

Department of Human Services  
Bureau of Human Service Licensing

October 14, 2021

[REDACTED]  
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 04/12/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Claire Mendez

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* Waking Staff: *6*

**Inspection**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Monitoring* Exit Conference Date: *04/12/2021*

**Inspection Dates and Department Representative**

04/12/2021 - 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: *7* 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**

**04/12/2021 - Partial**

Lead Inspector: *Jennie Heinberg* Follow-Up Type: *POC Submission* Follow-Up Date: *05/02/2021*

Inspections / Reviews *(continued)*

5/17/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *05/21/2021*

10/14/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

51 - Criminal Background Check

1. Requirements

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 A was in the home from 3/14/21-4/4/21 without a criminal background check being completed prior to entry of the home. The home was not compliant 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).

Plan of Correction

Accept

The administrator requested a relative to help in the home, as a volunteer, when [REDACTED]. In the future, [REDACTED] will consult with the Department if [REDACTED] have any questions regarding a temporary volunteer or staff. The volunteer is no longer working at the home and the administrator is unable to complete the PA Criminal Background Check or the FBI finger prints.

The administrator will conduct a PA. Criminal Background and if the volunteer is from out of state, the administrator will complete the FBI fingerprint checks prior to the volunteer helping in the home, starting immediately.

The administrator will review all volunteer and new hires records prior to the day they start in the home to ensure the Criminal Background Checks have been completed, starting immediately.

The administrator will audit all of the current staff and volunteer records to ensure all Criminal Background Checks have been completed as required, starting within the next 15 days.

Completion Date: 04/29/2021

Document Submission

Implemented

"see attachment"

58b - Awake Staff Mobility Needs

1. Requirements

2600.

- 58.b. If a home serves one or more but less than 16 residents with mobility needs, at least one direct care staff person shall be awake at all times residents are present in the home.

Description of Violation

From March 17, 2021- March 30, 2021, the home only had one direct staff completing 24hours each day. The direct staff did sleep at night while the resident slept also. On these days the home served 1 resident with mobility needs.

Plan of Correction

Accept

The administrator will review the staff schedule on a weekly basis to ensure there is a staff awake on the overnight shift, starting immediately.

The administrator will conduct unannounced periodic random checks (at least monthly) on the overnight shift to ensure the staff is awake during the night, starting immediately for the next six months.

The administrator will conduct a training with all staff on the importance of being awake on the overnight shift, when residents with disabilities are present in the home, by May 20, 2021.

Completion Date: 04/29/2021

58b - Awake Staff Mobility Needs (continued)

Document Submission

Implemented

"see attachment"

65a - FS Orientation 1st Day

1. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

Description of Violation

Staff person A, whose first day of work was [REDACTED], did not receive orientation on any topics.

Plan of Correction

Accept

The administrator is unable to complete the orientation for the volunteer because they no longer work in the home. In the future, all volunteer staff will complete the fire safety orientation prior or on the first day of hire, starting immediately. Documentation of all training will be maintained.

The administrator will audit all volunteer and staff records to ensure all staff completed orientation on the first day of hire, within the next 15 days.

Completion Date: 04/29/2021

Document Submission

Implemented

see attachment

65b - Rights/Abuse 40 Hours

1. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

Description of Violation

Staff person A did not completed any of their 40th scheduled work hour training.

Plan of Correction

Accept

The administrator is unable to complete the 40 hour Resident Rights/Abuse training with the volunteer as they are no longer working at the home.

Starting immediately, the administrator will complete the Resident Rights/Abuse training with all new hires and volunteers within 40 hours on the job and will maintain documentation of the completion of the orientation.

The administrator will conduct an audit of all staff and volunteer records to ensure all have completed the 40 hour Resident Rights/Abuse training within the first 40 hours of hire, by May 25, 2021

Completion Date: 04/29/2021

Document Submission

Implemented

see attachment

65c - Ancillary Staff Orientation

1. Requirements

2600.

**65c - Ancillary Staff Orientation (continued)**

65.c. Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.

**Description of Violation**

Ancillary staff person A whose first day of work was [REDACTED], did not have a general orientation to their specific job functions.

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

The administrator is unable to complete the ancillary staff orientation since the volunteer is no longer working at the home.

Starting immediately, the administrator will complete ancillary staff training upon hire of any new volunteers or staff. Documentation of the training will be maintained in the staff or volunteers records.

The administrator will conduct an audit of all current staff and volunteer records to ensure all ancillary staff have completed their orientation by May 25, 2021

Completion Date: 04/29/2021

**Document Submission****Implemented**

see attachment