

Department of Human Services
Bureau of Human Service Licensing

July 28, 2021

[REDACTED]
SIMPSON HOUSE INC
2101 BELMONT AVENUE
PHILADELPHIA, PA 19131

RE: SIMPSON HOUSE
2101 BELMONT AVENUE
PHILADELPHIA, PA, 19131
LICENSE/COC#: 18921

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 06/21/2021, 06/22/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations 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**

Facility Information

Name: *SIMPSON HOUSE* License #: *18921* License Expiration Date: *06/14/2022*
Address: *2101 BELMONT AVENUE, PHILADELPHIA, PA 19131*
County: *PHILADELPHIA* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: *2158783600* Email: [REDACTED]

Legal Entity

Name: *SIMPSON HOUSE INC*
Address: *2101 BELMONT AVENUE, PHILADELPHIA, PA, 19131*
Phone: *2158715220* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *06/17/1996* Issued By: *Philadelphia L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *35* Waking Staff: *26*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *06/22/2021*

Inspection Dates and Department Representative

06/21/2021 - On-Site: [REDACTED]
06/22/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *84* Residents Served: *28*

Secured Dementia Care Unit

In Home: *Yes* Area: *Comfort Haven* Capacity: *10* Residents Served: *2*

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *28*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *7* Have Physical Disability: *0*

Inspections / Reviews

06/21/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *07/31/2021*

7/28/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *08/21/2021*

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 6/21/21 at 11am, resident records were unlocked, unattended, and accessible on the first floor in the administrator's office.

Plan of Correction

Accept

1- All resident records have been secured and kept confidential. Resident, resident designated person or staff that is taking care of the residents will have access to the resident records.

2- The Personal Care Administrator will implement the regulatory process that all records are kept secured, locked and confidential.

3- This change was effective on June 21, 2021 by the Personal Care Administrator/Designee.

4- The Personal Care Administrator/Designee will in-service all staff on storing and securing resident records.

5- Quarterly audits of resident's records will be conducted by the Personal Care Administrator/Designee for compliance.

6- All staff will be educated annually on storing and securing resident records.

Completion Date: 08/20/2021

25b - Contract Signatures

1. Requirements

2600.

- 25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Repeat Violation

The resident-home contract, dated [REDACTED], for resident #1 was not signed by the resident.

Repeated Violation - 9/16/19

25b - Contract Signatures (continued)

Plan of Correction**Accept**

- 1- All residents' contracts have been reviewed and have been signed by the residents. Resident's contracts will be signed by the residents at the time the contract is being reviewed with the Personal Care Administrator / Designee during the admission process.
- 2- The Personal Care Administrator will implement this regulatory process that all contracts are signed by resident at the time the resident is reviewing their contract.
- 3- This process was effective as of June 22, 2021 by the Personal Care Administrator. All resident contracts have been reviewed for regulatory compliance and all contracts have been signed by the residents.
- 4- The Personal Care Administrator / Designee will educate the residents during the admission process that all contracts require a signature after reviewing the contract.
- 5- Random quarterly audits of resident's contracts will be conducted by the Personal Care Administrator / Designee for compliance.
- 6- The Personal Care Administrator / Designee will in-service the staff who are assisting with reviewing contracts with residents upon admission to Personal Care.

Completion Date: 08/20/2021

28f - Resident's Funds and 30-day Refund

1. Requirements

2600.

- 28.f. Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home. Refunds shall be made within 30 days of discharge.

Description of Violation

2600.28(f)(2) - Refunds shall be made within 30 days of the resident's discharge.

On [REDACTED], the resident moved out of the home, removing all personal belongings. The resident was due a refund of \$1,224 for the 7 remaining days in the month. The home did not refund the resident.

