



**Sent via e-mail roxboroughhomeforwomen@gmail.com  
July 27, 2020**

Ms. Gabrielle Anik  
Administrator  
Roxborough Home for Women, Inc.  
601 East Leverington Avenue  
Philadelphia, Pennsylvania 19128

RE: Roxborough Home for Women  
License #: 141560

Dear Ms. Anik:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on February 27, 2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

*Sandra Wooters*

Sandra Wooters, MHS, ACG  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

## Violation Report

### Facility Information

Name: *ROXBOROUGH HOME FOR WOMEN* License Number: *14156*  
Address: *601 EAST LEVERINGTON AVENUE,, PHILADELPHIA, PA 19128*  
County: *PHILADELPHIA* Region: *SOUTHEAST*

### Administrator

Name: *Gabrielle Anik* Phone: *2154826615* Email: *ROXBOROUGHHOMEFORWOMEN@GMAIL.COM*

### Legal Entity

Name: *ROXBOROUGH HOME FOR WOMEN INC*  
Address: *601 EAST LEVERINGTON AVENUE, PHILADELPHIA, PA, 19128*

### Certificate(s) of Occupancy

Type: *Other* Date: *04/05/1978* Issued By: *City of Philadelphia*

### Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *25* Waking Staff: *19*

### Inspection

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

### Inspection Dates and Department Representative

*02/27/2020 - On-Site: Denise Gillespie, Alex Goldstein*

### Resident Demographic Data as of Inspection Dates

#### General Information

License Capacity: *30* Residents Served: *23*

#### Secured Dementia Care Unit

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

#### Hospice

Current Residents: *0*

#### Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *22*  
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *3*  
Have Mobility Need: *2* Have Physical Disability: *2*

42s - Privacy

Regulations

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

The home has a camera system that is recording all of the areas the cameras are located in. Camera 10 is recording the common sitting area on the 2nd floor. This is an exercise room for all residents to use. Camera 6 is the dining room. Camera 2 is the 1st floor common area where residents watch television. Camera 15 is in the medication room. Residents come into the medication room to have their medications administered. Camera 12 is recording the 2nd floor indoor porch area. The common areas for the cameras listed above do not have any entrance or exit doors.

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.)

One of my PCA staff, Blair Rice, monitors & trouble shoots the Home's security cameras. Upon my return from a leave of absence, I instructed Blair to stop the recording of all the cameras w/o an exit/entrance door (those listed above). She did so on March 11, 2020.

I reviewed w/my staff ① Regulation 2600.42 & ② how to tell when & if a camera is recording to ensure cameras 2, 6, 10, 12, & 15 are monitor only.

Legal Entity Representative

*Gabrielle Anik*  
Signature

Gabrielle Anik, Administrator  
Printed Name and Title

March 30, 2020  
Date

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The above plan of correction is approved as of 7/27/2020  
(Date)

Plan of correction implementation status as of 7/27/2020  
(Date)

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

Implemented  
 Not Implemented

51 - Criminal Background Check

Regulations

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff Member A started as a direct care worker on 5/31/2019. The home did not complete a criminal background check until 6/6/2019.

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 is responsible for all paperwork of new hires. As w/all new hires, a packet was given to "A," but did not have the background release form in it. When the paperwork was reviewed, the Administrator realized the background check wasn't done & did it on 6/6/19. A checklist is in the new hire training book. One will be made that will "follow" the new hire from the new hire pkt. to their employee folder. It will be double-checked at the time of training. Please see attached checklist.

Legal Entity Representative

*Gabrielle Anik*  
Signature

Gabrielle Anik, Administrator 3/30/20  
Printed Name and Title Date

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- Not Implemented

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(Initials)

02/27/2020

54a - Direct Care Staff

Regulations

2600.

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

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

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 Administrator is responsible for all paperwork of new hires. The high school diploma was not brought in by "A" during training and there was no follow-up in getting it.

A checklist is in the new hire training book. One will be made that will "follow" the new hire from the new hire packet to their employee folder. It will be double-checked at the time of training. Please see attached high school diploma for "A" & checklist that will be in all new hire packets & employee folders.

Legal Entity Representative

*Gabrielle Anik*  
Signature

Gabrielle Anik, Administrator  
Printed Name and Title

3/30/20  
Date

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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 B, the home's administrator, did not complete any hours of Department-approved training in training year January 1, 2019 to December 31, 2019.

