 03/04/2019 - Chung, Youn Hie  
 PCH Name: CLARISES PERSONAL CARE RESIDENCE

**1. REGULATION 65 Pa.Code §2600**

2600.141(a)(2) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following: (2) Medical diagnosis including physical or mental disabilities of the resident, if any.

**2a. DESCRIPTION OF VIOLATION**

The medical evaluation for resident #3, dated 08/31/2018, does not include body positioning or a mobility assessment. The medical evaluation for resident #4, dated 08/11/2018, does not include special health or dietary needs.

**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 medical evaluation for residents #3 and #4 was corrected. Administrator and staff will do weekly and monthly checks of residents files and medical evaluations to prevent this violation from being repeated. Staff was re-educated on this violation and administrator will monitor to ensure ongoing compliance.

3/4/19

Administrator or designee will ensure all documented medical evaluations are filled out completely and timely. Staff training to be kept by home and made available for Department review. SP 04-19-19

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Allison Almarales	Date 3/9/19
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Violation Report: 13409 - 03/04/2019 - Chung, Youn Hie  
 PCH Name: CLARISES PERSONAL CARE RESIDENCE

1. REGULATION 55 Pa.Code §2800  
 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 -  
 On 03/04/2019, Ear Drops 6.5% prescribed for resident #1 with an expiration date of 11/2018, was still present in the home.

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 new eye drops was ordered and a delivery manifest is added to confirm the ear drops. Staff was trained to check for expired medication before given to residents. Re-train in medication practicum  
 3/9/19

Administrator or designee will ensure all medication is current and expired or discontinued medication is removed or destroyed in a safe manner. Staff training documentation to be kept for Department review. SP 04-19-19

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Allison Almarales	3/9/19

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Violation Report: 13400 - 03/04/2019 - Chung, Youn Hie  
 PCH Name: CLARISES PERSONAL CARE RESIDENCE

1. REGULATION 66 Pa.Code §2800  
 2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION  
 On 03/04/2019, at 12:00 PM, resident #3 was given Oyst-Cal 500 mg, Perphenazine 4 mg, Mldodrine 5 mg, Busprone 30 mg, and a Novolog Injection. Staff person A did not initial the medication administration record until 1:40 PM.  
 Resident #6 is prescribed Vitamin D2 60,000 IU once every week on Saturday. His medication administration record for the medication was initialed every day from March 1st through 4th.

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.

Staff was retrained in medication prarium. To prevent this violation from reoccurring, record medication at the time it was given. Once a week medication was corrected on the mars.  
 All medication techs was retrain.  
 3/9/19

All staff who handle or administer medications will be trained in medication administration. Trainings will be kept for Department review. SP 04-19-19

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