

Violation Report

Facility Information

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

License Number: 14234

Administrator

Name: Brittany Briddell Phone: 2158804641 Email: KAYMARIE33@AOL.COM

Legal Entity

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

Certificate(s) of Occupancy

Type: Other Date: 10/09/2010 Issued By: Phila L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 89 Waking Staff: 67

Inspection

Type: Full Reason: Renewal BHA Docket #: Notice: Unannounced

Inspection Dates and Department Representative

06/25/2019 - On-Site: Sabrina Freeman

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 84 Residents Served: 84

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 44 Are 60 Years of Age or Older: 10
Diagnosed with Mental Illness: 46 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 5 Have Physical Disability: 5

11a - Chapter 20

Regulations

2600.

11.a. Except for § 20.32 (relating to announced inspections), the requirements in Chapter 20 (relating to licensure or approval of facilities and agencies) apply to personal care homes.

Description of Violation

On 6/25/19, the home did not have a Certificate of Occupancy posted, nor was the home able to provide a copy.

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.)

Certificate has been posted on the first floor and will is available for the state to see at all times. In the future, the administrator and/or designee will ensure that the Certificate is posted at all times.

Please see attached (1)

DPOC - Home verified it has a certificate of occupancy that is now posted. Administrator will ensure it is posted in a conspicuous place in the home.

SP 11-04-19

Legal Entity Representative

Brittany Briddell

Brittany Briddell, Administrator

09/11/2019

Signature

Printed Name and Title

Date

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

The above plan of correction is approved as of 11-04-19
(Date)

Plan of correction implementation status as of 11-04-19
(Date)

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

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

15a - Resident Abuse Report

Regulations

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

Multiple residents stated that staff have observed resident #3 being physically and verbally aggressive towards residents in the home on numerous occasions. They stated the home failed to protect them and only occasionally submitted a 302 petition when resident #3 became physically and verbally violent. They stated resident #3 always returns to the home after the involuntary commitment and repeats the behavior.

4 resident witness statements (written) were obtained regarding the allegations of abuse. Residents #1 and #2 state they are afraid of resident #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 #3 has been removed from the home. On numerous occasions, the home had resident #3 sent to the hospital to have his medication adjusted. However, due to the above complaints, Vine St had to remove resident #3 from the facility. From here on out, Vine St Administrator will ensure that all suspected abuse is reported to the Department. Staff will be trained on abuse reporting policy.

Please see attached.....

Legal Entity Representative

[Handwritten Signature]
Signature

Brittany Briddell, Administrator
Printed Name and Title
09/11/2019
Date

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2600.15a

DPOC - The home will ensure it is reporting incidents in accordance with the Older Adult Protective Services Act, which includes financial abuse in accordance with regulation 2600.15a. Staff will be educated on reporting policies within 15 days receipt of this POC. Documentation of staff training will be made available for Department review.

SP 11-04-19

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 6/25/19, at 1:00PM during the lunch observation two residents asked to speak with the Licensing Representative. Resident #1 and resident #2 stated they are afraid of resident #3. They stated that resident #3 is physically and verbally violent to them and other residents in the home. Resident #1 stated that resident #3 broke her power wheelchair and she has to pay to have it fixed.

The residents stated that staff has observed resident #3 being physically and verbally aggressive towards residents in the home. They stated the home failed to protect them and only occasionally submitted a 302 petition when resident #3 became physically and verbally violent. They stated resident #3 always returns to the home after the involuntary commitment and repeats the behavior.

The residents stated they have informed staff about resident #3's behavior. However, the home did not report this incident to the Department. On 09/20/18, resident #11 died in the home. No incident report was submitted.

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.)

Hereafter, Administrator will ensure that such incidents are reported to the department. Home had resident #3 302'd after witnessing violent behavior. However due to above complaints Vine St has removed resident #3. Incident report for resident #11 was submitted on 9/20/2018, please see attached.

Please see attached.....

Legal Entity Representative

Britt B.

