



March 2, 2020

Ms. Marcia Waite Sokale
Administrator
Evadney Scoggins
1243 West Tioga Street
Philadelphia, Pennsylvania 19140

RE: Scoggins Personal Care Boarding Home
1245 West Tioga Street
Philadelphia, Pennsylvania 19140
License #: 140150

Dear Ms. Sokale:

As a result of the Department's Bureau of Human Services Licensing annual inspection on March 20, 2019, March 21, 2019, and October 16, 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, appearing to read "Kevin Hancock", written over a white background.

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report: 14015 - 03/20/2019 - Freeman, Sabrina
 PCH Name: SCOGGINS PERSONAL CARE BOARDING HOME

1. REGULATION 55 Pa. Code §2600
 2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION
 On 3/20/19 the home's current violation report was not posted in a conspicuous and public place. Staff person A printed the violation report on this date.

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.

Immediate Plan
 Violation report is posted in the bulletin board in the eating area. (report is behind glass to prevent damage).
 3/20/19

Future Plan
 Report will be staggered to ensure that proper authority could view report and copies will be made and handed to such authority upon request.

Future Plan:
 Administrator / Designee will ensure that report is always available whenever someone need to view it.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Marzia Wlode-Sokale Administrator* Date *9/11/2019*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>02-27-2020</u> (Date)	Plan of correction implementation status as of <u>02-27-2020</u> (Date)
The above plan of correction was approved by <u>SP</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 14015 - 03/20/2019 - Freeman, Sabrina
 PCH Name: SCOGGINS PERSONAL CARE BOARDING HOME

1. REGULATION 55 Pa.Code §2600
 2600.20(b)(1) - The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

2a. DESCRIPTION OF VIOLATION
 The home manages the finances for resident #1, #2, and #3. The financial records were not legible and contained edits, cross-outs, and darkened or rewritten numbers.

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.

Immediate Plan.
 Attached is the new form which was developed to prevent resident from signing over the lines/slots. The home will continue to budget the resident(s) funds but if a resident request a different amount from the amount available we might still need to make a line through the amount written and write the requested amount. (see attach forms from inspection date and before and after). 3/22/19

Future Plan
 Administrator/Designee will try to make all corrections as neat as possible.

Responsible Party: Admin/Designee will continue to make improvements as needed (ongoing)

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Marcia Waite-Sokale*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Marcia Waite-Sokale Administrator Date 9/11/2019

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Violation Report: 14015 - 03/20/2019 - Freeman, Sabrina
 PCH Name: SCOGGINS PERSONAL CARE BOARDING HOME

1. REGULATION 55 Pa.Code §2600
 2600.20(b)(9) - A copy of the itemized account shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION

The home failed to provide the 2017 quarterly financial accounting record for resident #1. Additionally, the home's financial record keeping for resident #1 was not legible and contained edits to include dark or rewritten numbers. Also the home documented a rent increase for 2019 which would exceed resident #1's income and would not afford them to their \$85 personal needs allowance.

The home failed to provide the 2017 quarterly financial accounting record for resident #2. Additionally, the home's financial record keeping for resident #2 was not legible and their quarterly rent for the period of 10/1/18 through 12/31/18 exceeded their income.

The home failed to provide the 2017 quarterly financial accounting record for resident #3. Additionally, the home's financial record keeping for resident #3 was not legible and contained edits to include dark or rewritten numbers. Also the home documented rent for resident #3 exceeds their income.

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.

Immediate Plan: (a) Financial record for 2017 ~~was~~ had been placed in another resident folder it was placed in Resident #4 folder see proof 2013-2019.
 (b) As was explained to the inspector on 3/20/2019 he had not received Feb 2019 or March 2019 SSI money for resident BUT resident #4 did receive the established allowance on Time see daily allowances & quarterly record (attached)
Resident #2 No financial were due for 2017 per attached this resident was admitted on 2/27/2018 Resident #2 income did increase a little after I took resident to social security to appeal his case. We ~~did~~ to give resident a new 30days. amendment for the small increase see attached
Resident #3 NO financials were due for 2017 Resident #3 moved here on 5/1/2018 see attached proof.

