



August 21, 2020

Mr. Austin Virgo
President
Quality Assisted Care
3411 North 17th Street
Philadelphia, Pennsylvania 19140

RE: Quality Assisted Care
License #: 193050

Dear Mr. Virgo:

As a result of the Department's Bureau of Human Services Licensing annual inspection on September 24, 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,


Jamie L. Buchenauer
Deputy Secretary
Office of Long-Term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: *QUALITY ASSISTED CARE*
Address: *3411 NORTH 17TH STREET,, PHILADELPHIA, PA 19140*
County: *PHILADELPHIA* Region: *SOUTHEAST*

License Number: *19305*

Administrator

Name: *Austin Virgo* Phone: *2152234475* Email: *AUSTINVIRGO81@GMAIL.COM*

Legal Entity

Name: *QUALITY ASSISTED CARE INC*
Address: *3411 NORTH 17TH STREET, PHILADELPHIA, PA, 19140*

Certificate(s) of Occupancy

Type: *Other* Date: *02/08/2011* Issued By: *City of Philadelphia*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *14* Waking Staff: *11*

Inspection

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

Inspection Dates and Department Representative

09/24/2019 - On-Site: David Carrion

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *15* Residents Served: *14*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *14* Are 60 Years of Age or Older: *7*
Diagnosed with Mental Illness: *14* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *0*

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

Carbon monoxide alarms must be installed in proximity of, but not less than 15 feet from any fossil-fuel burning device or appliance. The home does not have a working carbon monoxide alarm.

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.)

To assured Continued Compliance with this Regulation an additional Carbonmonoxide Detector WAS INSTALL IN The Kitchen Area. All staff member WAS instructed To check daily IN MAKING sure Detector stay Plug in and in operation. The Administrator will do on going weekly Follow up check

Legal Entity Representative

Austin Virgo

Signature

AUSTIN VIRGO

Printed Name and Title

11-15-19

Date

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

The above plan of correction is approved as of

3/5/20
(Date)

Plan of correction implementation status as of

3/5/20
(Date)

The above plan of correction was approved by

MC
(Initials)

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

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 04/13/19. The resident's previous medical evaluation was completed on 01/13/18.

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.)

To Assured Continued Compliance, The Administrator Will Review All Residents Records Weekly To Check All Document, Especially those That Required ANNUALLY update and To doubly MAKE Sure Documents are Completed IN A Timely MANNER.

Legal Entity Representative

Austin Virgo
Signature

AUSTIN VIRGO
Printed Name and Title

11-15-19
Date

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The above plan of correction is approved as of 3/5/20
(Date)

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