Signature

Brittany Briddell Administrator

Printed Name and Title

09/11/2019

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2600.16c

DPOC -Within 30 days of receipt of the plan of correction, all staff persons will be educated on the home's policy and procedures for reportable incidents and conditions including the reporting requirements. Administrator will ensure incidents are reported within specifications Of 2600.16c. Documentation of education shall be kept for Department review. Home did verify they are aware of Department's reportable incident policies and forms.

SP 11-04-19

18 - Compliance With Laws

Regulations

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

Personal care and assisted living homes must post the required influenza information in a public place in the home year-round as required by the Influenza Awareness Act (HB 1785). The home did not have an influenza poster anywhere.

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.)

Home has posted IAA poster on the first floor in a conspicuous place. Administrator will ensure that the home always has the required information posted.

DPOC -Home did verify influenza poster was posted. Administrator will ensure poster is hung in a conspicuous place at all times.

SP 11-04-19.

Legal Entity Representative

Britt B.

Signature

Brittany Bridwell Administrator

Printed Name and Title

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20b8 - Quarterly Account

Regulations

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

8. The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

Description of Violation

The home manages resident funds and does not provide itemized quarterly accounts for residents or their designated persons. Specifically, the home did not provide resident #10 with quarterly financial transactions.

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 home will provide itemized quarterly accounts for residents + their designated persons.

DPOC -Home did verify they started a quarterly account financial summary for resident #10 and are familiar with the Department form for keeping balances. Administrator will continue to give residents and their designated persons an itemized account of financial transactions on a quarterly basis if the home provides financial management

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Legal Entity Representative

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Signature

Brittany Briddell, Administrator 09/11/2019

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26a - Quality Management Plan

Regulations

2600.

26.a. The home shall establish and implement a quality management plan.

Description of Violation

The home did not provide the quality management plan or present evidence that they have one established.

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 had a quality management plan in place + now has it posted and on file. Administrator will ensure quality management plan is implemented + reviewed with staff periodically. (every 3 months).

DPOC -Home did verify during POC verification that they developed a quality management plan. Administrator will ensure plan is implemented and staff are aware of it. Quarterly reviews will be maintained by home and made available for Department review.

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42b - Abuse

Regulations

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On 6/25/19, at 1:00PM during lunch observation two residents asked to speak with the Licensing Representative. Resident #1 and resident #2 stated they are afraid of resident #3. They stated that resident #3 is physically and verbally violent to them and other residents in the home. Resident #1 stated that resident #3 broke her power wheelchair and she has to pay to have it fixed.

4 resident witness statements (written) were obtained regarding the allegations of abuse.

Resident #1 - "Resident #3 broke my power chair and is in my face and threatens me everyday. I am scared to death of him."

Resident #2 - "Resident #3 hit me a couple of times. He punched me in the mouth and back sometimes. He punched me in the stomach a lot. He hits a lot of people. Resident #11 died, resident #3 hit him in the head."

Resident #4 - "Resident #3 has a very violent temper. I had a run in with him in the lobby and had to defend myself. He's very unstable and tries to beat you up. We have no TV rights with him around."

Resident #5 - "Resident #3 approached me in the elevator wanting to fight. He put hands on people here and slapped them around, slapped them in the head. I witness him push people down to the ground. I am very uncomfortable around him, especially the verbal abuse."

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 #3 is no longer at Vine St Manor. In the future all incidents will be reported to the Department in a timely manner. Resident #1 wheelchair has been fixed + is in working condition. Staff has been advised to monitor the residents more closely + report to Administrator. Staff will be trained on Residents Rights by Sept. 23, 2019.

Legal Entity Representative

Please see attached.....

Brittany B.

Signature

Brittany Briddell, Administrator

Printed Name and Title

Date

09/11/19

42b - Abuse (continued)

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2600.42b

DPOC - Within 45 days of receipt of the accepted plan of correction, all direct care staff, ancillary staff persons, substitute personnel, volunteers and management staff including the administrator will receive training in abuse reporting and prevention and resident rights from a Department-approved outside source. Documentation of the training shall be kept for Department review.

SP 11-04-19

42e - Telephone Access

Regulations

2600.

