

Department of Human Services
Bureau of Human Service Licensing

May 31, 2022

[REDACTED], EXECUTIVE DIRECTOR

RE: CLARKE PERSONAL CARE HOME
4701 NORTH 13TH STREET
PHILADELPHIA, PA, 19141
LICENSE/COC#: 11406

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/28/2022 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

Facility Information

Name: *CLARKE PERSONAL CARE HOME* License #: *11406* License Expiration: *06/02/2023*
Address: *4701 NORTH 13TH STREET, PHILADELPHIA, PA 19141*
County: *PHILADELPHIA* Region: *SOUTHEAST*

Administrator

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

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *Other* Date: *03/15/2012* Issued By: *City of Philadelphia*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *6* Waking Staff: *5*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *04/28/2022*

Inspection Dates and Department Representative

04/28/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *12* Residents Served: *6*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *6* Are 60 Years of Age or Older: *4*
Diagnosed with Mental Illness: *6* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

04/28/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/16/2022*

Inspections / Reviews (*continued*)

05/27/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *05/31/2022*

05/31/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

85a - Sanitary Conditions

1. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 4/28/22, the inside of bathtub in the second floor front bathroom was covered with black grime.

Plan of Correction

Accept

The violation was corrected by cleaning the material on the bathtub surface before recoating the surface, the bathtub will be checked by staff and administrator to ensure the surface is maintained and kept clean daily so the violation isn't repeated..

Completion Date: 05/01/2022

Document Submission

Implemented

The violation was corrected by cleaning the material on the bathtub surface before recoating the surface, the bathtub will be checked by staff and administrator to ensure the surface is maintained and kept clean daily so the violation isn't repeated..

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 Violation

On 4/28/22 at 9:31 am, the hot water temperature at the sink in the second floor rear bathroom measured 137.8 degrees Fahrenheit.

On 4/28/22 at 9:42 am, the hot water temperature at the sink in the second floor front bathroom measured 138.0 degrees Fahrenheit.

Plan of Correction

Accept

The hot water temperature was adjusted and checked to ensure the water temperature is under 120 F, The staff on duty will check the temperature daily and record the result on the chart , and if water temperature is above the 120F staff will adjust the temperature. This was check by plumber to ensure the valve is working properly.

Completion Date: 04/28/2022

Document Submission

Implemented

The hot water temperature was adjusted and checked to ensure the water temperature is under 120 F, The staff on duty will check the temperature daily and record the result on the chart , and if water temperature is above the 120F staff will adjust the temperature. This was check by plumber to ensure the valve is working properly.

100a - Exterior - Free of Hazards

1. Requirements

2600.
100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

When exiting the home from the side door, the pavement at the bottom of the stairs to the left is broken and poses a tripping hazard.

100a - Exterior - Free of Hazards (continued)

When exiting the home from the back door, the pavement on the side of the home is broken and poses a tripping hazard.

Plan of Correction**Accept**

The violation was corrected and exterior grounds was repaved and will remain free of hazard. The administrator will be responsible to ensure that the exterior is in good repair by checking the grounds weekly

Completion Date: 05/07/2022

Document Submission**Implemented**

The violation was corrected and exterior grounds was repaved and will remain free of hazard. The administrator will be responsible to ensure that the exterior is in good repair by checking the grounds weekly

101j7 - Lighting/Operable Lamp**1. Requirements**

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #1 does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction**Accept**

The violation was corrected by staff on duty, and the staff will be responsible for checking daily to ensure the lamp is plugged in at all times, as the individual unplugs the lamp to plug in his radio at times. Another outlet is available for him to plug in his radio.

Completion Date: 04/28/2022

Document Submission**Implemented**

The violation was corrected by staff on duty, and the staff will be responsible for checking daily to ensure the lamp is plugged in at all times, as the individual unplugs the lamp to plug in his radio at times. Another outlet is available for him to plug in his radio.

102f - Towel/Washcloth/Soap**1. Requirements**

2600.

102.f. An individual towel, washcloth and soap shall be provided for each resident.

Description of Violation

An unlabeled washcloth was in the tub in the second floor rear bathroom.

Plan of Correction**Accept**

This violation was corrected by staff, the washcloth was removed and staff on duty will do daily checks to ensure this is not repeated and individuals were reminded to remove their personal belongings from the common bathroom after use. The staff on duty was in the middle of cleaning-up at the time of inspection.

Completion Date: 04/28/2022

Document Submission**Implemented**

This violation was corrected by staff, the washcloth was removed and staff on duty will do daily checks to ensure this is not repeated and individuals were reminded to remove their personal belongings from the common bathroom after use. The staff on duty was in the middle of cleaning-up at the time of inspection.

103e - Left Overs

1. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

On 04-28-2022 there was an undated bag of salad mix in the home's refrigerator.

On 04-08-2022 there was an undated bag of breakfast sausage in the home's basement freezer.

Plan of Correction

Accept

This violation was corrected by staff on duty, who will be responsible to secure and label all leftovers in the refrigerator and freezer after use to avoid this from occurring.

Completion Date: 04/28/2022

Document Submission

Implemented

This violation was corrected by staff on duty, who will be responsible to secure and label all leftovers in the refrigerator and freezer after use to avoid this from occurring.

121a - Unobstructed Egress

1. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 4/28/22 at 9:45 am, the first-floor side exit door was locked with a deadbolt blocking immediate egress.

On 4/28/22 at 10:00 am, the rear exit through the kitchen was locked preventing immediate egress.

