

Department of Human Services
Bureau of Human Service Licensing

October 25, 2021

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

RE: SIMPSON HOUSE
BELMONT AVENUE & MONUMENT
ROAD
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 09/03/2021 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: *BELMONT AVENUE & MONUMENT ROAD, 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: *2158783600* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *1-2* Date: *06/17/1996* Issued By: *City of Philadelphia L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *32* Waking Staff: *24*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *POC Verification* Exit Conference Date: *09/03/2021*

Inspection Dates and Department Representative

09/03/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *84* Residents Served: *32*

Secured Dementia Care Unit

In Home: *Yes* Area: *Comfort Haven* Capacity: *10* Residents Served: *0*

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *2* Are 60 Years of Age or Older: *32*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

09/03/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/24/2021*

Inspections / Reviews *(continued)*

10/25/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *10/30/2021*

5a1 - DHS Access

1. Requirements

2600.

5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

- 1. Agents of the Department.

Description of Violation

On 9/3/21, at 10:10AM, A Department Representative requested education materials, staff schedule from the past two weeks, and a completed DHS census form. The home did not provide the requested information until 12:00PM.

Plan of Correction

Accept

1- The Personal Care Administrator provided over 75% of requested information in a timely manner. The facility HR Director was on vacation and files needed to be obtained from another source, this was communicated to the DHS Surveyor. The Personal Care Administrator will provide access to the facility records and the facilities home as requested by DHS.

2- The Personal Care Administrator will implement that all requested materials be provided timely.

3- This process was effective as of 9/4/2021 by the Personal Care Administrator. All facilities records are in regulatory compliance.

4- The Personal Care Administrator / Designee will educate staff on timely producing requested facilities records.

5- Random quarterly audits of resident records will be conducted by the Personal Care Administrator / Designee for compliance.

6- The Personal Care Administrator / Designee will in-service the staff on producing information timely.

Completion Date: 09/04/2021

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 Violation

The resident-home contract for resident 1, dated [REDACTED], was not signed by the home's administrator or designee.

25b - Contract Signatures (continued)

Plan of Correction

Accept

- 1- All residents' contracts have been reviewed and have been signed by the residents. Resident 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 9/7/2021 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: 10/29/2021

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.

Description of Violation

Resident 2 is prescribed [redacted] as needed. On 9/3/21 the medications were not available in the home.

Resident 3's glucometer reading for 8/30/21 at 3:56pm was 205 on glucometer device. A glucometer reading of 203 was recorded on the MAR at 4:59pm. There is no MAR entry for 3:56pm .

Plan of Correction

Accept

- 1- Resident 2 was ordered and received all prescribed PRN medication. ([redacted])
- 2- - Licensed staff will conduct audits to assure that all PRN medication / Treatments ordered are available for the resident.
- 3- Date of Completion 9/4/2021
- 4- The Personal Care Administrator / Designee has implemented the procedure and will in-service the staff.
- 5- Random audits of medications / Treatments will be conducted by licensed staff and reviewed by the Personal Care Administrator / Designee.
- 6 -The Personal Care staff will be in-serviced on the resident having their PRN prescribed mediation/treatments available to them.

Completion Date: 10/29/2021

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 [REDACTED]. However, the resident's medication administration record does not indicate the 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 10/28/2021
- 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: 10/28/2021

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

Residents 4's preadmission screening form, dated [REDACTED], does not include a determination that the needs of the resident can be met by the services provided by the home.

Plan of Correction

Accept

- 1. All new admissions will have a determination completed within 30 days of admission. Sales team will be reeducated on this requirement.
- 2. Sales Counselor will be required to assure compliance for admission determination and documentation within 30 days of admission.
- 3. In-servicing will be completed by 10/28/2021
- 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 in-serviced.

Completion Date: 10/28/2021

2. Requirements

2600.

224a - Preadmission Screen Form (continued)

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

Resident 1 was admitted to the home on [REDACTED]; however, the resident's preadmission screening form was completed on [REDACTED].

Plan of Correction

Accept

1. All new admissions will have a determination completed within 30 days of admission. Sales team will be reeducated on this requirement.
2. Sales Counselor will be required to assure compliance for admission determination and documentation within 30 days of admission.
3. In-servicing will be completed by 10/28/2021
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 in-serviced.

Completion Date: 10/28/2021

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

An assessment was not completed for resident 5, who was admitted to the home on [REDACTED]

Plan of Correction

Accept

1. All new admissions will have a written initial assessment completed within 15 days. The licensed staff will be reeducated on the requirement.
2. The Personal Care Administrator/ Designee will be required to assure compliance for admission written initial assessments.
3. In-servicing will be completed 10/28/2021
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. Licensed staff will be in-serviced.

Completion Date: 10/28/2021