Plan of Correction**Accept**

1. Resident refund was issued on July 22, 2021. Upon Termination of Service or the resident leaving the Personal Care Home, the Personal Care Administrator / Designee will notify the Business Office of the resident being discharged to assure the residents refund is issued within a 30 day window.
2. The Personal Care Administrator/ Designee will assure compliance of resident refunds within 30 days.
3. The change went in effect 06-2-2021.
4. The Personal Care Administrator / Designee will notify the Business Office Manager / Designee upon Termination of Service or the resident leaving the Personal Care Home to assure the residents refunds are issued within a 30 day window.
5. Quarterly audits will be conducted by the Personal Care Administrator / Designee for compliance.
6. Licensed staff as well as the Business Office manager will be in-serviced on the regulation 28f – resident refund within 30 days.

Completion Date: 08/20/2021

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 06/22/21 at 12:45 pm, 3 different unlabeled glucometers were found containing readings for Resident #1.

Plan of Correction

Accept

1. *The resident received 1 fully functioning glucometer that was labeled with the residents name and calibrated to correct date and time. All other resident glucometers were removed from the medication cart.*
2. *Licensed staff will conduct glucometer checks weekly for residents receiving glucose monitoring to ensure accurate readings.*
3. *Change is effective 07/22/2021.*
4. *The Personal Care Administrator / Designee has implemented the procedure and will in-service the staff.*
5. *Auditing tools on Glucometer readings will be conducted by licensed staff weekly and reviewed by the Personal Care Administrator / Designee.*
6. *The Personal Care staff will be re-educated on accurate documentation and the use of glucometer devices for each resident and labeled with the residents name on the machine*

Completion Date: 08/20/2021

96b - First Aid Location

1. Requirements

2600.

96.b. Staff persons shall know the location of the first aid kit.

Description of Violation

Staff person A did not know the location of the first aid kit.

Plan of Correction

Accept

- 1- *All units have a first aid kit labeled and staff have been re-educated where the first aid kits are located and the contents of the first aid kits.*
- 2- *The Personal Care Administrator / Designee has implemented the procedure and will in-service the staff.*
- 3- *The change is effective 07/20/2021.*
- 4- *The Personal Care Administrator / Designee has implemented the procedure and will in-service the staff.*
- 5- *Annual staff re-education will be conducted by the Personal Care Administrator / Designee for compliance to assure staff knowledge of the location of the first aid kits.*
- 6- *The Personal Care Administrator / Designee has in-serviced the staff on the location and the contents of the first aid kits.*

Completion Date: 08/20/2021

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 written emergency procedures have not been submitted to the municipal emergency management agency.

Plan of Correction**Accept**

1. *A current and updated emergency plan for Simpson House will be sent to the local agency. The plan will be updated annually and as needed.*
2. *The Personal Care Administrator will be responsible to notify the local agency.*
3. *The notification will occur by 8/13, then annually.*
4. *Annual calendar reminders (updated procedure) have been recorded for the Personal Care administrator and designee.*
5. *Personal Care Administrator and designee will monitor the calendar annually and as needed to ensure compliance.*
6. *Requirement 107.d. has been reviewed/inserviced by both the Personal Care Administrator and the designee.*

Completion Date: 08/13/2021

130g - Smoke Detector Repair

1. Requirements

2600.

- 130.g. If a smoke detector or fire alarm becomes inoperative, repair shall be completed within 48 hours of the time the detector or alarm was found to be inoperative.

Description of Violation

On 06/21/21, the home's fire alert panel indicated trouble. The fire watch was activated for inoperable fire alarm. The home's began using fire watch logs on 6/18/21 indicating the start of the inoperable smoke detectors.

On 06/22/21 at 2 pm the smoke detection system was still not repaired.

Plan of Correction**Accept**

1. *Simpson House has increased stock par levels for Sprinkler heads and bases in the facility.*
2. *The Director of Facilities will be responsible for maintaining adequate par levels.*
3. *The broken sprinkler head/base was replaced on 6/21/21 and continues to function properly at this time. The Director of Facilities will maintain appropriate stock of heads and bases is ongoing.*
4. *The Director of Facilities has been inserviced on the new par level requirement.*
5. *The Director of Facilities/designee will audit par levels monthly for compliance.*
6. *The Director of Facilities has been inserviced on the new par levels for the facility.*

Completion Date: 08/06/2021

183d - Prescription Current

1. Requirements

2600.

