

Department of Human Services
Bureau of Human Service Licensing

May 12, 2022

[REDACTED]
KAYMARIE BRIDDELL
[REDACTED]

RE: VINE STREET MANOR
230 NORTH 65TH STREET
PHILADELPHIA, PA, 19139
LICENSE/COC#: 14234

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 03/31/2022 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,
Shawn Parker

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: *VINE STREET MANOR* License #: *14234* License Expiration: *11/02/2022*
Address: *230 NORTH 65TH STREET, PHILADELPHIA, PA 19139*
County: *PHILADELPHIA* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]
215-880-4641 / 334-303-0147

Legal Entity

Name: *KAYMARIE BRIDDELL*
Address: *9157 HOUNSBAY DRIVE, MONTGOMERY, AL, 36117*
Phone: *215-880-4641* [REDACTED] [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *63* Waking Staff: *47*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Interim* Exit Conference Date: *03/31/2022*

Inspection Dates and Department Representative

03/31/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *84* Residents Served: *59*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *45* Are 60 Years of Age or Older: *35*
Diagnosed with Mental Illness: *55* Diagnosed with Intellectual Disability: *4*
Have Mobility Need: *4* Have Physical Disability: *4*

Inspections / Reviews

03/31/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/08/2022*

05/12/2022 - POC Submission

Inspections / Reviews (*continued*)

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *05/16/2022*

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:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #3 is prescribed Cough/Chest DM . However, resident's March medication administration record does not indicate a diagnosis or purpose for the medication.

Plan of Correction

Accept

The nursing supervisor at Vine Street Manor has reached out to the home's physician and pharmacy to ensure that all medications prescribed include the diagnosis on the MARs. From this point on, designee and nursing supervisor will make sure all resident's prescribed medications and PRNs include the diagnosis on all MARs. The Administrator will make sure to pay special attention to the diagnosis on the MARs in all future medication audits.

Completion Date: 04/04/2022

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #1's medical evaluation did not include special health or dietary needs of the resident and body positioning and movement stimulation for resident.

141a 1-10 Medical Evaluation Information (continued)

Resident #2's medical evaluation did not include special health or dietary needs of the resident and body positioning and movement stimulation for resident.

Repeat Violation: 9/16/21 et al.

Plan of Correction**Accept**

Vine Street Manor's administrator has contacted the home's physician to make sure that all DMEs are completely filled out. In the future, the administrator or designee will ensure that all resident DMEs are completely filled out by the doctor. The administrator will pay special attention to making sure all DMEs are completely filled out during resident DME audits.

Completion Date: 04/04/2022