



Sent via e-mail kaymarie33@aol.com
Sent via e-mail bmbriddell@gmail.com
August 21, 2019

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

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

Dear Ms. Briddell:

As a result of the Department's Bureau of Human Services Licensing inspections on May 3, 6, 7, 10, and 29, 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 must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Mia Johnson". The signature is written in a cursive, flowing style.

Mia Johnson
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report

Facility Information

Name: *VINE STREET MANOR*
Address: *230 NORTH 65TH STREET, PHILADELPHIA, PA 19139*
County: *PHILADELPHIA* Region: *SOUTHEAST*

License Number: *142340*

Administrator

Name: *BRITTANY BRIDDELL* Phone: *2159215792* Email: *bmbiddell@gmail.com*

Legal Entity

Name: *KAYMARIE BRIDDELL*
Address: *9157 HOUNSBAY DRIVE, MONTGOMERY, AL, 36117*

Certificate(s) of Occupancy

Type: *Other* Date: Issued By:

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *52* Waking Staff: *39*

Inspection

Type: *Partial* BHA Docket #: Notice: *Unannounced*
Reason: *Complaint*

Inspection Dates and Department Representative

05/03/2019 - Off-Site: Tahesia Thomas
05/06/2019 - Off-Site: Tahesia Thomas
05/07/2019 - Off-Site: Tahesia Thomas
05/10/2019 - Off-Site: Tahesia Thomas
05/29/2019 - On-Site: Tahesia Thomas, Dean Gray

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *84* Residents Served: *47*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *43* Are 60 Years of Age or Older: *22*
Diagnosed with Mental Illness: *40* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *5* Have Physical Disability: *8*

54a - Direct Care Staff

Regulations

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 1. Be 18 years of age or older, except as permitted in subsection (b).
- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
- 3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

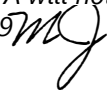
Direct care staff person A, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

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 now has a checklist for all potential employees that will be required before potential staff is offered a direct care staff position at Vine Street Manor.

Immediately: The administrator or designee will review all current direct care staff records to ensure all direct care staff persons meet the qualifications in accordance with regulation 2600.54(a) to include a Diploma issued by the Pennsylvania Department of Education or Department of Education in another state. Documentation will be kept in the staff records. Only those staff persons who meet the direct care staff qualifications will provide direct care services. Staff person A will not be permitted to provide direct care services in the home until they met the educational qualifications.

8/20/19 

See attached.

Legal Entity Representative

	Brittany Briddell, Administrator	07/14/2019
Signature	Printed Name and Title	Date

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The above plan of correction is approved as of	8/20/19 (Date)	Plan of correction implementation status as of	8/20/19 (Date)
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The above plan of correction was approved by


(Initials)

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

56 - Admin 20 Hours/Week

Regulations

2600.

56. Administrator Staffing - The administrator shall be present in the home an average of 20 hours or more per week, in each calendar month.

Description of Violation

Staff person B, the home's administrator, could not provide documentation of her working twenty hours per week. The home does not have a current work schedule for the staff. In addition, interviews with staff and residents conflict as to when staff person B is seen in the home. On 5/25/19, from 9:00 am to 1:00 pm during the complaint investigation, staff person B was not present at the home, even after being contacted by direct care staff person C.

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 developed a schedule that shows that staff person B will be present in the home for 20 hours or more per week, in each calendar month.

A qualified administrator will be present in the home and performing administrative duties an average of 20 hours or more per week. Documentation shall be maintained for Department review. 8/20/19 *MBJ*

See attached

Legal Entity Representative

Brittany Briddell
Signature

Brittany Briddell, Administrator

07/14/2019

Printed Name and Title

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VINE STREET MANOR

142340

57b - 1 Hour/Day

Regulations

2600.

57.b. Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

Description of Violation

On 5/28/19, there were 47 residents in the home, requiring a minimum of 47 hours of direct care service. The home is not able to provide verification that adequate staffing was in place to meet the needs of the residents.

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 will follow the regulatory calculation for staffing needed for the care of the residents. As the resident count can go up and down, the Home will make the appropriate adjustments. (#residents+ # residents with mobility need+residents requiring additional support=Total Hours) (TOTAL HOURS x 0.75 = AMOUNT OF WAKING HRS)

Documentation will be maintained for Department review. 8/20/19 *MBJ*

See attached

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VINE STREET MANOR

142340

57c - 2 Hours/Day

Regulations

2600.

57.c. Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

Description of Violation

On 5/28/19, there were 47 residents in the home, including 5 residents with mobility needs, requiring a total minimum of 52 hours of direct care service. The home is not able to provide verification that adequate staffing was in place to meet the needs of the residents.

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 will follow the regulatory calculation for staffing needed for the care of the residents. As the resident count can go up and down, the Home will make the appropriate adjustments.