- 183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

183d - Prescription Current *(continued)*

Description of Repeat Violation

On 6/22/21, Enema Saline Laxative, Bisacodyl laxative 5mg and Bisacodyl EC 5mg prescribed for resident #3, was in the home's medication cart; however, the medication was discontinued and is not listed in the resident's MAR.

Repeated Violation - 9/16/19

Plan of Correction

Accept

- 1. The discontinued medication for resident #3 was removed from the medication chart on 06/22/2021.*
- 2. Licensed staff will be conducted audits on the medication charts to assure that there are no expired or discontinued medication on the cart.*
- 3. Target date for chart auditing carts 07/23/2021*
- 4. The Personal Care Administrator / Designee has implemented the procedure and will in-service the staff.*
- 5. Audit will be conducted weekly on the medication carts and reviewed by the Personal Care Administrator / Designee for compliance.*
- 6. All staff will be in-serviced on removing discontinued medication from the medication cart.*

Completion Date: *08/20/2021*

184b - Resident's Meds Labeled

1. Requirements

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On 6/22/21, the glucometer belonging to resident #1 was in the medication cart and was not labeled with the resident's name.

Plan of Correction

Accept

- 1- The resident received 1 fully functioning glucometer that was labeled with the residents name and calibrated to correct date and time.*
- 2- - Licensed staff will conduct audits to assure that all glucose devices are labeled correctly.*
- 3- Date of Completion 6/22/21 and ongoing*
- 4- The Personal Care Administrator / Designee has implemented the procedure and will in-service the staff.*
- 5- Auditing tools on Glucometer readings will be conducted by licensed staff and reviewed by the Personal Care Administrator / Designee.*
- 6 -The Personal Care staff will be in-services on labeling glucose devices with the residents name on it.*

Completion Date: *08/20/2021*

185a - Implement Storage Procedures

1. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

185a - Implement Storage Procedures (continued)

Description of Repeat Violation

The Glucometer for resident #1 was not labeled with the resident's name, and was not calibrated to correct date or time.

Resident#1's MAR readings and meter readings do not match on following dates and times:

-On 6/21/21 at 8:22 pm, the glucometer read 318. No reading was recorded on the MAR.

Repeated Violation: 9/16/19

Plan of Correction

Accept

- 1- The resident received 1 fully functioning glucometer that was labeled with the residents name, calibrated to correct date and time, secured and stored safely.*
- 2- - Licensed staff will conduct audits to assure that all glucose devices are labeled correctly, secured and stored safely.*
- 3- Date of Completion 6/22/21 and ongoing*
- 4- The Personal Care Administrator / Designee has implemented the procedure and will in-service the staff.*
- 5- Random audits of medications and medical equipment will be conducted by licensed staff and reviewed by the Personal Care Administrator / Designee.*
- 6 -The Personal Care staff will be in-serviced on safe storage, access, and security of all medications and medical equipment.*

Completion Date: 08/13/2021

187a - Medication Record

1. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

- 12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident #3 is prescribed Amlodipine 10mg, Aspirin 81mg, Atorvastatin 40mg, Carvedilol 6.25mg, Furosemide 40mg, Loratadine 10mg and Melatonin 3mg. However, resident's June 2021 medication administration record does not indicate diagnosis or purpose for these medications.

Plan of Correction

Accept

- 1. All PC staff will be re-educated on proper documentation requirements including diagnosis for all medications.*
- 2. Personal Care Administrator/licensed staff will be responsible to ensure compliance.*
- 3. Re-education will be completed by August 13, 2021.*
- 4. In-servicing and random charts audits will be conducted by the Personal Care Administrator/designee to ensure compliance.*
- 5. In-servicing and random charts audits will be conducted by the Personal Care Administrator/designee to ensure compliance.*
- 6. Re-education on the requirement 187.a. will be conducted.*

Completion Date: 08/13/2021

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.

