

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

December 5, 2022

[REDACTED]  
EVADNEY SCOGGINS  
[REDACTED]

RE: SCOGGINS PERSONAL CARE  
BOARDING HOME  
1245 WEST TIOGA STREET  
PHILADELPHIA, PA, 19140  
LICENSE/COC#: 14015

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/28/2021 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: SCOGGINS PERSONAL CARE BOARDING HOME License #: 14015 License Expiration: 10/11/2021  
 Address: 1245 WEST TIOGA STREET, PHILADELPHIA, PA 19140  
 County: PHILADELPHIA Region: SOUTHEAST

**Administrator**

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

**Legal Entity**

Name: EVADNEY SCOGGINS  
 Address: 1243 WEST TIOGA STREET, PHILADELPHIA, PA, 19140  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: Other Date: 08/06/2012 Issued By: Dept of L&I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 15 Waking Staff: 11

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 09/28/2021

**Inspection Dates and Department Representative**

09/28/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 26 Residents Served: 15  
 Secured Dementia Care Unit  
 In Home: No Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 0  
 Number of Residents Who:  
 Receive Supplemental Security Income: 15 Are 60 Years of Age or Older: 88  
 Diagnosed with Mental Illness: 15 Diagnosed with Intellectual Disability: 2  
 Have Mobility Need: 0 Have Physical Disability: 0

**Inspections / Reviews**

09/28/2021 - Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/28/2021

11/10/2022 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 11/08/2021  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 11/16/2022

Inspections / Reviews *(continued)*

12/05/2022 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/01/2022

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 85a - Sanitary Conditions

## 1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

## Description of Violation

On 9/28/21 at 12:00pm, 2nd floor [REDACTED] bathroom had standing water around the toilet and smelled of urine.

## Plan of Correction

Accept

Immediately after the inspector noticed the water/urine on the second floor bathroom in [REDACTED] male building administrator did alert another staff to mop, wipe and sanitize the entire bathroom. This was completed before the inspection was concluded.

After the inspector left the administrator did return to [REDACTED] second floor to inspect the bathroom for any water on the floor there was none. Residents were also asked to stand closer to the commode to prevent urine from going on the floor. All current staff for educated / train to monitor the bathrooms for anymore pooling of water / urine on the floors. Monitoring is to be done at the start of each shift and spot checking frequently throughout the shift any issues must be reported to the administrator / designee immediately for corrective actions to maintain proper sanitation. Administrator / designee is responsible for maintaining proper sanitation in the home.

Licensee's Plan Completion Date: 10/30/2021

Implemented (SW - 12/05/2022)

## 85d - Trash Receptacles

## 2. 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 9/28/21 at 11:20am there was an uncovered trash can in the kitchen between freezers 1 and 2.

## Plan of Correction

Accept

The administrator did replace the "coverless" white trashcan with the "self closing" trashcan with attached lid. All staff have been educated to notify administrator/ designee once trash can covers are missing so that they can be replaced as soon as possible (see attached). Administrator/ designee is responsible for making sure all trash receptacles have proper lids to ensure sanitary conditions by keeping insects and rodents out.

Licensee's Plan Completion Date: 09/30/2021

Implemented (SW - 12/05/2022)

## 89b - Hot Water Temperature

## 3. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

## Description of Violation

On 9/28/21 at 12:00pm, the 2nd floor [REDACTED] bathroom water temperature was 127.5 degrees Fahrenheit.

89b - Hot Water Temperature (continued)

Plan of Correction

Accept

- 1. Hot water tanks in the basement of one [redacted] was adjusted by maintenance staff on 9/28/2021.
- 2. staff will monitor water temperature daily using a thermometer to ensure proper temperature of 120 degrees Fahrenheit is being maintained. All current / future staff will be educated on the importance of running the water for around 30 to 40 seconds to accurately measure the water temperature and to ensure 120 degrees Fahrenheit is being maintained. Any deviation from 120 degrees Fahrenheit must be brought to the attention of the administrator / designee as soon as possible for corrective action to maintain safety of residence.

Licensee's Plan Completion Date: 09/30/2021

Implemented (SW - 12/05/2022)

103f - Refrigerator/Freezer Temps

4. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 9/28/21 at 11:20am, the temperature in kitchen freezer #2 was 8 degrees Fahrenheit.

Plan of Correction

Accept

Administrator did change to a new thermometer because all foods in the freezer were frozen solid, but the new thermometer was still not showing zero degrees Fahrenheit or lower. The administrator was able to have the small freezer removed and replaced with the refrigerator / freezer combination unit. The replacement unit has been maintaining a proper freezer temperature of zero degrees Fahrenheit or lower and proper refrigerator temperature of 40 degrees Fahrenheit or below. Staff have been educated on monitoring the temperature of all units daily and a weekly log is still being kept. (See attached). Administrator and designee will continue to ensure proper compliance.

Licensee's Plan Completion Date: 10/10/2021

Implemented (SW - 12/05/2022)

103g - Storing Food

5. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

On 9/28/21 at 11:30am, there was an opened block of butter and a stick of butter that was opened and unsealed in the kitchen fridge.

Plan of Correction

Accept

Once the inspector pointed out the violation the administrator did get a zip lock bag and place the butter in the bag and dated the bag. Kitchen staff have been educated on the need to keep food properly stored and dated to comply with regulations into annotations sanitation issues. The administrator and designee will monitor the freezers and refrigerator daily to maintain compliance.