(cont'd)

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Marcia Waite-Sokale*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Marcia Waite-Sokale* Date *9/11/2019*

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Violation Report: 14015 - 03/20/2019 - Freeman, Sabrina
 PCH Name: SCOGGINS PERSONAL CARE BOARDING HOME

1. REGULATION 55 Pa.Code §2600
 2600.81(b) - Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
 On 03/20/19 there was a broken shower chair in the bathtub in the first floor bathroom of the community room.

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.

Immediate Plan

The chair was not broken, the screw was loose, thus the shower chair appeared broken. We secured the screw by tightening it and made the chair firm, (see attached pictures) 3/20/19

Plans for the Future

Maintenance staff were instructed to check all equipment and apparatus used by resident weekly to ensure proper and safe use.

Responsible Party

Administrator/Designee will follow-up to ensure compliance and safety - ongoing

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Marcia Klatt Schale*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Marcia Klatt Schale Administrator Date 9/11/2019

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Violation Report: 14015 - 03/20/2019 - Freeman, Sabrina
 PCH Name: SCOGGINS PERSONAL CARE BOARDING HOME

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

On 03/20/19 at approximately 12:45 pm the following conditions were observed:

The first floor bathroom in the community room has a stench of urine.
 The second floor bathroom had a stench of urine.
 The second floor bathroom by bed room #9 had dirt and grime in the bathtub.
 The third floor front bathroom walls were stained and dirty.
 The first floor bathroom walls had cracks throughout and were stained and dirty. The bathtub had mildew and mold that was visible.

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.

Immediate Plans

- a) Staff will be instructed to re-clean the bath rooms on 3/20/2019. This included washing tub, wiping and spraying the area.
- b) Bathroom walls were wiped and painted in April 2019.
- c) Tub had rust which was scraped and painted by staff April 2019.

Future Plan

The Administrator / Designee will oversee maintenance compliance on a monthly basis. ~~and~~ whenever repairs are needed staff will be assigned to do the work.

Responsible Party

Administrator / Designee will follow-up with spot checks frequently to ensure continued compliance.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Marcia Waite-Sabale*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Marcia Waite-Sabale Administrator* Date *9/11/2019*

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Violation Report: 14015 - 03/20/2019 - Freeman, Sabrina
 PCH Name: SCOGGINS PERSONAL CARE BOARDING HOME

1. REGULATION 55 Pa.Code §2600

2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

The trash cans in the first floor community room bathroom and in the 3rd floor bathroom did not have lids.

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.

Immediate Plan:

Trash cans in the 1st floor community room bathroom and 3rd floor bathrooms were replaced with cans with lids, (3/20/2019).

Future Plan:

Administrator/Designer will monitor the home and staff to ensure continued compliance.

Responsible party

Administrator/Designer will work with housekeeping staff to ensure continued compliance. Frequent spot checks will be made by admin/designer.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) [Signature]

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Maria White-Schale Administrator Date 9/11/2019

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Violation Report: 14015 - 03/20/2019 - Freeman, Sabrina
 PCH Name: SCOGGINS PERSONAL CARE BOARDING HOME

1. REGULATION 55 Pa.Code §2600
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
 The bathroom by bedroom #9 had a broken toilet lever that could not flush. The bathtub was dirty and had chipped paint peeling off. The wall paint was chipped and peeling.
 The third floor front room had walls where the paint was chipped and peeling. There appeared to be water damage under the window, as mold and mildew was visible. The floors and baseboards were smeared with dirt.
 The bathroom on the first floor located in the bedroom had dirty walls and chipped paint. There is a large hole under the sink at the drainage pipe. The bedroom walls have peeling paint. The tub stopper has eroded and the tub has mildew.
 The second floor bathroom on the female side, has a large hole in the ceiling directly above the bathtub.

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.

Immediate Plan
 Repairs were made throughout the buildings in April 2019.
 1) bathroom lever broken was repaired on 3/20/19 following the inspection
 2) Walls with chipped or peeling paint were repaired on 3/30/19 started completed April 2019 (see attached pictures)
 3) Third floor room and walls were fixed (see attached)
 4) Sink area was repaired and bathroom in female building was repaired (see attached pictures (March/April 2019)).
Future Plan:
 Administrator/designee will oversee maintenance to ensure repairs are completed properly.
 Responsible Party - Admin/Designee will continue to monitor often to prevent problem

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) Maria Wark-Sokala

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Maria Wark-Sokala Date 9/10/2019

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Violation Report: 14015 - 03/20/2019 - Freeman, Sabrina
 PCH Name: SCOGGINS PERSONAL CARE BOARDING HOME

1. REGULATION 85 Pa.Code §2600
 2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION
 The window in the community room was open and did not have a screen.