42.e. A resident shall have access to a telephone in the home to make calls in privacy. Nontoll calls shall be without charge to the resident.

Description of Violation

The home has one telephone which is kept locked in the medication room, and residents have to ask staff permission to use the phone. Per conversation with the Ombudsman and resident #6, there is no privacy provided when residents use the telephone. Resident #6 stated he does not always get to use the telephone when he wants.

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.)

Home has added resident phone line on the first floor for residents to have private phone calls. Comcast installed new line Sept. 10, 2019. Staff will be trained on Residents Rights by Sept. 23, 2019.

DPOC -All residents shall be permitted to use a telephone provided by the home to make local telephone calls at no charge at any time. All staff persons shall be educated within 30 days receipt of this POC, that residents have the right to use a telephone provided by the home to make local telephone calls in private. Documentation of education shall be kept for Department review. Home did verify a phone was installed on the first floor for private resident use.

SP 11-04-19

Legal Entity Representative

Britt B.

Signature

Brittany Briddell, Administrator

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09/12/19

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VINE STREET MANOR

64c - Annual Training

Regulations

2600.

64.c. An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.

Description of Violation

Staff person A, the home's administrator, completed only 4 hours of training for the 2018 training year.

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.)

Administrator is currently enrolled in training courses at PEPP Unlimited on Sept. 16 & Sept. 17 for 12 credits. As well as online courses for 8 credits. Administrator will ensure required training hours are obtained within training year.

DPOC -An annual staff training plan shall be developed for the administrator which includes 24 hours of Department-approved training. The administrator shall develop and implement a system to ensure all administrator training is documented, in the administrator's record and available to the Department upon request.

SP 11-04-19

Legal Entity Representative

Brittany B.

Signature

Brittany Bridwell, Administrator *09/11/2019*

Printed Name and Title

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65e - 12 Hours Annual Training

Regulations

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

Description of Violation

Direct care staff person B received only 3 hours of annual training for the 2018 training year.

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.)

Home will ensure that all DCS members have proper training as required by the state. Vine st. will implement the required staff training into the home's policy. Administrator will ensure all staff will receive required 12 hour training annually.

DPOC - Within 30 days of receipt of the accepted plan of correction, the administrator will review all staff current training and records to ensure all direct care staff have received the required 12 hours of annual training in accordance with regulation 2600.65(e) during the 2018 training year and documentation is maintained in each staff record for Department review. Staff person b will be trained an additional 9 hours in the 2019 training year.

SP 11-04-19

Legal Entity Representative

Bill B.

Signature

Brittany Briddell, Administrator ^{09/11/19}

Printed Name and Title

Date

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65f - Training Topics

Regulations

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person B did not receive training in medication self-administration, DME & RASP, care for residents with dementia and cognitive impairment, infection control, personal care service needs of the residents or safe management techniques during the 2018 training year.

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 DCS members will receive all required training on or before Oct. 18, 2019. Staff person B will receive training immediately in addition to regular staff training done before Oct. 18, 2019.

DPOC -: Direct care staff person B will receive training in topics specified in 2600.65f immediately.

Documentation of training will be kept for Department review. The administrator will review all staff current training and records to ensure all direct care staff have received the required training in 2600.65f.

Legal Entity Representative

SP 11-04-19

Brittany B.
Signature

Brittany Briddell, Administrator
Printed Name and Title

09/11/19

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65g - Annual Training Content

Regulations

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff person B did not receive training in fire safety, emergency preparedness, resident rights, Older Adult Protective Services Act, falls or accident prevention during 2018 training year.

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 DCS members will receive all required training on or before Oct. 18, 2019. Staff person B will be trained immediately as well as attend regular staff training on or before Oct. 18, 2019.

DPOC -Direct care staff person B will receive training in topics specified in 2600.65g immediately. Documentation of training will be kept for Department review. The administrator will review all staff current training and records to ensure all direct care staff have received the required training in 2600.65g.

SP 11-04-19

Legal Entity Representative

BWB
Signature

Brittany Briddell, Administrator
Printed Name and Title
09/11/2019
Date

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VINE STREET MANOR

81a - Accomodation

Regulations

2600.

