

Department of Human Services  
Bureau of Human Service Licensing

April 21, 2022

[REDACTED], DIRECTOR

RE: CLARKE PERSONAL CARE HOME  
4701 NORTH 13TH STREET  
PHILADELPHIA, PA, 19141  
LICENSE/COC#: 11406

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/15/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
[REDACTED]

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

Name: *CLARKE PERSONAL CARE HOME* License #: *11406* License Expiration: *06/02/2021*  
Address: *4701 NORTH 13TH STREET, PHILADELPHIA, PA 19141*  
County: *PHILADELPHIA* Region: *SOUTHEAST*

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

[REDACTED]

**Certificate(s) of Occupancy**

Type: *Other* Date: *03/15/2012* Issued By: *City of Philadelphia*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *7* Waking Staff: *5*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *04/15/2021*

**Inspection Dates and Department Representative**

04/15/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *12* Residents Served: *7*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

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

**Inspections / Reviews**

**04/15/2021 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/03/2021*

**06/29/2021 - POC Submission**

Inspections / Reviews *(continued)*

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *07/02/2021*

04/21/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 63b - Current First Aid Training

## 1. Requirements

2600.

63.b. Current training in first aid and certification in obstructed airway techniques and CPR shall be provided by an individual certified as a trainer by a hospital or other recognized health care organization.

## Description of Violation

*All Staff members completed an online CPR/First Aid kit training course. This training source is not certified as a trainer by a hospital or other recognized health care organization*

## Plan of Correction

**Directed****Directed Plan of Correction 5/19/2021 CM:**

*Immediately: The administrator will ensure at least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and cardiopulmonary resuscitation will be present in the home at all times.*

*The administrator will audit the schedule weekly to ensure staff persons meeting the requirement are scheduled and present in the home.*

*Within 30 days of the accepted plan of correction: Staff members will complete a CPR/First Aid kit training course. This training source will be certified as a trainer by a hospital or other recognized health care organization.*

## Completion Date:

## Document Submission

**Implemented**

*On 4/19/21, this violation was corrected by administrator, staff was training by a certified trainer and his certificate upon completion will be completed annual by certified trainer to avoid future occurrence. The staff and administrator will be responsible for ensuring this completed annually. However, due to the current Covid-19 pandemic this limit the completion and scheduling trainings.*

## 103f - Refrigerator/Freezer Temps

## 1. Requirements

2600.

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.

## Description of Violation

*There was no thermometer in the freezer in the basement.*

## Plan of Correction

**Directed****Directed Plan of Correction 5/19/2021 CM:**

*Immediately: The administrator shall check all refrigerators and freezers at least weekly to ensure all refrigerators and freezers have thermometers and food requiring refrigeration is stored at or below 40 degrees Fahrenheit and frozen food is stored at or below 0 degrees Fahrenheit.*

*Within 30 days of receipt of the accepted plan of correction: All staff persons involved in food storage and preparation shall be educated on safe food storage including all refrigerators and freezers have thermometers and food requiring refrigeration is stored at or below 40 degrees Fahrenheit and frozen food is stored at or below 0 degrees Fahrenheit. Documentation of education shall be kept.*

## Completion Date:

103f - Refrigerator/Freezer Temps (*continued*)**Document Submission****Implemented**

*On 4/15/21, this violation was corrected by staff, staff and administer will be responsible for weekly and monthly checking of the freezer when removing items in and out of the freezer as this will ensure its not among the frozen food items in the freezer and it remains visible .*

## 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****Directed****Directed Plan of Correction 5/19/2021 CM:**

*Immediately, the home will revise the emergency procedures to include a procedure that will be implemented when a smoke detector or fire alarm is inoperable.*

*Immediately: The administrator will review all occurrences of fire alarm or smoke detector failure to ensure the home's procedures were immediately and properly implemented.*

**Completion Date:****Document Submission****Implemented**

*On 4/16/21, this was corrected and implemented by administrator, the policy and chart is in place and available. Staff will be held responsible for checking and documenting for the smoke detector or fire alarm is operable .*

## 162c - Menus Posted

**1. Requirements**

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

**Description of Violation**

*The home's menu for the week of 4/11/21-4/17/21 was posted, the menu of the follow week was not posted at advance in a conspicuous and public place in the home.*