Licensee's Plan Completion Date: 10/10/2021

Implemented (SW - 12/05/2022)

103i - Outdated Food

6. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

On 9/28/21 at 11:30am, there were opened undated bags of frozen Turkey, frozen chicken strips, and frozen porchetta in freezer #3.

On 9/28/21 at 11:40am, there was a box of Jiffy corn muffin mix in the dry food storage that expired on 9/18/21.

On 9/28/21 at 11:50am in the emergency food closet there was peanut butter that expired on 8/9/21 and Natrel Milk 2% that expired on 3/26/21.

Plan of Correction

Accept

Refrigerated / frozen items all frozen items were placed in different zip lock bags and dated for use within a week.

All outdated items were disposed of immediately by the administrator. Future plans to prevent recurrences:

1. since the inspection all staff have been educated to monitor freezer / refrigerators for correct temperature and making sure all items are properly dated an in proper containers to preserve taste, freshness and proper sanitation.

Kitchen staff have been instructed to ensure all open items are properly stored / sealed and dated daily. To prevent recurrence of outdated items either in dry or cold storage administrator/ designee will audit supplies monthly. When items are close to expiration dates those items will be added to the menu to be used before expiration. Going forward administrator will educate staff about food safety in staff meetings and trainings. Audits of all foods will be done monthly by administrator/ designee to reduce the possibility of a repeat violation and to ensure safety of all residents.

Licensee's Plan Completion Date: 10/10/2021

Implemented (SW - 12/05/2022)

121a - Unobstructed Egress

7. 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 9/28/21 at 12:05pm, there was a floor buffer blocking the egress on 1245 side to the front of the building.

Plan of Correction

Accept

The administrator did remove the buffer from the egress area immediately on 9/28/2021 prior to the end of the inspectors visit. Educate staff about safety of everyone by leaving all egress clean and clear at all times . Exit / egress must be kept clear to keep residents and staff safe at all time in case of other emergencies.

Administrator designee will ensure all staff follow the regulations by keeping all egress clean and clear at all times .

Licensee's Plan Completion Date: 10/10/2021

Implemented (SW - 12/05/2022)

183d - Prescription Current

8. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 9/28/21 at 1:00pm in the medication cart was Docusate 100MG soft gels prescribed for Resident #2. However, this medication was discontinued

Plan of Correction

Accept

The administrator did immediately remove docusate 100 mg soft gel from the cart. The resident had not been administered this medication.

Future plans: all discontinued meds were removed from the Med cart and disposed of accordingly to the home policy. All Med train staff were retrained on medication retention and disposal of meds on 10/10/2021. The administrator and the designee are responsible for ensuring compliance of all regulations.

Licensee's Plan Completion Date: 10/30/2021

Implemented (SW - 12/05/2022)

183f - Discontinued Medications

9. Requirements

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

On 9/28/21 at 1:00pm in the medication cart was amlodipine 5mg tablet prescribed for resident #3 that expired 7/6/21.

On 9/28/21 at 1:00pm in the medication cart was Mupirocin 2% ointment discard after 8/21/21 prescribed for resident #4 who passed on 2/26/21.

Plan of Correction

Accept

On 9/28/2021 the medications were removed from the medication cart and disposed of immediately. Since the medications were expired they should have been disposed of previously.

On 10/10/21 all med trained staff received new trainings regarding proper disposal of discontinued or expired meds. The admin or designee will audit the meds and the cart weekly to ensure proper compliance. All expired or outdated or discontinued meds will be removed immediately and destroyed following regulations and policy.

Licensee's Plan Completion Date: 10/30/2021

Implemented (SW - 12/05/2022)

187a - Medication Record

10. Requirements

2600.

187a - Medication Record (continued)

- 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.
  12. Diagnosis or purpose for the medication, including pro re nata (PRN).

**Description of Violation**

*Resident #1 is prescribed Cetrizine HCL 10MG tabs and Risperidone 3MG tabs. However, resident's medication administration record does not indicate diagnosis for those medications.*

**Plan of Correction**

**Accept**

*Immediate corrective action*

1. Administrator did call the pharmacy and requested proper documentation on all MARs and medications.
2. Administrator (medication trainer) did correct all MARs by correctly writing the reason for all prescribed medications. Date of completion 9/28/2021.
3. On 10/10/2021 administrator also conducted a training class for all medication techs on how to identify required information needed on Meds and MARs to report to the administrator immediately when requested information is missing so the administrator can address and correct the problem immediately.

**Licensee's Plan Completion Date:** 10/30/2021

**Implemented (SW - 12/05/2022)**

227g -Support Plan Signatures

**11. 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 1 participated in the development of their support plan on [REDACTED]. However, the resident and administrator did not date their signatures.*

**Plan of Correction**

**Accept**

*After the inspection the administrator did consult with the resident#1 and had that resident sign the support plan of [REDACTED] for the missing signature and date. The plan was signed with a note saying [REDACTED] should be [REDACTED].*

*Future plans: the administrator will diligently check items in each resident file to ensure all dates and signatures are present thus ensuring compliance.*

**Licensee's Plan Completion Date:** 09/28/2021

**Implemented (SW - 12/05/2022)**