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 is responsible for entering her training hours in the Training Book. A designated PCA employee monitors all the training at the facility. In December, she created a 2020 Training Book & inadvertently moved the Admin's 2019 training information to the 2020 Training Book. Attached please find the Admin's 2019 training information. A checklist is in front of the Training Book w/ a list of all classes needed by staff, including the Admin's file. Please see attached list  
A 2019 Admin's training

Copies of the administrator training will be available at all times for the Departments review, starting immediately. (SLW 7/27/2020)

Legal Entity Representative

*Gabrielle Anik*  
Signature

Gabrielle Anik, Administrator  
Printed Name and Title

3/30/20  
Date

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85e - Trash Outside Home

Regulations

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 2/27/2020 at 1:00 P.M. the dumpster was uncovered.

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.)

Housekeeping & maintenance are responsible for the dumpster. Administrator reviewed w/all staff the need to check the actual dumpster & surrounding area for closed receptacle & clean surroundings. A bungee cord is now attached to the lid. Please see attached photo.

Legal Entity Representative

*Gabrielle Anik*  
Signature

Gabrielle Anik, Administrator

3/3/20  
Date

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02/27/2020

103c - Food Protected

Regulations

2600.

103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

On 2/27/2020 at 12:50 P.M. there was an uncovered box of cookies stored in the walk-in freezer located in the basement.

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.)

Kitchen supervisor is responsible as well as kitchen & pantry staff to ensure ServSafe requirements are met. The kitchen supervisor met w/ staff to review food storage requirements. He has implemented an extra step when each shift takes the refrig/freezer temperatures - to inspect contents to ensure proper food storage. Please see this addition to his original temperature logs.

Legal Entity Representative

*Gabrielle Quik*  
Signature

Gabrielle Anik, Administrator, 3/30/20  
Printed Name and Title

Date

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02/27/2020

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 1/15/19. The resident's annual medical evaluation is more than 12 months overdue.

(repeat violation 3/27/19)

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 #1 is non-compliant w/ scheduled PCP appointments. She goes when refills are needed. DMEs will be sent at this time instead of waiting until the due date. PCA Supervisor will fill in all appropriate information beforehand to expedite the process. Please see updated DME attached.

Legal Entity Representative

*Gabrielle Anik* Signature      Gabrielle Anik, Administrator Printed Name and Title      3/30/20 Date

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02/27/2020

185a - Implement Storage Procedures

Regulations

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

On 2/27/2020 Resident # 2's glucometer was not calibrated to the correct date and time. Resident # 2's glucometer showed the date 9/18/19.

On Resident # 2's medication administration record does not have a blood sugar reading for 2/27/2020. Resident # 2's glucometer has a reading of 259 on 2/27/2020 Resident was ordered to receive blood sugar readings twice daily.

On Resident # 3's medication administration record does not have a blood sugar reading for 2/25/2020 in the P.M. Resident #3's glucometer has a reading of 196 on 2/25/2020 P.M. Resident was ordered to receive blood sugar readings twice daily.

On Resident # 4's medication administration record does not have a blood sugar reading for 2/25/20 in the P.M. Resident # 4's glucometer had a reading of 362 on 2/25/2020 P.M. Resident was ordered to receive blood sugar readings twice daily.

(repeat violation 3/27/19)

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 glucometers will be checked as used for correct dates. Documentation has been addressed w/ staff that hadn't been correctly documenting. Before leaving for the day, all staff will double-check each other. The morning shift will double-check again as they enter the blood sugar results. All nurses will be reported to the PCA Supervisor.

Legal Entity Representative

Gabrielle Anik Gabrielle Anik, Administrator 3/30/20  
Signature Printed Name and Title Date

02/27/2020

185a - Implement Storage Procedures (continued)

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- Not Implemented

187a - Medication Record

Regulations

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident # 2 is prescribed blood sugar readings twice daily. However, Resident # 2's medication administration record does not indicate the Resident's name of the glucometer tracking sheet.

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.)

*PCAs will double-check all information on the glucometer tracking sheet.*

DPOC:

- 1. All staff administering medications will be retrained on the importance of timely documentation within 10 days of receipt of this plan of correction.
- 2. The administrator will check the MAR's on a bi-weekly basis to ensure required documentation is timely, starting immediately.
- 3. Documentation of the training will be maintained for the Departments review.