81.a. The home shall provide or arrange for physical site accommodations and equipment necessary to meet the health and safety needs of a resident with a disability and to allow safe movement within the home and exiting from the home.

Description of Violation

The living room air conditioner was dripping/leaking water onto the doorway ramp which leads to the smoking area. The accumulated water was slippery and posed a safety or fall hazard for residents entering and exiting out of the door.

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 living room A/C has been fixed. Maintenance has been advised to monitor closely. Administrator or designee will do daily physical site checks to ensure building is in good condition.

DPOC -Home verified during POC verification inspection that the air conditioner was fixed. Administrator will ensure health and safety needs of residents with disabilities are met. Physical site accommodations and equipment will be maintained to ensure compliance.

SP 11-04-19

Legal Entity Representative

Brittany B.
Signature

Brittany Bridgell, Administrator
Printed Name and Title

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92 - Windows

Regulations

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

In room C12 on the 3rd floor, the window was open and there was no screen. This issue was also a problem in the bathroom on the 3rd floor by the resident lounge.

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 screens have been repaired and are secured in place. Administrator or designee will do daily walk-through to ensure the building is in good condition.

DPOC -Home verified during POC verification inspection that window screens were repaired and are secured in windows. Administrator will ensure windows and screens are in line with regulation 2600.92 at all times. Weekly physical site walkthroughs to be conducted to ensure compliance.

SP 11-04-19

Legal Entity Representative

Bill B.

Signature

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101j2 - Bedroom Chairs

Regulations

2600.

- 101.j. Each resident shall have the following in the bedroom:
 - 2. A chair for each resident that meets the resident's needs.

Description of Violation

Bedroom B21 did not have a chair, also bedroom C11 is occupied by two residents; however, there was only 1 chair in the room present in the room.

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 bedrooms now have the required number of chairs. Administrator or designee will do daily bedroom checks to ensure all resident bedrooms have proper amount of chairs.

DPOC -Home verified during POC verification inspection that all bedrooms had required chairs. Administrator will ensure bedrooms and chairs are in line with regulation 2600.101j2 at all times. Weekly physical site walkthroughs to be conducted to ensure compliance.

SP 11-04-19

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Britt B.

Signature

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101j3 - Bed/Linens/Pillows/Blankets

Regulations

2600.

- 101.j. Each resident shall have the following in the bedroom:
 - 3. Pillows, bed linens and blankets that are clean and in good repair.

Description of Violation

Resident #6's bed was not made and did not have bed linens. The resident stated he could not get in the bed or lay on the bed as there was no sheets or pillow case.

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 #6 is incontinent, bed was stripped + cleaned and let to dry after being wiped down. In the future, Home will make sure all beds/laundry is done in a timely manner. Resident #6 has to have his bed stripped + cleaned down multiple times a day.

Administrator/designee will check throughout the day to make sure residents have their beds made + are provided with pillows, bed linens and blankets that are clean + in good repair.

DPOC - Administrator will ensure bedsheets, pillows, linens, and blankets are returned to incontinent residents in a timely manor after washing. SP 11-04-19

Legal Entity Representative

Bill B.

Signature

Brittany Bridwell, Administrator

Printed Name and Title

09/11/19

Date

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101j6 - Mirror

Regulations

2600. 101.j. Each resident shall have the following in the bedroom:
6. A mirror.

Description of Violation

Bedroom C12 on the 3rd floor does not have a mirror.

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.)

Room C-12 now has a mirror. In the future, Home will make sure all rooms have required mirrors. Administrator & designee will do daily walk throughs to ensure that all resident rooms have mirrors.

DPOC -Home verified during POC verification inspection that all bedrooms had required mirrors. Administrator will ensure bedrooms and mirrors are in line with regulation 2600.101j6 at all times. Weekly physical site walkthroughs to be conducted to ensure compliance.

SP 11-04-19

Legal Entity Representative

Bill B.

Signature

Brittany Briddell, Administrator
Printed Name and Title

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101j7 - Lighting/Operable Lamp

Regulations

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Bedroom B2 did not have a light bulb in the bedside lamp.