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.

Immediate Plan:
 We closed the window (staff). Later after the inspector
 3/20/19 we placed the screen in the windows.

Future Plan:
 During the daily running of the home staff has been instructed to monitor windows to ensure screens are always present in windows.

Responsible Party:
 Administrator and designee will continue to make sure all windows have screens. (Ongoing 3/20/19 onwards)

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Marisa White-Salsala*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Marisa White-Salsala* Date *9/10/2019*

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Violation Report: 14015 - 03/20/2019 - Freeman, Sabrina
 PCH Name: SCOGGINS PERSONAL CARE BOARDING HCME

1. REGULATION 55 Pa.Code §2600
 2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
 The concrete cemented backyard patio is cracked and uneven and poses a tripping and safety hazard.

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.

Immediate Plan:

We will be repairing the cement where repair is needed. This will be done by the end of Sept 2019.

Future Plan

The Administrator/Designee will work with maintenance personnel to ensure all repairs are done on a timely basis and to continue doing general upkeep of the property.

Responsible Party

Administrator/Designee will do monthly checks to ensure total compliance and reduce issues/problems in the future.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative - (Required on EVERY Page) Marica Wark-Sokale Marica Sokale

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Marica Wark-Sokale Date 9/15/2019

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Violation Report: 14015 - 03/20/2019 - Freeman, Sabrina
 PCH Name: SCOGGINS PERSONAL CARE BOARDING-HOME

1. REGULATION 55 Pa.Code §2600
 2600.101(j)(3) - Each resident shall have the following in the bedroom: Pillows, bed linens and blankets that are clean and in good repair.

2a. DESCRIPTION OF VIOLATION
 On 3/20/19, all of the resident bedrooms were inspected, none of the beds had a blanket. Staff person A stated the blankets were in storage. Additionally the bed in bedroom #7 did not have proper bed linen.

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.

Immediate Plans
 1) On the day of inspection staff A did explain that blankets & spreads were removed to change from winter gear to spring gear. We did place all the blankets back in the rooms. 3/20/19.
 2) Bedroom #7

Future Plans
 We will make sure that once spreads/blankets are taken off the beds new items will be replaced immediately.

Responsible Party
 Administrator/Designee will work with housekeeping staff to make sure all spreads/blankets are present in all resident rooms.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) Marcia Waite-Sokale

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Marcia Waite-Sokale Date 9/10/2019

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Violation Report: 14015 - 03/20/2019 - Freeman, Sabrina
 PCH Name: SCOGGINS PERSONAL CARE BOARDING HOME

1. REGULATION 55 Pa.Code §2600
 2600.101(n)(2) - Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

2a. DESCRIPTION OF VIOLATION
 The blinds throughout the home were observed dirty, torn and in disrepair, specifically in:
 -1st floor bedroom,
 -1st floor bathroom in the community room
 -Bedrooms #9 & #10
 -3rd floor front room

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.

Immediate Plans
 The administrator and staff did remove blinds from all windows throughout the buildings and replaced them with privacy screens. (See attached pictures from throughout the buildings). March through April 2019.

Future Plans
 We will continue to ensure privacy screens are in place and in good working order.

Responsible Party:
 Administrator/Designee will monitor on a monthly schedule and make repairs/corrections as needed.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Marcea White-Sokale - Administrator* Date *9/10/2019*

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Violation Report: 14015 - 03/20/2019 - Freeman, Sabrina
 PCH Name: SCOGGINS PERSONAL CARE BOARDING HOME

1. REGULATION 55 Pa.Code §2600
 2600.102(d)(2) - Bathtubs and showers must have slip-resistant surfaces.

2a. DESCRIPTION OF VIOLATION
 The bathtub in the 3rd floor women's bathroom does not have a slip-resistant surface.

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.