(#residents+ # residents with mobility need+residents requiring additional support=Total Hours)
(TOTAL HOURS x 0.75 = AMOUNT OF WAKING HRS)

Documentation will be maintained for Department review. 8/20/19 *MBJ*

See attached

Legal Entity Representative

<i>Brittany Briddell</i>	Brittany Briddell, Administrator	07/14/2019
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62 - Contact List

Regulations

2600.

62. List of Staff Persons - The administrator shall maintain a current list of the names, addresses and telephone numbers of staff persons including substitute personnel and volunteers.

Description of Violation

The home does not have an updated contact list for staff. The home presented a list that shows staff persons D and E as active employees. However, staff persons D and E are no longer employed by the home. In addition, staff person A hired 3/14/19, is not listed as an active employee.

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 developed a list of all current staff member's names, addresses and telephone numbers. List is attached.

The administrator or designee will audit the staff contact list monthly to ensure it is current and update as needed. Documentation will be maintained for Department review. 8/20/19 *MB*

See attached.

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07/14/2019

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65d - Initial Direct Care Training

Regulations

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

1. Training that includes a demonstration of job duties, followed by supervised practice.

Description of Violation

The home has fifteen staff members. The home does not have a job description for any of the staff members in their employment file.

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 developed job descriptions for the staff. Please see attached.

Immediately, administrator or designee will ensure each employee file has a copy of their job description attached.
8/20/19 *MB*

See attached

Legal Entity Representative

Brittany Briddell
Signature

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07/14/2019
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VINE STREET MANOR

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85b - Infestation

Regulations

2600.

85.b. There may be no evidence of infestation of insects or rodents in the home.

Description of Violation

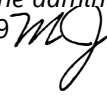
According to interviews with staff, residents and contracted pest control agent, as well as pest control invoices, the home has had an infestation of bedbugs since December 2018.

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.)

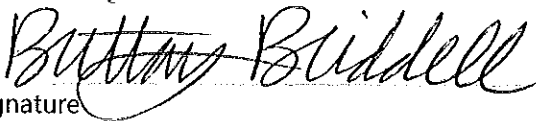
The bedbug problem has been eradicated. The Home has an agreement with Peerless Pest Control to treat the Home on a monthly basis, and more often if necessary. In the future, Administrator or designee will notify the Department, family members and all resident contacts of any infestations in the Home as soon as the Home is aware of the issue.

Staff persons will be instructed to monitor the home for potential causes of infestation during regular duties. Staff persons will be instructed to report any signs of infestation to the administrator. Documentation of monthly treatments will be maintained for Department review. 8/20/19



See attached

Legal Entity Representative


Signature

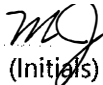
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105d - Change Bed Linens/Towels

Regulations

2600.

105.d. Bed linens and towels shall be changed at least once every week and more often as needed to maintain sanitary conditions.

Description of Violation

The home does not have a specific schedule for laundry services. The lack of proper laundry services contributed to the home's bedbug infestation.

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 developed a schedule for laundry services for bed linens and towels. Hereafter, Direct Care Staff will make sure that bed linens and towels are changed at least once every week and more as needed.

Maintain documentation for Department review. 8/20/19 *MBJ*

See attached.

Legal Entity Representative

Brittany Briddell
Signature

Brittany Briddell, Administrator
Printed Name and Title

07/14/2019
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VINE STREET MANOR

142340

141a - Medical Evaluation

Regulations

2600.

141.a. 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.

Description of Violation

Resident #1 was admitted on 8/15/17. The medical evaluation for resident #1 was completed on 10/23/17. This does not meet the requirement of 60 days prior to admission or within 30 days after admission of the resident.

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 current medical evaluation for resident #1 was completed on 06/25/2019. In the future the Administrator will make sure that all residents, prior to admission, have a medical evaluation completed either 60 days prior to admission or within 30 days after admission.

Within 30 days of this POC, the administrator will review all new resident documentation to ensure all new residents have an in-person medical evaluation completed within 60 days prior to admission or within 30 days after admission completed by a physician, physician's assistant or certified registered nurse practitioner. If a medical evaluation has not been completed an in-person medical evaluation will be scheduled immediately. A new resident document tracking system will be developed and implemented to ensure all required documentation including a medical evaluation is completed on the form specified by the Department within the required timeframe. All staff persons involved with resident admissions will be educated regarding the tracking system. Documentation of training and tracking system will be kept. 8/20/19 *MJ*

Legal Entity Representative

Brittany Briddell
Signature

Brittany Briddell, Administrator
Printed Name and Title

07/14/2019
Date

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 Fully Implemented
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 Not Implemented

141a 1-10 Medical Evaluation Information

Regulations

2600.

141.a. 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:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #2's medical evaluation did not include medical information pertinent to diagnosis and treatment in case of an emergency, special health or dietary needs of the resident.

Resident #3's medical evaluation did not include medical information pertinent to diagnosis and treatment in case of emergency, special health or dietary needs of the resident.

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 evaluations for residents #2 and #3 have been updated to include medical information pertinent to diagnosis and treatment in case of an emergency, special health or dietary needs. In the future staff will work more closely with the physicians to make sure that the DME is complete.