Bedrooms B21, C1, C11 did not have a bedside lamp or a source of lighting that can be reached from bedside.

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 bedside lamps have bulbs & all lamps can be reached from the bedside. Administrator will monitor rooms to make sure all lamps are in working condition. Administrator or designee will do daily walk-throughs to ensure all bedside lamps are accessible & in working condition.

DPOC - Within 15 days receipt of this POC, a designated staff person shall check the home at least weekly to ensure all resident beds have an operable bedside lamp or source of lighting that can be turned on/off from bedside. Documentation shall be kept by home and made available for Department review.

SP 11-04-19

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Britt B.
Signature

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103f - Refrigerator/Freezer Temps

Regulations

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 6/25/19 at approximately 4:30PM, the freezer temperature was 6 degrees Fahrenheit and the food was not frozen.

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.)

Both freezers have been repaired by Atlantic Refrigeration Company. "ARC" is on call for Vine St. Manor. Administrator or designee will do weekly checks to ensure freezer is proper temperature & will keep record available to access.

DPOC -Within 30 days receipt of this POC, the administrator or designated staff person, shall check all refrigerators and freezers at least weekly to ensure all refrigerators and freezers have thermometers and food requiring refrigeration is stored at or below 40 degrees Fahrenheit and frozen food is stored at or below 0 degrees Fahrenheit. Documentation will be made available for Department review.

SP 11-04-19.

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105f - Labeling/Return of Clothes

Regulations

2600.

105.f. Measures shall be implemented to ensure that residents' clothing are not lost or misplaced during laundering or cleaning. The resident's clean clothing shall be returned to the resident within 24 hours after laundering

Description of Violation

The home did not return resident #6's clothing within 24 hours after laundering.

Resident #6 stated that he wears the same clothes every day and does not have any clothing because staff takes all of his clothes. Resident #6's bedroom was inspected with him and all of his drawers and closet was observed completely empty, with no items of clothing. The licensing representative asked staff person C where was resident #6's clothing and he stated in the laundry. The licensing representative observed a large basket full of resident #6's clothes in the laundry room. Staff person C told the direct care workers to take the basket to resident #6.

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 has been advised to return all resident's clothing within 24 hours of being washed. Resident #6 is incontinent & urinates in his closet & in his drawers. His clothes require to be laundered more frequently.

DPOC - Administrator will ensure clothes and personal belongings are returned to incontinent residents in a timely manor after washing in accordance with regulation 2600.105f. SP 11-04-19

Legal Entity Representative

Bill B

Signature

Brittany Bridgell Administrator
09/11/2019

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107d - Procedure Emergency Management Agency Submission

Regulations

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures have not been submitted annually to the emergency management agency since 2/7/17.

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.)

The updated emergency procedures have been submitted to the Philadelphia office of Emergency Management. Administrator will ensure that emergency procedures are submitted annually from this point on.

DPOC -Home verified during POC verification inspection that emergency procedures have been submitted to the Philadelphia Office of emergency management. Administrator will ensure this is done within annual timeframes. SP 11-04-19

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Britt B.

Signature

Brittany Briddell, Administrator

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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 #7's, 5/21/18 medical evaluation was incomplete. Section 7 or the Medication Addendum read "see attached," but there was no attached medication list.

Resident #8 was admitted to the home on 4/8/19. As of 6/25/19, the home did not complete a medical evaluation for the resident.

Resident #9 was admitted to the home on 4/8/19. The medical evaluation was not complete until 6/19/19.

Resident #10's, 7/27/18 medical evaluation was incomplete. Section 7 or the Medication Addendum read "see attached med list," but there was no attached medication list.

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.)

Residents #7 + #10 have attached med lists + home will ensure all DME's are completely filled out + done on time. Administrator or designee will show they are accessible for department access at all times.

Please see attached.....

Legal Entity Representative

Brittany B.

Signature

Brittany Briddell, Administrator 09/11/2019

Printed Name and Title

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141a 1-10 Medical Evaluation Information (continued)

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2600.141 a

DPOC -Within 30 days receipt of POC, 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.