**Plan of Correction****Directed****Directed Plan of Correction 5/19/21 CM:**

*Immediately: The administrator will create a current weekly menu and a menu for the following week stating specific food being served at each meal. These menus will be posted in a public place in the home.*

*Immediately: The administrator will create and review menus weekly to ensure each meal is specified and indicated on the menu.*

## 162c - Menus Posted (continued)

**Completion Date:****Document Submission****Implemented**

*On 4/6/21, the weekly menus was posted as required indicating the food being served for each meal and dated. Having advance posting of the current and upcoming menus and the administrator will be responsible for posting and updating of the weekly menus to ensure this violation is not repeated .*

## 225a - Assessment 15 Days

**1. Requirements**

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

**Description of Violation**

*An assessment was not completed for resident 1, who was admitted to the home on [REDACTED].*

**Plan of Correction****Directed****Directed Plan of Correction 5/19/21 CM:**

*Immediately, Resident #1 will have an assessment completed by the administrator or designee.*

*Within 15 days of receipt of the plan of correction: The administrator or designee will review all resident assessments for accuracy and completion. Any incomplete or inaccurate assessments will be corrected immediately.*

**Completion Date:****Document Submission****Implemented**

*On 4/16/21, the correction was completed by the administrator who will be responsible for having this completed within 15 days of admission and signed off by both resident and administrator after review .*

## 227a - Support Plan 30 Days

**1. Requirements**

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

**Description of Violation**

*Resident 1 was admitted on 3-11-21; however, the resident's initial support plan was not completed.*

**Plan of Correction****Directed****Directed Plan of Correction 5/19/21 CM:**

*Immediately: The administrator or designee will complete a support plan for Resident 1.*

*Immediately: The administrator or designated staff person will review all resident records to ensure all residents have a current support plan completed.*

**227a - Support Plan 30 Days (continued)**

*Within 15 days of the receipt of the accepted plan of correction: The administrator will develop and implement a policy and procedure to ensure all residents have a support plan completed within 30 days of admission.*

**Completion Date:****Document Submission****Implemented**

*On 4/16/21, the administrator corrected this violation. and the administrator will be responsible in having this completed within 30days of admission .*

**227d - Support Plan Medical/Dental****1. Requirements**

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

**Description of Violation**

*All contents and topics in the assessment and support plan for resident 2, dated 3/3/21, were blank.*

**Plan of Correction****Directed****Directed Plan of Correction 5/19/2021 CM:**

*Immediately: The administrator or designee will complete Resident 2's assessment and support plan.*

*Immediately: The administrator or designated staff person will review all current and newly completed resident support plans for accuracy and completion accuracy of support plans including the care and services the home will provide.*

*Within 15 days of the receipt of the accepted plan of correction: All staff persons completing or reviewing support plans will be educated regarding the completion and accuracy of support plans including the care and services the home will provide. Documentation of education shall be kept*

**Completion Date:****Document Submission****Implemented**

*On 4/16/21 this violation was corrected by the administrator who will be responsible for ensuring the detailed information is properly documented and copied on the support plan pages and reviewed before signing by both resident and administrator annually to ensure this violation is not repeated .*

**107d - Procedure Emergency Management Agency Submission****1. Requirements**

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

## 107d - Procedure Emergency Management Agency Submission (*continued*)

### Description of Violation

*The home's annual written emergency procedures plan was submitted to the emergency management agency over the time frame of 12 months and grace period this chapters permits.*

*Repeated Violation: 9/30/2019*

### Plan of Correction

***Directed***

#### **Directed Plan of Correction 5/19/2021 CM:**

*Immediately: The administrator will submit the home's annual written emergency procedures plan to the emergency management agency and obtain written documentation of the receipt of the plan to be provided to the Department.*

*Immediately: The administrator will develop a tracking system to ensure that the annual emergency procedures are sent to the emergency management agency at least two weeks prior to the due date.*

### Completion Date:

### Document Submission

***Implemented***

*The administrator will be responsible for preparing and sending the completed documents to the Emergency Preparedness Department annually and follow-up with the acceptance reply. The administrator will forward this prepared document in February of the coming year to The Emergency Department and will follow-up, with reminder is on my phone .*