Immediate Plan

3rd floor bathroom stall on Women side is made of non-skid surface however, we also added strips after the inspection. (3/20/2019). see attached pictures

Future Plan:

Staff will monitor that all bathrooms have non skid strips added to the stalls or tub surfaces.

Responsible Party

Administrator/Designer will ensure non skid strips are always available for use.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Marcia Waite-Sokale*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Marcia Waite-Sokale Administrator* Date *9/10/2019*

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Violation Report: 14015 - 03/20/2019 - Freeman, Sabrina
 PCH Name: SCOGGINS PERSONAL CARE BOARDING HOME

1. REGULATION 55 Pa.Code §2600
 2600.103(b) - Kitchen surfaces must be of a nonporous material and cleaned and sanitized after each meal.

2a. DESCRIPTION OF VIOLATION
 The kitchen counters were not clean, clear, or sanitized. The counters were cluttered with items and being used for storage of items other than food.

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.

Immediate Plan:
 All kitchen counters ~~were~~ ^{are} made of stainless steel. We use them to share on (lay out plates or cups) for meals. All items in the area is used for the kitchen needs - (see pictures attached).

Future Plan:
 After all meals we will clear all counter tops. We will store all items in their proper storage area.

Responsible Party:
 Administrator/ Designer will monitor to ensure compliance

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Marcia Wark-Social*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Marcia Wark-Social Administrator Date 9/10/2019

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Violation Report: 14015 - 03/20/2019 - Freeman, Sabrina
 PCH Name: SCOGGINS PERSONAL CARE BOARDING HOME

1. REGULATION 55 Pa.Code §2600
 2800.103(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.

2a. DESCRIPTION OF VIOLATION
 On 3/20/19, at 9:30AM, the temperature in the main refrigerator was 45.5 degrees Fahrenheit. The temperature in the main freezer was 30 degrees Fahrenheit, and the contents in the freezer were not frozen.

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.

Immediate Plan:

We have thermometers hanging in the refrigerator and freezers. The largest freezer/refrigerator unit has digital thermometers which have not been working properly (thus the manual ones are used (see pictures attached) 3/20/19.

Plan for the future:

Staff will ensure that proper ~~temperature~~ temperature is maintained. Administrator / designee will monitor weekly/daily. Corrective action if needed will be immediate.

Responsible Party:

Administrator / Designee will be responsible for continued compliance and addressing repairs if necessary.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) Marcia Wate-Sokale

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Marcia Wate-Sokale Administrator Date 9/10/2019

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 (Date)

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 (Initials)

Plan of correction Implementation status as of 02-27-2020
 (Date)

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

Violation Report: 14015 - 03/20/2019 - Freeman, Sabrina
 PCH Name: SCOGGINS PERSONAL CARE BOARDING HOME

1. REGULATION 65 Pa.Code §2600
 2600.105(g)(2) - Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION
 On 3/20/19, an accumulation of lint was observed on/and around the dryer, on the walls and, on the lint duct. The home did not provide verification that the ducts had been cleaned, nor was there documentation of the manufacturer's instructions for cleaning the ducts.

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.

Immediate Plan
 The lint trap was cleaned on 3/20/2019. Trap will be cleaned after every cycle.

Future Plan
 House keeping staff will ensure that lint trap will be cleaned daily.

Responsible Party
 Administrator/Designer will do spot checks every other day to ensure compliance and make corrections and follow up with staff training when necessary. Administrator will keep documentation for

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Marcea Wake-Skale*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Marcea Wake-Skale Administrator* Date *9/11/2019*

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The above plan of correction was approved by <u>SP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 14015 - 03/20/2019 - Freeman, Sabrina
 PCH Name: SCOGGINS PERSONAL CARE BOARDING HOME

1. REGULATION 55 Pa.Code §2600
 2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION
 On 3/20/19, the home failed to maintain a 3 day supply of nonperishable food for 18 residents.

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.

Immediate Plan:
 We have started restocking the non perishable items to ensure a 3 day supply of food is available for all residents (Completion date 9/30/19).

Future Plan:
 Administrator / Designer will do quarterly check of non-perishable supply. Rotation of items will be done and replacement added or removed as necessary.

