

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

January 11, 2023

[REDACTED]
ROXBOROUGH HOME FOR WOMEN INC
601 EAST LEVERINGTON AVENUE
PHILADELPHIA, PA, 19128

RE: ROXBOROUGH HOME FOR WOMEN
601 EAST LEVERINGTON AVENUE
PHILADELPHIA, PA, 19128
LICENSE/COC#: 14156

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/15/2022, 08/16/2022 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

Facility Information

Name: ROXBOROUGH HOME FOR WOMEN License #: 14156 License Expiration: 12/21/2022
 Address: 601 EAST LEVERINGTON AVENUE, PHILADELPHIA, PA 19128
 County: PHILADELPHIA Region: SOUTHEAST

Administrator

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

Legal Entity

Name: ROXBOROUGH HOME FOR WOMEN INC
 Address: 601 EAST LEVERINGTON AVENUE, PHILADELPHIA, PA, 19128
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C 2 LP Date: 04/15/1978 Issued By: City of Philadelphia

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 19 Waking Staff: 14

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 08/16/2022

Inspection Dates and Department Representative

08/15/2022 On Site [REDACTED]
 08/16/2022 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 30 Residents Served: 19
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 0
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 16
 Diagnosed with Mental Illness: 3 Diagnosed with Intellectual Disability: 3
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

08/15/2022 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/03/2022

Inspections / Reviews (*continued*)

09/09/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/11/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 09/14/2022

09/21/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/11/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 09/24/2022

01/11/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/11/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

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 8/16/22 the home's copy of 55 Pa. Code Chapter 2600, was not posted in a conspicuous and public place in the home.

POC Submission

Accept () - 09/21/2022)

The license is posted on a wall near the Residents Information Board. On Feb. 4, 2022, I applied for the renewal. I forgot to print and post. I immediately printed and posted the up-to-date license on the day of inspection.

To prevent this in the future, the Administrator added "Print and Post" to the yearly (month by month) Certifications and Licenses "Need To Do" list. () will review that all the steps to renew the business license are complete and checked yearly when the renewal is due.

Licensee's Plan Completion Date: 09/14/2022

Implemented () - 01/11/2023)

16c - Written Incident Report

2. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On ()/22, resident 1 had sustained a unwitnessed fall. The home did not report this incident to the Department until ()/22

A fall incident occurred for resident 2. The home did not enter the date of the incident, the date of the report, the time or if a family member was contacted on the incident report.

POC Submission

Accept () - 09/21/2022)

Resident 1's family and () refused treatment on the ()th. The morning of the (), () was still in pain and received services at the local hospital. The report was sent 24 hours after services were received.

Additional training was provided immediately (within the week of the inspection) to all the PCA staff by the PCA Supervisor. The training included, but was not limited to, unwitnessed falls/reported incidents. The training provided was to reduce omitted information. If a fall is unwitnessed, the time/date it is reported wilol go onto the form. incident reports will be double-checked by the Administrator and/or PCA Supervisor.

Licensee's Plan Completion Date: 09/14/2022

Implemented () 01/11/2023)

18 - Compliance With Laws

3. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

CARE FACILITY CARBON MONOXIDE ALARMS STANDARDS ACT - ENACTMENT Act of Jun. 23, 2016 Carbon monoxide alarms must be installed in proximity of, but not less than 15 feet from any fossil-fuel burning device or appliance. On 08/16/22, there were no carbon monoxide detectors in the home. The home uses fossil-fuel burning appliances.

POC Submission

Accept (████) - 09/09/2022)

ordered co2 detectors for the basement where the fossil-fuel burning appliances are located. They will be installed on 9/16/22, the date they are to arrive. I will add these detectors to our list.

Licensee's Plan Completion Date: 09/08/2022

Implemented (████) - 01/11/2023)

51 - Criminal Background Check**4. 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

Staff person A, the homes administrator, who was hired (████) 2015, does not have a completed criminal background check.

POC Submission

Accept (████) - 09/21/2022)

have the original request with the Status of No Record in my file. I contacted ePatch on the day of inspection. I was told they keep records for only one year. I requested a new background check, and received the Status of No Record.

To prevent this from happening in the future, the Administrator will check all the employees files yearly to ensure that criminal background reports are in their files. This was done immediately after the day of the inspection.

