

Department of Human Services
Bureau of Human Service Licensing

May 31, 2022

[REDACTED], EXECUTIVE DIRECTOR

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 05/03/2022 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,

[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: *06/14/2022*
Address: *BELMONT AVENUE & MONUMENT ROAD, PHILADELPHIA, PA 19131*
County: *PHILADELPHIA* Region: *SOUTHEAST*

Administrator

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

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *44* Waking Staff: *33*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *05/03/2022*

Inspection Dates and Department Representative

05/03/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *84* Residents Served: *25*

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: *0* Are 60 Years of Age or Older: *25*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *19* Have Physical Disability: *0*

Inspections / Reviews

05/03/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/28/2022*

05/31/2022 - POC Submission

Inspections / Reviews (*continued*)

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *06/03/2022*

3c - Post Current License

1. Requirements

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 5/3/22 the home's current license, dated 6/14/21-6/14/22, was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept

- *The Executive Director updated the displayed version of the PC License with the current PC License on 5/3/2022. The display cases of pertinent information have been relocated to a more public location in the Carson Building and Wesley Commons.*
- *An audit of the display cases has been conducted by the Executive Director on 5/4/2022.*
- *The Executive Director will replace the old license with the new license immediately upon receipt of the new license moving forward.*
- *The Executive Director/designee will audit the display cases quarterly to assure the license and additional posted information is current and accurate.*

Completion Date: 05/04/2022

26b - Quality Management Plan Content

1. Requirements

2600.

26.b. The quality management plan shall address the periodic review and evaluation of the following:

1. The reportable incident and condition reporting procedures.
2. Complaint procedures.
3. Staff person training.
4. Licensing violations and plans of correction, if applicable.
5. Resident or family councils, or both, if applicable.

Description of Violation

The home's quality management review dated 02/4/2022 did not address reportable incident and condition reporting procedures, complaint procedures, staff person training, licensing violations and plans of correction, resident or family councils.

Plan of Correction

Accept

- *The Personal Care Administrator has developed a new and comprehensive Quality Management Plan as of 5/12/2022.*
- *The Personal Care Administrator/designee will update the Quality Management Plan monthly. This plan includes metrics and evaluations of the data for Reportable Incidents, Complaints, Staff Training, Plans of Correction and Resident Council issues.*
- *The Personal Care Administrator/designee will report the findings of the Quality Management Plan to the facilities Quality Assurance Team quarterly.*
- *The Quality Management Plan contents and data will be included in the meeting minutes.*

Completion Date: 05/12/2022

65a - FS Orientation 1st Day

1. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person A, whose first day of work was [REDACTED], and Staff Person B, whose first date of work was 1/9/2020, did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.

Plan of Correction

Accept

- The Director of Facilities has educated and oriented the Director of Human Resources and staff persons A & B on the facilities general fire safety and emergency preparedness plan.
- The Director of Human Resources will be responsible to assure all new hires are oriented on the emergency and fire safety plan on or before their hire date.
- The Director of Human resources will report and confirm to the Quality Assurance team quarterly on all new hire orientation criteria.
- This data will be included the Quality Assurance quarterly meeting minutes.

Completion Date: 05/26/2022

65b - Rights/Abuse 40 Hours

1. 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 his/her 40th scheduled work hour on approximately [REDACTED], and Staff person B completed their 40th scheduled work hour on approximately [REDACTED]. However, these staff persons 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.

65b - Rights/Abuse 40 Hours (continued)

Plan of Correction

Accept

- Staff person A & B have been educated on Resident Rights, the Emergency Medical Plan, Mandatory reporting under the Older Adult Protective Services Act and reporting of Reportable incidents and conditions.
- All Personal Care employees have been reeducated on Resident Rights, the Emergency Medical Plan, Mandatory reporting under the Older Adult Protective Services Act and Reporting of reportable incidents and conditions as of 5/27/2022.
- All newly hired Personal Care employees will receive an orientation by the Director of Human Resources to include Resident Rights, the Emergency Medical Plan, Mandatory reporting under the Older Adult Protective Services Act and Reporting of reportable incidents and conditions.
- The Director of Human Resources/designee will not release the new employee to the Personal Care department until proper orientation has been completed.

Completion Date: 06/01/2022

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

On 5/3/2022, Resident #1's glucometer is not calibrated to the time. The residents glucometer's date and time are set at 05/03 at 10:38am at the actual time of 11:35am. .

Resident #1 has an order for a glucose check to be completed four times a day and to have insulin administered based on a sliding scale. On 4/28/22 at 9:00pm, resident #1's glucometer has reading of 258, however the level is recorded as 256 on the residents glucose log.

Plan of Correction

Accept

- All glucometers have been evaluated by the Personal Care Administrator/designee and the time was corrected if applicable.
- All staff have been in-serviced on proper Glucometer time calibration by the Personal Care Administrator/designee by 5/27/2022. All staff have been in-serviced on accurate documentation, including blood glucose logs.
- Monthly Glucometer and glucose logs audit will be conducted by the Personal Care Administrator/designee.
- Audit results and corrections, if any, will be reported via the Quality Management Plan and reviewed at the facilities Quarterly Quality Assurance Meetings.

Completion Date: 05/27/2022

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

Resident #2 was admitted to the home on 01/20/2022

224a - Preadmission Screen Form (continued)

; however, the resident's preadmission screening form was completed on 12/12/2021.

Plan of Correction**Accept**

- The Personal Care Administrator audited all resident records for a completed and timely preadmission screen.
- The Sales team was in-serviced by the Personal Care Administrator on timely preadmission screens within 30 days of admission. Included in the in-service was education regarding admissions that are delayed might require an additional screen to meet the 30-day requirement.
- The Personal Care Administrator/designee will audit all new admissions paperwork prior to the date of admission.
- Audit results will be presented at the facilities Quarterly Quality Assurance meeting.

Completion Date: 05/26/2022

227d - Support Plan Medical/Dental**1. Requirements**

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #1s assessment and support plan dated [REDACTED] does not document the residents social and recreational needs. The description of any needs and the plan to meet any needs has been left blank on the assessment and support plan document.

Plan of Correction**Accept**

- The residents Support Plan has been updated by the Personal Care Administrator/designee addressing the residents social and recreational needs.
- The Personal Care Administrator/designee has audited all the residents Support Plans for accuracy.
- Resident Support plans will undergo random quarterly audits by the Personal Care Administrator/designee to assure accuracy.
- Support Plan audits will be reported to the facilities Quarterly Quality Assurance meeting.

Completion Date: 05/27/2022