Immediately: The administrator or designated staff person will review all current medical evaluations to ensure medical evaluations are completed timely, accurately and in their entirety to include a medication regimen. Any incomplete medical evaluations will be returned to the physician for completion or new in-person medical evaluations will be scheduled and completed.

Within 30 days of this POC, all staff persons involved with the medical evaluation process will be educated on the required contents of the medical evaluation form and the authorized persons (a physician, physician's assistant or certified registered nurse practitioner) who are permitted to complete a medical evaluation form. Documentation of education shall be kept in the staff person's record. 8/20/19

See attached

Legal Entity Representative



Signature

Brittany Briddell, Administrator
Printed Name and Title

07/14/2019
Date

VINE STREET MANOR

142340

141a 1-10 Medical Evaluation Information *(continued)***DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!**

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(Date) (Date)

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 Not Implemented

VINE STREET MANOR

142340

141b1 - Annual Medical Evaluation

Regulations

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #1's most recent medical evaluation was completed on 12/14/18. The resident's previous medical evaluation was completed on 10/23/17.

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.)

In the future, Administrator will make sure that the DMEs are completed annually within the time frame. Immediately: The administrator or designated staff person will review all resident records to ensure an in-person medical evaluation has been completed for all residents within the past year and the medical evaluation is completed accurately and in its entirety including all required information. Any incomplete medical evaluations will be returned to the physician for completion or new in-person medical evaluations will be scheduled and completed. A resident document tracking system will be developed and implemented to ensure all residents have a medical evaluation completed within the required timeframe. Documentation shall be kept. 8/20/19 *MB*

Legal Entity Representative

Brittany Briddell
Signature

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Date

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05/03/2019

13 of 16

VINE STREET MANOR

142340

223b - Service Procedures

Regulations

2600.

223.b. The home shall develop written procedures for the delivery and management of services from admission to discharge.

Description of Violation

The home is not managing the services as it is evident by the administrator is not at the home twenty hours a week. In addition, interviews with the administrator as well the housekeeping staff, they do not know how to treat bedbugs or maintain a sanitary environment. This is evident by interviews with the pest control agent that stated, "rooms C6, C7, C9 and C 17 were affected by bedbugs and visibly seen during the day hours,"

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 will have adequate staffing for administrator and staff workers to ensure all services are being met for the health and safety of the residents. This will include regularly scheduled maintenance with Peerless Pest Control. In addition, we have updated the cleaning protocol by staff. See previously attached peerless contract.

Immediately: Administrator will develop and implement a written procedure for delivery of services provided to the residents from admission to discharge. Documentation shall be kept. 8/20/19 *MJ*

Legal Entity Representative

Brittany Briddell
Signature

Brittany Briddell, Administrator
Printed Name and Title

07/14/2019
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224a - Preadmission Screen Form

Regulations

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #3 was admitted to the home on 11/03/16; however, the resident's preadmission screening form was completed on 2/13/17.

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.)

In the future, the Administrator will ensure that all preadmission screenings for residents are done within 30 days prior to admission. A checklist has been added. Immediately-The administrator or designated staff person will create and implement a new resident documentation system to ensure all residents being admitted to the home have a preadmission screening completed in its entirety, to include an indication the home can meet the resident's needs, within 30 days of admission. The home shall use the Department's form and maintain a copy in each resident's record. All staff persons involved with resident admissions will be educated regarding the documentation system. Documentation of education and checklist shall be kept. 8/20/19

MBJ

See attached

Legal Entity Representative

Brittany Briddell
Signature

Brittany Briddell, Administrator
Printed Name and Title

07/14/2019
Date

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226a - Mobility Assessment

Regulations

2600.

226.a. The resident shall be assessed for mobility needs as part of the resident's assessment.

Description of Violation

Resident #1's assessment, dated 8/30/18, lists no mobility needs. This does not match the most recent medical evaluation on file.

Resident #2's assessment, dated 8/28/18, lists no mobility needs. This does not match the most recent medical evaluation on file.

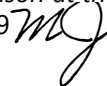
Resident #3's assessment, dated 1/18/19, lists no mobility needs. This does not match the most recent medical evaluation on file.

Plan of Correction (POC)

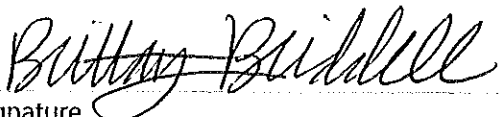
(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

The RASPs will be updated to reflect the mobility needs per the medical evaluation. Currently, the home is working with the resident's physician to correctly identify the mobility needs of the residents. Once correctly assessed, the RASPs will be updated accordingly.

Documentation of updated RASP's will be submitted to M. Johnson at the Southeast Regional office at ra-pwarlsoutheast@pa.gov or faxed to 610-270-1147. 8/20/19



Legal Entity Representative



Signature

Brittany Briddell, Administrator

Printed Name and Title

07/14/2019

Date

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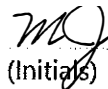
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