Responsible Party:
 Administrator / Designer is responsible to ensure the home has enough nonperishable food items for all residents. Administrator / Designer will purchase items. Administrator / Designer will rotate items to ensure freshness.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Marcia Wate-Sokate*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Marcia Wate-Sokate Administrator* Date *9/11/2019*

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

Violation Report: 14015 - 03/20/2019 - Freeman, Sabrina PCH Name: SCOGGINS PERSONAL CARE BOARDING HOME	
1. REGULATION 55 Pa.Code §2600 2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.	
2a. DESCRIPTION OF VIOLATION The home failed to verify that the emergency procedures were updated annually, the last documented verification was 2/2/11.	
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.	
<p><u>Immediate Plans:</u></p> <p>Administrator/Designee will send the emergency procedure documents out via certified mail annually and keep the return receipt among Admin records.</p>	
<p><u>Future Plan</u></p> <p>Administrator/Designee will set specific month to send out the emergency plan</p>	
<p><u>Responsible Party</u></p> <p>Administrator/Designee will ensure that the emergency plan document is sent out in a timely manner and written correspondence will be filed in administrator records</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Marcie Wade Skale</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Marcie Wade Skale Administrator</i>	
Date <i>9/11/2019</i>	
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Violation Report: 14015 - 03/20/2019 - Freeman, Sabrina PCH Name: SCOGGINS PERSONAL CARE BOARDING HOME	
1. REGULATION 56 Pa.Code §2600 2600.126(a) - A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.	
2a. DESCRIPTION OF VIOLATION The home failed to provide verification of the last inspection for the furnace.	
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.	
<p><u>Immediate Plan</u></p> <p>We will set-up an appointment to have the furnace check within the next 30-60 days.</p>	
<p><u>Future Plan</u></p> <p>Administrator/Designee will set reminder to have the furnace inspected annually.</p>	
<p><u>Responsible Party</u></p> <p>Administrator/Designee will be responsible for storing with receipt of all furnace cleaning with the proper records until needed.</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>[Signature]</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Marcia Wark-Sobala Administrator</i> Date <i>9/11/2019</i>	
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The above plan of correction was approved by <u>SP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented

Violation Report: 14015 - 03/20/2019 - Freeman, Sabrina
 PCH Name: SCOGGINS PERSONAL CARE BOARDING HOME

1. REGULATION 55 Pa.Code §2600
 2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION
 The home failed to document and verify that fire drills were conducted during the month of: June 2017, July 2017, August 2017, November 2017, August 2018, September 2018 or November 2018.

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

Immediate Plan

Going forward the Designee/Administrator will make sure monthly drills are performed and documented accurately.

Future Plan / Responsible Party

The administrator/designee will make sure that drills are conducted monthly during awake and sleeping hours. To ensure accuracy of drills we will also make drills on our calendar in the kitchen.

Repeat Violation: No	Date(s) of Previous Violation(s):
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Maria Witek-Sokal Administrator* Date *01/11/19*

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Violation Report: 14016 - 03/20/2019 - Freeman, Sabrina
 PCH Name: SCOGGINS PERSONAL CARE BOARDING HOME

1. REGULATION 55 Pa.Code §2600
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION
 The home did not conduct a fire drill during sleeping hours between 2/26/17 through 1/11/18.

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

Immediate Plan

Going forward The Designee / Administrator will make sure monthly drills are performed and documented accurately.

Future Plan / Responsible Party

The administrator / Designee will make sure that drills are conducted monthly during awake and sleeping hours. To ensure accuracy of drills we will also make drills on our calendar in the kitchen.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) Suzanne M. Schale

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Maria Wate-Schale Administrator Date 9/10/19

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Violation Report: 14015 - 03/20/2019 - Freeman, Sabrina PCH Name: SCOGGINS PERSONAL CARE BOARDING HCME	
1. REGULATION 55 Pa.Code §2600 2600.187(b) - The Information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.	
2a. DESCRIPTION OF VIOLATION From 3/1/19 through 3/20/19, at 7:00am, the home documented resident #1 was administered 25 mg of Myrbetriq. However, at the time of inspection on 3/20/19, the medication was not on the med cart in the pill cartridge. Staff person A confirmed the medication was not on site and the resident was not administered the medication.	
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.	
<p><u>Immediate Plan</u></p> <p>Trained medication staff have been instructed to follow policy for handling and recording medications. Also, once a medication is not received <u>must</u> be notified immediately.</p>	
<p><u>Future Plan</u></p> <p>Once medication is missing the pharmacy will be called. The doctor(s) will be called to see if there was a D/C and if there wasn't then the missing med will be marked and an immediate request will be made to the pharmacy for the item(s).</p>	
<p><u>Responsible Party</u></p> <p>Administrative / Designee will be responsible for compliance and any corrective measures</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Marina Wate-Sokale</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Marina Wate-Sokale (Admin) Date 9/11/2019	
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Violation Report: 14015 - 03/20/2019 - Freeman, Sabrina
 PCH Name: SCOGGINS PERSONAL CARE BOARDING HOME