Description of Violation

Resident 1 is prescribed Lantus. Resident #1's June 2021 medication administration record does not include the initials of the staff person who administered Lantus on June 16, 2021.

Resident 3 is prescribed Lac Hydrin 12% lotion. Resident #3's June 2021 medication administration record does not include the initials of the staff person who administered Lac Hydrin 12% lotion on June 5, 6, 17, 18, 19, 20 at 7am and on June 6 and 16 at 3pm.

Resident 3 is prescribed Skin Prep Wipes. Resident #3's June 2021 medication administration record does not include the initials of the staff person who administered Skin Prep Wipes on June 3, 5, 17, 18, 19 and 20 at 9am and on June 6, 16 and 17 at 5 pm.

Plan of Correction**Accept**

1. All PC staff will be re-educated on proper documentation requirements when administering medications.
2. Personal Care Administrator/licensed staff will be responsible to ensure compliance.
3. Re-education will be completed by August 13, 2021.
4. In-servicing and random charts audits will be conducted by the Personal Care Administrator/designee to ensure compliance.
5. In-servicing and random charts audits will be conducted by the Personal Care Administrator/designee to ensure compliance.
6. Re-education on the requirement 187.b. will be conducted.

Completion Date: 08/13/2021

187d - Follow Prescriber's Orders

1. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Repeat Violation

Resident #1 is prescribed a weight check on the first Thursday of each month. However, resident #1 weight was not obtained.

Resident #1's physician's orders instruct that if blood sugar is greater than 400 to call MD. On [REDACTED]/21 at [REDACTED], Resident #1's blood sugar was [REDACTED] and on [REDACTED]/21 had a blood sugar of [REDACTED] at [REDACTED]. The Doctor was not notified of the readings.

Resident #1 is prescribed to have glucose readings taken 4 times per day: before meals and at bedtime. On 6/16/21 at 9 pm there was no MAR reading or glucose reading for Resident #1.

Repeated Violation: 9/16/19

187d - Follow Prescriber's Orders (*continued*)**Plan of Correction****Accept**

1. All PC staff will be re-educated on Requirement 187.d., following physician orders.
2. The Personal Care Administrator/designee will be responsible for education staff.
3. Target date for completion is 8/13/2021.
4. All PC staff will be re-educated on following physician orders.
5. Licensed staff will randomly audit resident charts to ensure compliance.
6. PC staff will be re-educated on this requirement and following physician orders.

Completion Date: 08/13/2021

224a - Preadmission Screen Form

1. Requirements

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.

Description of Violation

The home did not provide the preadmission screening form for Resident #1, admitted to the home on [REDACTED], and Resident #4, admitted to the home on [REDACTED].

Plan of Correction**Accept**

1. All new admissions will have a determination completed within 30 days of admission. Sales team will be re-educated on this requirement.
2. Sales Counselor will be required to assure compliance for admission determination and documentation within 30 days of admission.
3. Inservicing will be completed by 7/23/21.
4. Sales Counselor will be in-serviced on the regulation.
5. After re-education has occurred, random audits will be conducted to assure compliance by the Personal Care Administrator/designee.
6. Sales team will be inserviced.

Completion Date: 08/06/2021

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

Resident #3 was admitted on [REDACTED]; however, the resident's assessment was not completed until [REDACTED]

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

225a - Assessment 15 Days (*continued*)**Plan of Correction****Accept**

1. *All new admissions will have a written initial assessment completed within 15 days. Sales team will be re-educated on the requirement.*
2. *Sales Counselor will be required to assure compliance for admission written initial assessments.*
3. *Inservicing will be completed by 7/23/21.*
4. *Sales Counselor will be in-serviced on the regulation.*
5. *After re-education has occurred, random audits will be conducted to assure compliance by the Personal Care Administrator/designee.*
6. *Sales team will be inserviced.*

Completion Date: 08/20/2021