Licensee's Plan Completion Date: 09/14/2022

Implemented (████) 01/11/2023)

85a - Sanitary Conditions**5. Requirements**

2600.

- 85.a. Sanitary conditions shall be maintained.

Description of Violation

On 8/16/22, there were rodent droppings on top and around the chicken noodle cans in the food storage.

POC Submission

Accept (████) - 09/21/2022)

My kitchen staff thoroughly cleaned the entire two racks of the emergency Food where the droppings were found.

85a - Sanitary Conditions (continued)

We added a tarp to cover the area.

To prevent this from happening again, the Administrator included cleaning the shelving areas where exposed cans and/or boxed items are on the "Weekend To Do" list. The Kitchen staff wil sign off on all tasks, and the Kitchen Supervisor will check every Monday that the taskd are completed. We also added to our Weekend To Do list wipe down the Emergency Food items (we check monthly for expired items and to add new items).

Licensee's Plan Completion Date: 09/14/2022

Implemented [redacted] - 01/11/2023)

85b Infestation

6. Requirements

2600.

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

Description of Violation

On 8/16/22, there were rodent droppings on top and around the chicken noodle cans in the food storage.

POC Submission

Accept [redacted] - 09/21/2022)

My Kitchen staff cleaned the cans and shelving unit immediately following the inspection. The exterminator was called, and they placed extra traps in the two pantry rooms. He was also asked to check the entire Home (which is currently done monthly) at this time.

To prevent this from happening again, the Administrator included on the Housekeeping and Maintenance weekly to do lists to check the entiore Home, but in particular where any food would be stored, for any indications of nfestation. Training where to look will be done with the entire staff on all shifts.

Licensee's Plan Completion Date: 09/14/2022

Implemented [redacted] - 01/11/2023)

85d Trash Receptacles

7. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 8/16/22, an uncovered, unattended trash can was observed in the main kitchen.

POC Submission

Accept [redacted] 09/21/2022)

Trash cans with a lid for the kitchen by the Administrator after the inspection. The Administrator reviewed with the kitchen staff that lids must be on any trash receptacle in the kitchen, pantry, or dining room areas.

To prevent this from happening, the Adminstrator and Kitchen Supervisor will periodically check these receptacles, and also review at every Kitchen/Pantry meeting the importance of of this regulation.

Licensee's Plan Completion Date: 09/14/2022

Implemented [redacted] - 01/11/2023)

89a - Water Pressure

8. Requirements

2600.

89.a. The home must have hot and cold water under pressure in each bathroom, kitchen and laundry area to accommodate the needs of the residents in the home.

Description of Violation

On 8/16/22, at 10:00 am, the home did not have sufficient hot water at the bathroom sink in the residents' rooms. The first floor's water temperature was 82 degrees Fahrenheit, and the second floor's water temperature was 90 degrees Fahrenheit.

POC Submission

Accept [REDACTED] - 09/09/2022)

Temperatures are taken monthly in all and any water faucets in the Home. Attached are the temperatures from January. After the inspection, we took the temperatures again, and they ranged from 111 to 114*. I also included the water temperature taken today. I have a call in to the plumber to see if there is a problem.*

Licensee's Plan Completion Date: 09/08/2022

Implemented [REDACTED] 01/11/2023)

96a - First Aid Kit

9. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit in the medication room does not include bandages.

POC Submission

Accept [REDACTED] - 09/21/2022)

Bandages were available in the First Aid Kit; however, they are not in a regular standard package and were overlooked.

First Aid Kits are checked monthly to make sure that all necessary items are included. The PCA Supervisor checked all the kits immediately after the inspection. To prevent this from happening again, the PCA Supervisor purchased larger band aid boxes so that they are more visible in the kits.

Licensee's Plan Completion Date: 09/14/2022

Implemented [REDACTED] - 01/11/2023)

103e - Left Overs

10. 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

There was an unlabeled, undated bag of bread in the main kitchen refrigerator.

There was an unlabeled, undated white bag and blue plastic container in the freezer.

There was an unlabeled, undated red bowl in the phone booth refrigerator.

There were several unlabeled, undated bread bags in the basement's main walk-in freezer.