SP 11-04-19

141b1 - Annual Medical Evaluation

Regulations

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #7's last medical evaluation was 5/21/18. As of 6/25/19, the home did not complete an annual medical evaluation.

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.)

Home will ensure all DME's are completed on time. Administrator or designee will audit all DMEs to make sure they have been completed within the past year.

DPOC -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.

SP 11-04-19

Legal Entity Representative

BBB B.

Signature

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187d - Follow Prescriber's Orders

Regulations

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #10 is diabetic and prescribed accu-checks 4 times daily. However, the home failed to provide accu-checks in accordance with the doctors order. On multiple occasions, resident didn't receive accu-checks 4 times a day.

Resident #11 is prescribed accu-checks 2 times daily. However, the home failed to provide accu-checks in accordance with the doctors order.

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 has been better trained to perform accu-checks the proper way according to the doctor's orders. Staff signed check-list/sign-in sheet and will be made available for department review.

DPOC - Administrator or designee will ensure the home is following the directions of the prescriber. Within 15 days receipt of this POC all staff that handle glucometers will be trained in glucometer use and blood glucose testing and recording. Training documentation and in-service to be made available for Department review.

SP 11-04-19

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Bill B.

Signature

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201 - Positive Interventions

Regulations

2600.

201. Safe Management Techniques - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

Description of Violation

Resident #3 was physically and verbally violent and aggressive with residents in the home. The home did not implement positive interventions to modify or eliminate the behavior. Residents #1, #2, #4, and #5 stated the following:

Resident #1 - "Resident #3 broke my power chair and is in my face and threatens me everyday. I am scared to death of him."

Resident #2 - "Resident #3 hit me a couple of times. He punched me in the mouth and back sometimes. He punched me in the stomach a lot. He hits a lot of people. Resident #11 died, resident #3 hit him in the head."

Resident #4 - "Resident #3 has a very violent temper. I had a run in with him in the lobby and had to defend myself. He's very unstable and tries to beat you up. We have no TV rights with him around."

Resident #5 - "Resident #3 approached me in the elevator wanting to fight. He put hands on people here and slapped them around, slapped them in the head. I witness him push people down to the ground. I am very uncomfortable around him, especially the verbal abuse."

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 #3 is no longer at Vine St. All staff members will be trained in safe management techniques on or before Oct. 18, 2019.

DPOC - Within 45 days of receipt of the plan of correction: All staff persons will receive training related to the provision of services to people with mental illness including behavioral management and positive behavioral modification techniques from a professional trainer or mental health professional approved by the Department.

Documentation of education will be kept. SP 11-04-19

Legal Entity Representative

BCW B.

Signature

Brittany Briddell, Administrator

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201 - Positive Interventions (continued)

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		<input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress	
		<input type="checkbox"/> Not Implemented	

225a - Assessment 15 Days

Regulations

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #8 was admitted on 4/8/19. There was no date on the resident's assessment; therefore it could not be determined if it was complete within 15 days of admission.

Resident #9 was admitted on 4/8/19. There was no date on the resident's assessment; therefore it could not be determined if it was complete within 15 days of admission.

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 ensure that all RASPs have correct dates of completion & are done on time. All RASPs will be completed within 15 days of admission.

DPOC - Administrator or designee will ensure all Resident Assessment Support Plans (RASP), are completed within timeframes specified in 2600.225a. Within 30 days receipt of this POC all RASP will be audited to ensure they are updated to reflect residents needs.

SP 11-04-19

Legal Entity Representative

[Handwritten Signature]

Signature

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252 - Record Content

Regulations

2600.

252. Content of Resident Records - Each resident's record must include the following information:

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.

Description of Violation

Resident #8, admitted 04-08-19, record does not include a photograph 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.)

Photo has been added. In the future, Administrator will make sure all residents have photos added to their files the day they are admitted.

DPOC -Home verified during POC verification inspection that updated photo was added. Admin or designee will audit all resident records within 30 days receipt of POC to ensure they have information specified in

2600.252

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