



June 20, 2019

Ms. Shelley R. Smith
Administrator
Shelley R. Smith
5224-26 North Broad Street
Philadelphia, Pennsylvania 19141

RE: Broad Street Residence
License #: 176360

Dear Ms. Smith:

As a result of the Department's Bureau of Human Services Licensing annual inspection on May 8, 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.

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 that reads "J. Rowe". The signature is stylized and cursive.

Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report

Facility Information

Name: BROAD STREET RESIDENCE

License Number: 176360

Address: 5224 26 NORTH BROAD STREET, PHILADELPHIA, PA 19141

County: PHILADELPHIA

Region: SOUTHEAST

Administrator

Name: Ms. Shelley R Smith

Phone: 2153242370

Email: SRMCSMITH@AOL.COM

Legal Entity

Name: SHELLEY R SMITH

Address: 5224-26 NORTH BROAD STREET, PA, 19141

Certificate(s) of Occupancy

Type: I-1

Date: 08/02/1991

Issued By: City of Philadelphia

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 24

Waking Staff: 18

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

Inspection Dates and Department Representative

05/08/2019 - On-Site: David Carrion

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 24

Residents Served: 24

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 22

Are 60 Years of Age or Older: 15

Diagnosed with Mental Illness: 19

Diagnosed with Intellectual Disability: 5

Have Mobility Need: 0

Have Physical Disability: 0

16c - Written Incident Report

Regulations

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 04/29/19, a fire occurred at the designated smoking area, causing smoke to come inside the home. The smoke alarm activated and The Fire Department arrived at the facility and contained the fire. The home did not submit an incident report to the Department.

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 administrator has reviewed and trained staff on the reportable incident regulation. Staff have been instructed to report all future reportable incidents to the administrator who will submit the report in a timely manner per regulation 2600.16c. This topic will be discussed periodically at staff meeting. This will prevent a reoccurrence.

Documents of trainings will be kept for Department review for a period of three years.

Handwritten initials

Legal Entity Representative

Signature

Handwritten signature: Sherry R. Smith

Printed Name and Title

*Sherry R. Smith
Administrator*

Date

5/27/19

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of

6/3/19
(Date)

Plan of correction implementation status as of

6/3/19
(Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

Handwritten initials: MS
(initials)

05/08/2019

2 of 4

BROAD STREET RESIDENCE

176360

89b - Hot Water Temperature

Regulations

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 05/08/2019 at 3:45pm, the hot water temperature in male bathrooms on the 2nd and 3rd floor, used by residents, measured 133 and 128 degrees Fahrenheit.

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 has been lowered. A new form/log (attached) will be used by all staff to record the water temperature weekly from different locations in the building. The log will be monitored and reviewed by the manager monthly. The administrator will review this regulation at staff meetings periodically. This will prevent a reoccurrence.

Maintain audits for Department review. *MSJ*

Legal Entity Representative

Signature *Shelley R. Smith*

Printed Name and Title *Shelley R. Smith*
Administrator Date *5/27/19*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of

6/3/19
(Date)

Plan of correction implementation status as of

6/3/19
(Date)

The above plan of correction was approved by

MSJ
(Initials)

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

05/08/2019

3 of 4

BROAD STREET RESIDENCE

105g - Lint Removal and Duct Cleaning

Regulations

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 05/08/2019, there was an approximate 1/2 inch accumulation of lint in the lint trap of the dryer. There were no clothes in the dryer at the time of inspection.

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 that do laundry have been reminded/instructed to empty the lint tray after each use. The administrator has reviewed the regulation with staff and stressed the danger in leaving lint in the lint tray. The manager will check both lint trays every Friday to ensure this is done. This will prevent a reoccurrence.

Maintain audits for Department review: *MSJ*

Legal Entity Representative

Signature

Shelley R. Smith

Shelley R. Smith
Administrator
Printed Name and Title

Date

5/27/19

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of

6/3/19
(Date)

Plan of correction implementation status as of

6/3/19
(Date)

The above plan of correction was approved by

MSJ
(Initials)

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

05/08/2019

4 of 4