SLW 7.27.2020

Legal Entity Representative

*Gabrielle Quile*  
Signature

*Gabrielle Anik, Administrator*  
Printed Name and Title

*3/30/20*  
Date

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02/27/2020

187b - Date/Time of Medication Admin.

Regulations

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident # 1 has a glucometer reading on 1/30/2020 at 12:05PM of 181. There is no entry on the MAR or glucometer readings for that day.

Resident # 4's has glucometer readings on 2/25/2020 at 5:04PM for 362; 2/24/2020 5:01PM for 429; 2/23/2020 5:33PM for 339; 2/22/2020 4:24PM for 379 that was not recorded at the time of the reading.

(repeat violation 3/27/2019)

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 glucometers will be checked as used for correct dates. Documentation has been addressed w/ staff that hadn't been correctly documenting. Before leaving for the day, all staff will double-check each other. The morning shift will double-check again as they enter blood sugar results. All nurses will be reported to the PCA Supervisor.

Legal Entity Representative

*Gabrielle Quirk* Signature      Gabrielle Anik, Administrator Printed Name and Title      3/30/20 Date

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Implemented  
 Not Implemented

187c - Refusal of Medication

Regulations

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

Resident #1's medication administration record stated she refused her blood sugar check on all days from 1/28/2020 to 2/10/2020. There is no documentation of the refusal being reported to the prescriber. There are no initials of the staff member taking note of the refusal from 2/11/2020 to 2/15/2020.

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 doctor allow weekly (R) updates due to the amount of (R)s. A fax will be sent weekly to the prescriber & a confirmation sheet will be kept w/ the (R) sheet.

DPOC:

- 1. The administrator will check the MAR's at least bi-weekly, to ensure all refusals are reported to the residents physicians and there is documentation to support the physicians response to the refusals, starting immediately.
- 2. All staff administering medications will be trained on the importance of reporting refusals to the residents physicians within the next 10 days of receipt of this plan of correction.
- 3. Documentation of the training will be maintained for the Departments review.

SLW 7.27.2020

Legal Entity Representative

*Gabrielle Anik*  
Signature

Gabrielle Anik Administrator  
Printed Name and Title

3/30/20  
Date

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- Not Implemented

02/27/2020

187d - Follow Prescriber's Orders

Regulations

2600.

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

Description of Violation

Resident # 1 is prescribed Brimonidine Tartrate .015% eye drops(1 drop in left eye twice a day for glaucoma). This prescription is unavailable in the Med Room and the PCA's medication notes on 1/28/2020 to 2/6/2020 12pm state "waiting for refill". On 2/6/2020 at 8pm the notes state the medication was refused. On 2/11/2020 to 2/27/2020 the notes again state "waiting for refill". The MAR for 2/1/2020, 2/2/2020/, 2/3/2020, and 2/4/2020 indicate that Resident # 1 received the medication on all 4 days at 8pm.

(repeat violation 3/27/19)

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 retrained on documentation, PCAs were instructed to inquire about all missed medications & the reasons why. If a medication cannot be found by one PCA, the other will look for it. Documentations will be completed after these conversations.

DPOC:

- 1. The administrator will conduct a med audit and check of the MAR's at least bi-weekly to ensure all resident medication is available for administration, starting immediately.

SLW 7.27.2020

Legal Entity Representative

*Gabrielle Quirk*  
Signature

Gabrielle Anik Administrator  
Printed Name and Title

3/30/20  
Date

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- Implemented
- Not Implemented

02/27/2020

252 - Record Content

Regulations

2600.

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

Description of Violation

Resident # 5's record does not include hair color, eye color, identifying marks, and a photograph.

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.)

A picture of the resident will be placed in her file/chart & includes all of the above information. This picture will be taken/updated yearly.

DPOC:

- 1. The administrator or designee will audit all resident record to ensure each record includes the hair color, eye color, identifying marks and a photograph, within 30 days of receipt of this plan of correction.
- 2. The administrator will conduct a bi-annual audit of all resident records to ensure the required documentation is included, starting immediately.

SLW 7.27.2020

Legal Entity Representative

*Gabrielle Anik*  
Signature

Gabrielle Anik Administrator  
Printed Name and Title

3/30/20  
Date

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