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 was prescribed 25 mg of Myrbetriq. However, at the time of inspection on 3/20/19, the medication was not on the med cart in the pill cartridge. Staff person A confirmed the medication was not on site and the resident was not administered the medication.

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.

Immediate Plan:

As noted before we will be more vigilant in checking and double checking all meds once received. Once the error was pointed out we did get a refill from the pharmacy on 3/20/2019.

Future Plan:

We will follow all steps of Medication administration and fully follow in home policy.

Responsible Party:

The Administrator/Designee will be responsible to ensure compliance on going over view.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Maria Whit-Sokal

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Maria Whit-Sokal Administrator

Date 3/21/19

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 (Date)

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 (Date)

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 (Initials)

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- Not Implemented

Violation Report: 14015 - 03/20/2019 - Freeman, Sabrina
 PCH Name: SCOGGINS PERSONAL CARE BOARDING HOME

1. REGULATION 55 Pa.Code §2600
 2600.221(c) - A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION
 The home does not have a current weekly activity calendar posted in a public and conspicuous place in the home.

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.

Immediate Plan
 The weekly calendar is always posted in the kitchen. We will now post one in the tv area(s) as well. 3/20/2019

Future Plan:
 Additional posting of the calendar.

Responsible Party

The Administrator/Designer and all staff will check weekly. When the calendar is not posted. We will immediately post it.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Marcia White-Sokal*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Marcia White-Sokal, Administrator* Date *9/11/19*

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Violation Report: 14015 - 03/20/2019 - Freeman, Sabrina
 PCH Name: SCOGGINS PERSONAL CARE BOARDING HOME

1. REGULATION 55 Pa.Code §2600
 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION
 Resident #2 was admitted to the home on 2/27/18; page 2 of the pre-admission screening form was missing.
 Resident #3 was admitted 5/1/18, the home failed to complete or provide documentation of a pre-admission screening form for resident #3.

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.

Immediate Plan
 The Administrator will complete pre-admission screens for both residents by 9/21/2019 indicating Amendment and place them in the individual resident permanent file.

Future Plan
 Administrator will use the home check list each and every time to ensure all records are complete and accurate.

Responsible Party
 Administrator is responsible for ensuring complete compliance.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Patricia White-Schule*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Patricia White Schule Administrator* Date *9/14/2019*

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Violation Report: 14015 - 03/20/2019 - Freeman, Sabrina
 PCH Name: SCOGGINS PERSONAL CARE BOARDING HOME

1. REGULATION 55 Pa.Code §2600
 2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION

The home failed to ensure resident #1's record had a photograph that is no more than 2 years old. Resident #1's photo ID was last updated in 2011.

Resident #3's record does not include a photograph.

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.

Immediate Plan

A picture was taken of the resident and added to the file (see attached)

Future Plan

The administrator will follow the home check list to ensure all records have pertinent information.

Responsible Party

Administrator is responsible to make sure all records are completed properly.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) Maria Wouter-Sokale

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Maria Wouter-Sokale Date 9/11/2019

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Violation Report

Facility Information

Name: SCOGGINS PERSONAL CARE BOARDING HOME
Address: 1245 WEST TIOGA STREET, PHILADELPHIA, PA 19140
County: PHILADELPHIA Region: SOUTHEAST

License Number: 14015

Administrator

Name: Marcia Waite-Sakole Phone: 2152239068 Email: PEPPERMIDDAY@COMCAST.NET

Legal Entity

Name: EVADNEY SCOGGINS
Address: 1245 WEST TIOGA STREET, PHILADELPHIA, PA, 19140

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 18 Waking Staff: 14

Inspection

Type: Partial BHA Docket #: Notice: Unannounced
Reason: Interim

Inspection Dates and Department Representative

10/16/2019 - On-Site: Sabrina Freeman

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 26 Residents Served: 18

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 18 Are 60 Years of Age or Older: 14
Diagnosed with Mental Illness: 16 Diagnosed with Intellectual Disability: 2
Have Mobility Need: 0 Have Physical Disability: 0

10/16/2019

1 of 5

85b - Infestation

Regulations

2600.

