

Department of Human Services
Bureau of Human Service Licensing

November 30, 2022

[REDACTED]
EVADNEY SCOGGINS
[REDACTED]

RE: SCOGGINS PERSONAL CARE
BOARDING HOME
1245 WEST TIOGA STREET
PHILADELPHIA, PA, 19140
LICENSE/COC#: 14015

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/17/2021, 08/24/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *SCOGGINS PERSONAL CARE BOARDING HOME* License #: *14015* License Expiration: *10/11/2021*
Address: *1245 WEST TIOGA STREET, PHILADELPHIA, PA 19140*
County: *PHILADELPHIA* Region: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *EVADNEY SCOGGINS*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *Other* Date: *08/06/2012* Issued By: *City of Philadelphia*

Staffing Hours

Resident Support Staff: Total Daily Staff: *16* Waking Staff: *12*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Monitoring* Exit Conference Date: *08/24/2021*

Inspection Dates and Department Representative

08/17/2021 - On-Site: [REDACTED]
08/24/2021 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *26* Residents Served: *16*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *13* Are 60 Years of Age or Older: *14*
Diagnosed with Mental Illness: *16* Diagnosed with Intellectual Disability: *4*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

08/17/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/17/2021*

11/09/2021 - POC Submission

Submitted By: [REDACTED] Date Submitted: *11/08/2021*
Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *11/19/2021*

11/30/2022 - Document Submission

Submitted By: [REDACTED] Date Submitted: *11/29/2022*
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

Resident A's date of hire was [REDACTED]/20. However, the Criminal Background check was not completed until [REDACTED]/20.

POC Submission

Accept

1. Starting immediately a criminal background check will be done for each new hire prior to the first day on the job.
2. Going forward no staff will be allowed to work unsupervised without completing all of the requirements of the Adult Protective Service Act and PA code. Chapter 15 relating to the Older Adult Protective Services Act. And all requirements under 2600 pertaining to staff trainings. The administrator or the designee will be responsible for ensuring timely compliance with the requirements of all new hires.

Licensee's Proposed Overall Completion Date: 09/30/2021

Document Submission

Implemented [REDACTED] - 11/30/2022)

Please see the attached document titled: [REDACTED]_Background Check"

Licensee's Proposed Overall Completion Date: 11/18/2022

65b - Rights/Abuse 40 Hours

2. 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:
1. Resident rights.
 2. Emergency medical plan.
 3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
 4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person A completed [REDACTED] 40th scheduled work hour on [REDACTED] 20. However, this staff person did not complete training in the following topics: resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), reporting of reportable incidents and conditions.

POC Submission

Accept

Since the inspection of 8/17/2021 staff person A retroactively completed the following topics: resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 PS. 10225. 101-10225. 5102) reporting of reportable incidents and conditions. (see attached).
Going forth the administrator / designee will ensure that all new hires receive proper training under 2600. 65 (b) prior to the completion of orientation and the 40 hours of training.

Licensee's Proposed Overall Completion Date: 09/30/2021

65b - Rights/Abuse 40 Hours (continued)

Document Submission

Implemented [redacted] - 11/30/2022

Please see the attached documents titled "Plan of Corrections(1)", "Plan of Corrections(2)", "Plan of Corrections(3)".

Licensee's Proposed Overall Completion Date: 11/18/2022

65d - Initial Direct Care Training

3. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
3. Initial direct care staff person training to include the following:
 - i. Safe management techniques.
 - ii. ADLs and IADLs
 - iii. Personal hygiene.
 - iv. Care of residents with dementia, mental illness, cognitive impairments, an intellectual disability and other mental disabilities.
 - v. The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - vi. Implementation of the initial assessment, annual assessment and support plan.
 - vii. Nutrition, food handling and sanitation.
 - viii. Recreation, socialization, community resources, social services and activities in the community.
 - x. Staff person supervision, if applicable.
 - xi. Care and needs of residents with special emphasis on the residents being served in the home.
 - xii. Safety management and hazard prevention.
 - xiii. Universal precautions.
 - xiv. The requirements of this chapter.
 - xv. Infection control.
 - xvi. Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

Description of Violation

Direct care staff person A, hired on [redacted] 20, began providing unsupervised ADL services on [redacted] /20. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test.

POC Submission

Accept

After the inspection of 8/17/2021 staff person A completed direct care training (documentation provided). To prevent a repeat violation under this section no new hire will be allowed to work unsupervised with any resident unless all required trainings are completed, and proper documentation is produced indicating successful completion of trainings. The administrator and the designee are responsible for ensuring compliance.

Licensee's Proposed Overall Completion Date: 09/30/2021

Document Submission

Implemented [redacted] - 11/30/2022

Please see the attached documents titled "Plan of Corrections(1)", "Plan of Corrections(2)", "Plan of Corrections(3)".

Licensee's Proposed Overall Completion Date: 11/18/2022

85b - Infestation

4. Requirements

2600.
85.b. There may be no evidence of infestation of insects or rodents in the home.

Description of Violation

The home is infested with Bed Bugs on the male side of the building. There were live activity and eggs infested in mattresses. The home could not provide evidence of the home being currently treated for this infestation. It was verified with the Exterminator company that the home uses for mice/roach infestations, that the home has not been treated by them for bed bugs since June 2020.

Repeat violation: 11/10/20, 10/16/19

POC Submission

Directed

*The administrator / designee is currently working with the home maintenance staff and housekeeping to eradicate all pests from the home. We have been using a combination of "crossfire" and "hot shot" each week to treat the areas followed by vacuuming to try to destroy eggs and carcasses.
Each staff must report to administrator / designee whenever there is any sighting of bugs so treatment can be applied. We are limiting the quantity of donated items the residents can enter the home with. Each week we are running residents' clothes through the dryer to remove anything that might be in their belongings (documentation is kept).
The administration / designee is responsible for working to ensure a pest free home.*

Directed

Within 10 calendar days of receipt of the acceptable plan of correction - The administrator or designee will arrange for more frequent pest control treatments provided by a qualified pest control company. The administrator or designee will monitor the home weekly for potential causes of infestation and signs of infestation. Documentation will be kept. [redacted] 11/9/21

Directed Completion Date: 01/31/2022

Document Submission

Implemented [redacted] - 11/30/2022)

Please see attached.

Licensee's Proposed Overall Completion Date: 11/18/2022

101j1 - Mattress Fire Retardant

5. Requirements

2600.
101.j. Each resident shall have the following in the bedroom:
1. A bed with a solid foundation and fire retardant mattress that is in good repair, clean and supports the resident. A legal entity with a personal care home license for the home as of October 24, 2005, shall be exempt from the requirement for a fire retardant mattress.

Description of Violation

the mattress in [redacted] bedroom still has the plastic covering from purchase.

POC Submission

Accept

Once a mattress is moved into a resident's room the plastic will be removed immediately except for fire retardant coverings.

101j1 - Mattress Fire Retardant (continued)

Administrator / designee will be responsible for ensuring that all areas of the regulations are adhered to ensure compliance.

Licensee's Proposed Overall Completion Date: 09/30/2021

Document Submission

Implemented (█ - 11/30/2022)

all plastic coverings were removed by the administrator and all staff have been retrained to remove plastic from mattress.

Licensee's Proposed Overall Completion Date: 11/18/2022