103e - Left Overs (continued)

POC Submission

Accept [REDACTED] - 09/21/2022)

All the refrigerators were cleaned out; all the items tossed. I had a Resident Meeting and reminded the [REDACTED] about abeling and dating their food items. I have a kitchen meeting Sept. 8, and reviewed the same with the team.

The Administrator will review the rules and regulations of the Home's policy on keeping food in the refrigerators at all Residents and Staff meetings. The Kitchen Supervisor will check the refrigerators weekly, and the kitchen staff will check them daily as they do the temperature checks.

Licensee's Plan Completion Date: 09/14/2022

Implemented ([REDACTED] - 01/11/2023)

162c - Menus Posted

11. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's menu for the week of August 15–21, 2022 was posted. However, the weekly menu for 1 week in advance was not posted in a conspicuous and public place in the home.

POC Submission

Accept [REDACTED] - 09/21/2022)

typically have two menus posted - one current and one for the following week. I had been out of the office and did not get the second menu up at that time. I am actually in the process of creating a menu for each week, and by January 2023 will have 52 menus to start the year.

The Administrator posted the following week's menu immediately during the inspection. To prevent this from happening again, the Administrator and/or Kitchen Supervisor will create the two needed menus two weeks prior to them needing to be posted.

Licensee's Plan Completion Date: 09/14/2022

Implemented ([REDACTED] - 01/11/2023)

162d - Past Menus

12. Requirements

2600.

162.d. Past menus of meals that were served, including changes, shall be kept for at least 1 month.

Description of Violation

The home didn't keep the past menus of meals that were served, including changes, from the previous month.

POC Submission

Accept [REDACTED] - 09/21/2022)

Two binders existed to hold past menus; one in the Administrator's office and one in the kitchen. Both the binders

162d - Past Menus (continued)

were updated to contain all the past menus that go back as far as January 2022.

To prevent this from happening again, the Administrator and/or Kitchen Supervisor will train all the kitchen and pantry staff on putting all menus in the binder when finished using them. In addition, the Kitchen Supervisor will be responsible for recording in the Administrator's menu binder any changes made on the kitchen menu.

Licensee's Plan Completion Date: 09/14/2022

Implemented [redacted] - 01/11/2023)

185a - Implement Storage Procedures

13. 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 [redacted]/22, at [redacted] am, the glucometer for resident 3 read [redacted] however the MAR logs did not have a reading documented.

On [redacted]/22, at [redacted] pm, the glucometer for resident 3 read [redacted]; however the MAR logs did not have a reading documented.

On [redacted]/22, at [redacted] pm, the glucometer for resident 3 read [redacted]; however the MAR logs did not have a reading documented.

POC Submission

Accept [redacted] - 09/21/2022)

The PCA Supervisor reviewed/re-trained the staff members regarding the process of handling the residents' blood sugar readings. In addition, written reminders were placed in the MAR about the importance of documentation and follow up.

To prevent this from happening again, training/refreshers will be done at every PCA meeting in the future. In addition, PCA staff have been directed to double check daily and report missed documentation as needed to the PCA Supervisor or Administrator.

Licensee's Plan Completion Date: 09/14/2022

Implemented [redacted] - 01/11/2023)

224a - Preadmission Screen Form

14. 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 4's preadmission screening form, dated [redacted]/22, does not include a determination that the needs of the resident can be met by the services provided by the home.

POC Submission

Accept [redacted] 09/21/2022)

Part III Determination of the Prescreen was inadvertently left blank. The Administrator pulled the document

224a - Preadmission Screen Form (continued)

Immediately, checked "yes," and filed in the resident's folder.

To prevent this from happening again, a two-step process has been put into place. All New Admission paperwork, whether potential or incoming resident, will be double-checked by another trained PCA staff member.

Licensee's Plan Completion Date: 09/14/2022

Implemented (████) - 01/11/2023)

227g Support Plan Signatures**15. Requirements**

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident 3 participated in the development of █████ support plan on █████/22. However, the resident did not sign the support plan.

POC Submission

Accept (████) - 09/21/2022)

While completing the RASP with the PCA Supervisor, the resident refused to sign the Support Plan. The supervisor checked off the box to indicate the refusal.

To prevent this from happening again, the PCA Supervisor will train the PCA staff responsible for completing RASPs what to do in these situations.

Licensee's Plan Completion Date: 09/14/2022

Implemented (████) - 01/11/2023)