



Sent via e-mail [mparisse@pphfamily.org](mailto:mparisse@pphfamily.org)  
February 25, 2020

Ms. Mary Ann Parisse  
Vice President Residential Living and Personal Care  
Philadelphia Protestant Home  
6500 Tabor Road, Building 5  
Philadelphia, Pennsylvania 19111

RE: Philadelphia Protestant Home  
Midway Manor  
Building 5, Floors 2, 3, and 4  
License #: 144500

Dear Ms. Parisse:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on December 18, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

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

Claire Mendez  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

# Violation Report

## Facility Information

Name: PHILADELPHIA PROTESTANT HOME

License Number: 14450

Address: 6500 TABOR ROAD, MIDWAY MANOR,, BUILDING 5, FLOORS 2,3,4,, PHILADELPHIA, PA 19111

County: PHILADELPHIA

Region: SOUTHEAST

## Administrator

Name: Maryann Parisse

Phone: 2156978000

Email: MPARISSE@PPHFAMILY.ORG

## Legal Entity

Name: PHILADELPHIA PROTESTANT HOME

Address: 6500 TABOR ROAD, BUILDING 5, PHILADELPHIA, PA, 19111

## Certificate(s) of Occupancy

Type: I-7

Date: 04/14/1999

Issued By: City of Philadelphia

Type: Other

Date: 11/20/2019

Issued By: City of Philadelphia

## Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 218

Waking Staff: 164

## Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

## Inspection Dates and Department Representative

12/18/2019 - On-Site: Denise Gillespie

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: 188

Residents Served: 149

### Secured Dementia Care Unit

In Home: Yes

Area: Chapters

Capacity: 23

Residents Served: 22

### Hospice

Current Residents: 3

### Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 149

Diagnosed with Mental Illness: 7

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 69

Have Physical Disability: 2

127a - Portable Space Heaters

Regulations

2600.  
127.a. Portable space heaters are prohibited.

Description of Violation

On 12/18/19 at 9:00 A, a portable space heater was in use in the front lobby.

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.)

We acknowledge that a space heater was viewed by the inspector on the date in question. On the date of the inspections the elevator was being renovated which stopped the front desk employee from sitting behind her desk. She was forced to sit in front of her desk near the front entrance. On 12/18/2019 the temperature dropped to the low 30's degrees. Every time the front door opened the Front desk Receptionist would receive an arctic blast of freezing air. The Front Desk is essential to the Security and Transportation department to function properly, so the decision was made to place a space heater which allowed the Receptionist to continue working in the area. If we had abandoned the front desk while the elevator renovations were in progress that would have jeopardized the safety and security of ALL our residents, staff, and visitors.

The Commons Building main entrance is in a separate building away from the Midway Building. The Commons Building is entirely office areas and no residents reside in the building. Residents did not have access to the space heater, which was located at the front desk.

At 9:10 am the State Inspectors entered the facility. The space heater was removed immediately.

All Security staff along with office staff have been in-serviced on PPH's Electrical Safety Policy- No space heaters. (see attached policy and sign in sheet) completed on 1/16/2020

Security Officers will continue to look for any violations of PPH's Electrical Safety Policy.

See attached building inspection sheets- that will be completed monthly by Security and given to the Director of Safety & Security for review and then to PC Administrator.

The monthly building inspections sheets will be kept in a binder for 1 year and be readily available for the State Surveyors to review upon request starting 1/31/2020

Legal Entity Representative

*Mary Ann Porisse*  
Signature

Mary Ann Porisse  
VP Residential Living & Personal Care  
Printed Name and Title

1/22/20  
Date

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

The above plan of correction is approved as of 2/25/2020  
(Date)

Plan of correction implementation status as of 2/25/2020  
(Date)

The above plan of correction was approved by *CM*  
(Initials)

Implemented  
 Not Implemented

183e - Storing Medications

Regulations

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

A bottle of latanoprost eye drops belonging to Resident #1 does not have an open date listed on this bottle. The manufacturers instructions read discard any unused medications after 28 days.

A bottle of latanoprost eye drops belonging to Resident #2 does not have an open date listed on this bottle. The manufacturer's instructions read discard any unused medications after 28 days.

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 med techs have been in-serviced on eye drops being dated when opened – see attached in-service

Completed on 12/23/2019

All Nurses/Supervisors have been in-serviced to check that all eye drops are dated when opened during their weekly medication cart audit and dispose of eye drops as per manufacturer recommendations

In-service: completed on 12/23/2019

See attached audit for weekly medication cart checks – started January 1, 2020

The medication cart audits will be reviewed on a weekly basis by the Director of Nursing and kept in a binder for 1 year and will be readily available for the State Surveyors to review upon request

Legal Entity Representative

*Mary Ann Parris*  
Signature

Mary Ann Parris  
VP Residential Living & Personal Care  
Printed Name and Title

1/20/20  
Date

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 Not Implemented