85.b. There may be no evidence of infestation of insects or rodents in the home.

Description of Violation

Active and alive crawling bedbugs as well as dead bedbugs and bedbug eggs were observed on numerous residents beds, sheets and mattress. The bedbugs were observed on the male and female side of the home.

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.)

Immediately / Ongoing

- We are actively treating the infestation problem (see attached)
- Exterminator has been treating the property every 2 weeks (see attached) prior documentation has been previously submitted
- We have been replacing damage mattresses (see attached) Exterminator was here on 10/18/19 S/B here by 11/13/19

Future / Currently

Administrators have been following exterminator's instructions by treating the property weekly (i.e. in between treatments).

Legal Entity Representative

Marie Ruth Sokole
Signature

Marcia Blake Sokole / Administrator
Printed Name and Title

11/16/2019
Date

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10/16/2019

2 of 5

01f - Bedroom Window

Regulations

2600.

101.f. Each bedroom must have a window with direct exposure to natural light.

Description of Violation

The bedroom windows in numerous bedrooms, did not have drapes, shades, curtains, blinds or shutters. The home covered resident bedroom windows with window film. The window film prevents natural light from entering the bedroom.

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.)

- Top of screens/covering were removed to ensure that 'Natural light' would enter. This was done by the administrator / designee started 10/16/2019, see attached.
- Administrator is responsible for ensuring that 'Natural light' enters all bedrooms.

Legal Entity Representative

[Signature]
Signature

Marcia White-Schake / Administrator
Printed Name and Title

11/6/2019
Date

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(Date)

02-27-2020
(Date)

Plan of correction implementation status as of _____

02-27-2020
(Date)

The above plan of correction was approved by _____

SP
(Initials)

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

101j1 - Mattress Fire Retardant.

Regulations

2600.

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

- 1. A bed with a solid foundation and fire retardant mattress that is in good repair, clean and supports the resident. A legal entity with a personal care home license for the home as of October 24, 2005, shall be exempt from the requirement for a fire retardant mattress.

Description of Violation

At least two resident beds were observed with plastic covering the mattresses. One of the beds had a thick blue plastic covering the mattress. The plastic covering the mattresses is a flammable fire hazard.

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.)

- Plastic Coverings were removed by the administrator immediately 10/16/2019.
 - Beds will be outfitted with mattress covering which are 'bed bug free' this should prevent any further mattress damage/infestation or damage.
 - Future plans is to buy only mattresses which are not flammable.
- Administrator - Will continue to purchase new mattresses and will replace all old mattresses once the current bug problem has cleared up. 30-45 days

Legal Entity Representative

Marcia Klauke-Schabo
Signature

Marcia Klauke-Schabo / Administrator
Printed Name and Title

11/6/2019
Date

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(Date)

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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 ##1 is prescribed 5mg Oxybutinin at 7am and 7pm. There are two pill packet cartridges on the med-cart with the 7am and 7pm medication. However, resident #1's medication administration record only has the 7am Oxybutinin printed on the document. The pharmacy confirmed the resident is taking the correct dosage of medication. They stated that the medication administration record needs to be updated.

Resident #1 is prescribed 5mg Oxybutinin. This medication was administered on 10/16/19 at 7am; however, it is not included on the resident's medication administration record.

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.)

* PCP sent script directly to the pharmacy. Pharmacy failed to document it on MAR. Once the problem/error was noticed, PCP and Pharmacy were called for documentation (see attached).
- Administrator adjusted MAR immediately (see attached)
Future: Administrator will oversee medications once received in the home. Errors will be documented and fixed immediately by Administrator.
Legal Entity Representative

Janice Davis-Deale
Signature

Marcia Waite-Sokale
Printed Name and Title

11/6/2019,
Date

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10/16/2019

5 of 5