

Department of Human Services
Bureau of Human Service Licensing

March 2, 2021

██████████ ADMINISTRATOR
ROXBOROUGH HOME FOR WOMEN INC
601 EAST LEVERINGTON AVENUE
PHILADELPHIA, PA 19128

RE: ROXBOROUGH HOME FOR WOMEN
601 EAST LEVERINGTON AVENUE
PHILADELPHIA, PA, 19128
LICENSE/COC#: 14156

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/05/2020, 08/06/2020, 08/10/2020, 08/11/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Shawn Parker

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY**

Facility Information

Name: ROXBOROUGH HOME FOR WOMEN **License #:** 14156 **License Expiration Date:** 12/21/2020
Address: 601 EAST LEVERINGTON AVENUE, PHILADELPHIA, PA 19128
County: PHILADELPHIA **Region:** SOUTHEAST

Administrator

Name: [REDACTED] **Phone:** 2154826615 **Email:** [REDACTED]

Legal Entity

Name: ROXBOROUGH HOME FOR WOMEN INC
Address: 601 EAST LEVERINGTON AVENUE, PHILADELPHIA, PA, 19128
Phone: 2154826615 **Email:** [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: **Total Daily Staff:** 21 **Waking Staff:** 16

Inspection

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident **Exit Conference Date:** 08/11/2020

Inspection Dates and Department Representative

08/05/2020 - Off-Site: [REDACTED]
08/06/2020 - Off Site: [REDACTED]
08/10/2020 - Off-Site: [REDACTED]
08/11/2020 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 30 **Residents Served:** 21

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:** 20
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 2
Have Mobility Need: 0 **Have Physical Disability:** 0

Inspections / Reviews

08/05/2020 - Partial

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow-Up Date: *09/11/2020*

1/26/2021 POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *02/03/2021*

3/2/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *03/08/2021*

3/2/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Not Required*

144c1 - Smoking Area Guidelines

1. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

- 1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

The home permits smoking in a designated smoking area outdoors. The home documented two occasions on 7/30/20 and on 8/10/20 when a resident smoked outside the designated smoking area.

Plan of Correction

Accept

RHW's House Rules state: 4. Under no circumstances is smoking permitted in the Home or on any of the porches. Non-compliance will lead to dismissal from RHW.

Our Employee Handbook states: Roxborough Home for Women is a smoke-free environment. Smoking, chewing, use of e-cigarettes/pipes, and other tobacco and nicotine products are not permitted at any time in RHW work areas or vehicles, or residential areas or vehicles. Smoking is allowed outside to the north of the building where the cigarette receptacle is located. Help to maintain a clean entryway by depositing cigarettes in appropriate containers and staying far enough away from doors so that smoke does not blow into the building.

Employees who smoke or chew must observe the same guidelines as non-smokers for the frequency and length of break periods. This policy applies equally to all employees, residents and visitors.

We review the House Rules every January at our Resident Meeting. We remind all residents about the Home's smoking policy, where the designated locations are, what their responsibility is as smokers, and have them date and sign the policy.

Resident #1 was asked and told on several occasions that because [redacted] was smoking outside of the designated area/s, [redacted] was out of compliance with the House Rules.

We will continue to review the House Rules each January, and add to that a quarterly reminder at the Resident Meetings.

Completion Date: 01/26/2021

Document Submission

Not Implemented

Document Submission

Implemented

n

187b - Date/Time of Medication Admin.

1. Requirements

2600.

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

187b - Date/Time of Medication Admin. (continued)

Description of Violation

Resident #1 is prescribed Aspirin Low Dose 81 MG 1 Tablet by mouth daily. Resident #1's Aspirin medication administration record does not include the initials of the staff person who administered the Aspirin on 7/22/20 and 7/29/20.

Resident #1 is prescribed Atorvastin 20 MG 1 Tablet by mouth daily. Resident #1's Atorvastin medication administration record does not include the initials of the staff person who administered the Atorvastin on 7/31/20.

Resident #1 is prescribed BD Ultra-fine Pen NDL 5MMX3 use as directed. Resident #1's BD Ultra-fine Pen administration record does not include the initials of the staff person who administered the BD Ultra-fine Pen and isn't marked for refusal on 7/12/20.

Resident #1 is prescribed Lyrica 100MG Caps 1 by mouth every 8 hours. Resident #1's Lyrica medication administration record does not include the initials of the staff person who administered the Lyrica on 7/22/20 at 6AM and 7/31/20 at 10PM.

Resident #1 is prescribed Methadone HCL 5MG Tabs 1 by mouth every 8 hours. Resident #1's Methadone medication administration record does not include the initials of the staff person who administered the Methadone on 7/22/20 at 6AM and 7/31/20 at 10PM.

Plan of Correction

Accept

In order to correct and prevent this violation from happening in the future, we have implemented the following steps:

- A review of the medication admin. twice a year.
- PCAs are to check their paperwork at the end of their shift, including checking their co-workers paperwork for that shift.
- The PCA Supervisor reviews the MAR daily.

Completion Date: 01/25/2021

Document Submission

Not Implemented

x

Document Submission

Implemented

x