

Department of Human Services  
Bureau of Human Service Licensing

March 15, 2021

[REDACTED] ADMINISTRATOR  
CLARISES PERSONAL CARE RESIDENCE INC  
514 EAST ROOSEVELT BOULEVARD  
PHILADELPHIA, PA 19120

RE: CLARISES PERSONAL CARE  
RESIDENCE  
514 EAST ROOSEVELT BOULEVARD  
PHILADELPHIA, PA, 19120  
LICENSE/COC#: 13409

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/24/2021 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:** CLARISES PERSONAL CARE RESIDENCE      **License #:** 13409      **License Expiration Date:** 11/01/2021  
**Address:** 514 EAST ROOSEVELT BOULEVARD, PHILADELPHIA, PA 19120  
**County:** PHILADELPHIA      **Region:** SOUTHEAST

**Administrator**

**Name:** [REDACTED]      **Phone:** 2154578774      **Email:** [REDACTED]

**Legal Entity**

**Name:** CLARISES PERSONAL CARE RESIDENCE INC  
**Address:** 514 EAST ROOSEVELT BOULEVARD, PHILADELPHIA, PA, 19120  
**Phone:** 2154578774      **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** I-1      **Date:** 02/06/1995      **Issued By:** Dept L&I

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 8      **Working Staff:** 6

**Inspection**

**Type:** Full      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Renewal      **Exit Conference Date:** 02/24/2021

**Inspection Dates and Department Representative**

02/24/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 9      **Residents Served:** 7

**Secured Dementia Care Unit**

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

**Hospice**

**Current Residents:** n/a

**Number of Residents Who:**

**Receive Supplemental Security Income:** 3      **Are 60 Years of Age or Older:** 6  
**Diagnosed with Mental Illness:** 7      **Diagnosed with Intellectual Disability:** 2  
**Have Mobility Need:** 1      **Have Physical Disability:** 0

**Inspections / Reviews**

02/24/2021 Full

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 03/12/2021

Inspections / Reviews *(continued)*

3/11/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow Up Type: *Document Submission*Follow-Up Date: *03/18/2021*

3/15/2021 Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 3c - Post Current License

## 1. Requirements

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

## Description of Violation

*On 2/24/21, the home's License Inspection Summary, dated 2/27/2020, was not posted in a conspicuous and public place in the home.*

## Plan of Correction

Accept

*Failure to post current violation report. The homes current violation report was in the ADM office for review and forgot to to return. It helps families, residents and visitors to learn about applicable regulations and regulatory compliance, status of home and the homes plan to correct any violations found. All current violations will remain there to prevent this from reoccurring. The ADM and staff will do daily checks to assure compliance as from 2/25/21*

**Completion Date:** 03/01/2021

## Document Submission

Implemented

"see attachment"

## 66b Training Plan Content

## 1. Requirements

2600.

- 66.b. The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:
1. The name, position and duties of each direct care staff person.
  2. The required training courses for each staff person.
  3. The dates, times and locations of the scheduled training for each staff person for the upcoming year.

## Description of Violation

*The home's staff training plan does not include staff names and titles.*

## Plan of Correction

Accept

*A training plan was in place, but staff name and position was not included. ADM corrected the training plan and included topic, name and position, dates and times of training courses. ADM will check training schedule to ensure these items are included in the training plan to prevent this from reoccurring.*

**Completion Date** 03/01/2021

## Document Submission

Implemented

"see attachment"

## 101j7 - Lighting/Operable Lamp

## 1. Requirements

2600.

- 101.j. Each resident shall have the following in the bedroom:
7. An operable lamp or other source of lighting that can be turned on at bedside.

## Description of Violation

*Bedroom C/D is shared between two residents. Both did not have access to a source of light that can be turned on/off at bedside.*

101j7 - Lighting/Operable Lamp *(continued)***Plan of Correction****Accept**

*Failure to check bulb light was operable.*

*Operable lights are required for safety at night. Benefits of a light is to be able to move around the room, reduce the risk of falls and injury. New lighting was installed on both sides of the beds. The ADM will do daily checks for operable reasons and replace lights and bulbs when required to prevent this from reoccurring.*

**Completion Date:** 03/01/2021

**Document Submission****Implemented**

"see attachment"

## 123b - Emergency Procedures Posted

**1. Requirements**

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

**Description of Violation**

*The home's emergency procedures are not posted in a conspicuous and public place in the home.*

**Plan of Correction****Accept**

*Failure to post Emergency Procedures .*

*The current Emergency Procedure was in a folder away from view of visitors. Posting the Emergency allows for easy access to critical information by visitors during an emergency. A copy of the emergency Procedure is now posted in view of visitors. ADM and staff will do daily checks to prevent this from reoccurring to assure compliance and will remain posted.*

**Completion Date:** 03/01/2021

**Document Submission****Implemented**

"see attachment"

## 130h - Inoperable Smoke Detector

**1. Requirements**

2600.

130.h. The home's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.

**Description of Violation**

*The home's emergency procedures do not indicate what procedures will be implemented when a smoke detector or fire alarm is inoperable.*

**Plan of Correction****Accept**

*Inoperable smoke detector was not my violation.*

*The home emergency procedure did not indicate what procedure will go into place if a smoke detector was inoperable. The safety of the residents was compromised when writing my policy and procedure manual. It is now corrected and we now have an emergency procedure for inoperable smoke detectors written and now in compliance.*

**Completion Date:** 03/01/2021

**Document Submission****Implemented**

"see attachment"

## 191 - Resident Right to Refuse

**1. Requirements**

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

**Description of Violation**

*Resident #1, admitted [REDACTED], has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.*

*Resident #2, admitted [REDACTED], has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.*

**Plan of Correction****Accept**

*The 2 residents upon admission was educated on their rights to refuse medication, if they believed that there may be an error but fail to sign it. Resident 1 and 2 was re-educated about their rights to refuse or question medication if they believe that there may be an error and signed and dated. ADM will do a weekly check in residents files for signatures and errors to b completed.*

**Completion Date:** 02/25/2021

**Document Submission****Implemented**

*completed*