Plan of Correction

Accept

This violation was corrected the both door locks was removed and replaced. The administrator will be responsible to ensure the exits are all accessible at all times. The prior locks was accessible from the inside without a key and a key was only used from the outside on entering.

Completion Date: 05/18/2022

Document Submission

Implemented

This violation was corrected the both door locks was removed and replaced. The administrator will be responsible to ensure the exits are all accessible at all times. The prior locks was accessible from the inside without a key and a key was only used from the outside on entering.

126a - Furnace Inspection

1. Requirements

2600.

126.a. A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

Description of Violation

The last inspection of the furnace was conducted on 2/8/20.

126a - Furnace Inspection (continued)**Plan of Correction****Accept**

The annual inspection of the furnace was done by the company on 2/2/22 and the heating system was also done but wasn't listed on the document. On 4/30/22 the system was redone to include both plumbing and heating and documented. The administrator will be responsible in having this completed annually and documented to show.

Completion Date: 04/30/2022

Document Submission**Implemented**

The annual inspection of the furnace was done by the company on 2/2/22 and the heating system was also done but wasn't listed on the document. On 4/30/22 the system was redone to include both plumbing and heating and documented. The administrator will be responsible in having this completed annually and documented to show.

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 extinguishers in the home have not been inspected by a fire safety expert since March 2021.

Plan of Correction**Accept**

This violation was corrected on 4/29/22 as scheduled via phone appointment. This was scheduled earlier but the inspector was unavailable and that was the cause for the late inspection, and there were concerns of the home being fully vaccinated and free of Covid-19. The administrator will be responsible to have this completed annually by the company.

Completion Date: 04/29/2022

Document Submission**Implemented**

This violation was corrected on 4/29/22 as scheduled via phone appointment. This was scheduled earlier but the inspector was unavailable and that was the cause for the late inspection, and there were concerns of the home being fully vaccinated and free of Covid-19. The administrator will be responsible to have this completed annually by the company.

144d - Smoking Outside**1. Requirements**

2600.

144.d. Smoking outside of the smoking room is prohibited.

Description of Violation

On 4/28/22 at 9:00 am, resident #2 was smoking in on the home's porch which is not the home's designated smoking area. The home's designated smoking area is in the back of the home.

Plan of Correction**Accept**

The violation was corrected, the residents were reminded of the smoking policy and area that is located on the front porch away from the entrance way. The individual in question was spoken to and verbal reminders will be given by staff to avoid this from occurring. The individual in question was sorry about this.

Completion Date: 04/28/2022

Document Submission**Implemented**

The violation was corrected, the residents were reminded of the smoking policy and area that is located on the front

144d - Smoking Outside (continued)

porch away from the entrance way. The individual in question was spoken too and verbal reminders will be given by staff to avoid this from occurring. The individual in question was sorry about this.

183c - Refrigerated Meds Locked**1. Requirements**

2600.

183.c. Prescription medications, OTC medications and CAM stored in a refrigerator shall be kept in an area or container that is locked.

Description of Violation

On 4/28/22 at 9:57 am, [REDACTED] prescribed for resident #2, was unlocked and accessible in the refrigerator in the kitchen.

Plan of Correction**Accept**

This violation was corrected, the lock bin was placed in the refrigerator to hold all insulins as a bigger bin was ordered, The staff and administrator will be responsible in ensuring this doesn't occur in the future, and this will be checked monthly.

Completion Date: 04/29/2022

Document Submission**Implemented**

This violation was corrected, the lock bin was placed in the refrigerator to hold all insulins as a bigger bin was ordered, The staff and administrator will be responsible in ensuring this doesn't occur in the future, and this will be checked monthly.

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 #3 is prescribed [REDACTED] as needed. On 4/28/22 this medication was not available in the home.

Plan of Correction**Accept**

This violation was corrected and the medication was ordered and on site. The administrator and staff will be responsible for monthly checking all medication to ensure the medication is on site and available to be administered as prescribed.

Completion Date: 04/29/2022

Document Submission**Implemented**

This violation was corrected and the medication was ordered and on site. The administrator and staff will be responsible for monthly checking all medication to ensure the medication is on site and available to be administered as prescribed.

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.

224a - Preadmission Screen Form (*continued*)**Description of Violation**

Resident #4 was admitted to the home on [REDACTED] however, the resident's preadmission screening form was completed on 7/3/21.

Plan of Correction**Accept**

The preadmission was completed and on site, the administrator will be responsible to ensure this violation is not repeated and the document will be available for viewing at all times, the document was completed by administrator on 7/2/21 on admission.

Completion Date: 04/28/2022

Document Submission**Implemented**

The preadmission was completed and on site, the administrator will be responsible to ensure this violation is not repeated and the document will be available for viewing at all times, the document was completed by administrator on 7/2/21 on admission.

224c - Preadmission Screening

1. Requirements

2600.

224.c. The preadmission screening shall be completed by the administrator or designee. If the resident is referred by a State-operated facility, a county mental health and intellectual disability program, a drug and alcohol program or an area agency on aging, a representative of the referral agent may complete the preadmission screening.

Description of Violation

The preadmission screening form, dated [REDACTED], for resident #4, admitted [REDACTED] does not include information indicating who completed the form.

Plan of Correction**Accept**

The administrator completed the documentation on 7/2/22, as the referral was done by a family member. Upon admission the administrator will be responsible to ensure the documentation is fully completed and this violation is not repeated.

Completion Date: 04/28/2022

Document Submission**Implemented**

The administrator completed the documentation on 7/2/22, as the referral was done by a family member. Upon admission the administrator will be responsible to ensure the documentation is fully completed and this violation is not repeated.