

Department of Human Services
Bureau of Human Service Licensing

September 13, 2021

[REDACTED] ADMINISTRATOR

5224-26 NORTH BROAD STREET
PHILADELPHIA, PA 19141

RE: BROAD STREET RESIDENCE
5224-26 NORTH BROAD STREET
PHILADELPHIA, PA, 19141
LICENSE/COC#: 17636

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/15/2021 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: *BROAD STREET RESIDENCE* License #: *17636* License Expiration Date: *10/01/2021*
Address: *5224-26 NORTH BROAD STREET, PHILADELPHIA, PA 19141*
County: *PHILADELPHIA* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: *2153242370* Email: [REDACTED]

Legal Entity

Name: [REDACTED]
Address: *5224-26 NORTH BROAD STREET, PHILADELPHIA, PA, 19141*
Phone: *2153242370* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *08/02/1991* Issued By: *City of Philadelphia*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *24* Waking Staff: *18*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *07/15/2021*

Inspection Dates and Department Representative

07/15/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *24* Residents Served: *24*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *18* Are 60 Years of Age or Older: *18*
Diagnosed with Mental Illness: *24* Diagnosed with Intellectual Disability: *3*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

07/15/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/28/2021*

Inspections / Reviews *(continued)*

9/8/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *09/11/2021*

9/13/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

89b - Hot Water Temperature

1. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Repeat Violation

On 07/15/21, at 11:15 am, the hot water temperature at the bathroom sink on the 3rd floor in the 5224-building measured 127 degrees Fahrenheit.

On 07/15/21, at 11:20 am, the hot water temperature at the bathroom sink on the 3rd floor in the 5226-building measured 127 degrees Fahrenheit.

Repeat violation: 03/05/2020.

Plan of Correction

Accept

On July 16, 2021, I held a staff meeting so we could discuss the violations from inspection. One staff admitted to turning up the gauge on the hot water tank after receiving numerous complaints from residents that the shower water was too cold. This adjustment caused the water temp to exceed 120 degrees. The staff person was reprimanded and training was completed with all staff on 2600.89b. Said training has been documented. On 7/15/21, the gauge was returned to lower the temp. Water temperatures will be checked and recorded weekly throughout the building. Each staff person has been assigned a specific day to perform this duty. If the temperature exceeds 120 degrees, this is to be immediately reported to the administrator to investigate and correct the issue. A "DO NOT TOUCH" sign has been posted at the hot water tank.

Completion Date: 07/15/2021

Document Submission

Implemented

See attached sign-in sheet

101o - Walls, Floors, Ceilings

1. Requirements

2600.

101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

The tiles on the 2nd floor throughout building 5224 are deteriorating and have broken pieces.

The rug on the first step of the stairs on the 2nd floor in 5224 building is in bad shape, it has a hole in it covered with tape.

Plan of Correction

Accept

On July 20, 2021, the hallway tiles that were worn have been taken up and replaced with new ones. The rug on the first step has been removed and replaced with a runner. The administrator will conduct a quarterly walk thru to check for any, walls, floors, ceiling, etc. that are in need of repair to maintain compliance.

Completion Date: 07/20/2021

Document Submission

Implemented

See attached document

102d - Grab/Hand/Assist Bar/Slip-Resistant Surface

1. Requirements

2600.

102d - Grab/Hand/Assist Bar/Slip-Resistant Surface *(continued)*

102.d. Toilet and bath areas must have grab bars, hand rails or assist bars. Bathtubs and showers must have slip-resistant surfaces.

Description of Violation

There is no grab bar, handrail or assist bar in the 3rd floor men's bathroom shower in 5226 building.

Plan of Correction

Accept

A new shower was installed and the contractor removed the old grab bar and inadvertently forgot to replace it with a new one. A new grab bar was installed in the 3rd floor men's bathroom shower on July 19, 2021. Staff have been re-trained on 2600.102d and have been instructed to report any issues found during their daily cleaning to the manager.

Completion Date: 07/19/2021

Document Submission

Implemented

See attached document

103d - Storing Food Off Floor

1. Requirements

2600.

103.d. Food shall be stored off the floor.

Description of Violation

On 07/15/21, at 11:30 am, there were four five gallon water jugs stored on the basement floor.

Plan of Correction

Accept

On July 15, 2021, the four 5 gallon water jugs were placed on a wooden pallet, storing them off the basement floor along with the other water bottles. All water jugs will remain on pallets. The manager will inspect quarterly to ensure the water is being stored properly for continued compliance. Any issues will be reported to the administrator for correction/repair.

Completion Date: 07/15/2021

Document Submission

Implemented

See attached document

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 Repeat Violation

On 07/15/21 at, 10:35 am, the temperature in the meat freezer in the basement was 60 degrees Fahrenheit.

Repeat Violation: 03/05/2020.

103f - Refrigerator/Freezer Temps (continued)

Plan of Correction

Accept

On July 16, 2021, after inspection, it was discovered that the thermometer in the meat freezer was not operating. The thermometer was immediately replaced with a new one. When the administrator re-stocks the freezers monthly, [REDACTED] will check all thermometers to ensure the readings are at or below 40 degrees Fahrenheit to ensure continued compliance.

Completion Date: 07/16/2021

Document Submission

Implemented

See attached document

131f - Fire Extinguisher Inspection

1. Requirements

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

The fire extinguisher in the 2nd floor hallway has not been inspected by a fire safety expert since August 2019.

Plan of Correction

Accept

On the day of inspection, all extinguishers in the building were checked and found to be in compliance except one. It seems as though the technician somehow overlooked one extinguisher during his last annual visit. The only explanation I can offer is that this was the result of human error. [REDACTED] has been providing this service to our home for approximately 30 years and we've never had any issues. Immediately following inspection, they were contacted and scheduled to conduct a thorough visit/inspection rechecking all extinguishers in the building. On July 21, 2021, the extinguisher in question was checked and tagged with the appropriate card. I explained the requirement for accuracy to the technician during his inspection. I was assured that there would be no further incidents of error in the future. Periodically, the administrator will review the tagged cards on extinguishers to maintain compliance.

Completion Date: 07/21/2021

Document Submission

Implemented

See attached document