



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: APRIL 18, 2023

[REDACTED]
[REDACTED]
KayMarie Briddell
[REDACTED]
[REDACTED]

RE: Vine Street Manor
230 North 65th Street
Philadelphia, Pennsylvania 19139
License #: 142342

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspection November 2 and 3, 2022 and January 18, 2023 of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby issues you a SECOND PROVISIONAL license to operate the above facility. A SECOND PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1) ;(4) and 55 Pa. Code § 20.71(a)(2) ;(3) ;(4) (relating to conditions for denial, nonrenewal or revocation). Your SECOND PROVISIONAL license is enclosed and is valid from April 18, 2023 to October 18, 2023.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

55 Pa. Code Chapter 2600 Section:	Class of Violation	Census at Inspection	Fine Per Resident X Per day	Calculated Fine = Per Day	Mandated Correction Date (to avoid Fine)
225c	II	58	\$5	\$290	5 calendar days from mailing date of this letter
101o	II	58	\$5	\$290	5 calendar days from mailing date of this letter
103i	II	58	\$5	\$290	5 calendar days from mailing date of this letter
187d	II	58	\$5	\$290	5 calendar days from mailing date of this letter

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a SECOND PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35.

[REDACTED]

If you decide to appeal your SECOND PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

[REDACTED]
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
PH: 717-214-1304

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Juliet Marsala
Acting Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

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

Facility Information

Name: VINE STREET MANOR License #: 14234 License Expiration: 12/29/2022
Address: 230 NORTH 65TH STREET, PHILADELPHIA, PA 19139
County: PHILADELPHIA Region: SOUTHEAST

Administrator

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

Legal Entity

Name: KAYMARIE BRIDDELL
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: I-2 Date: 10/20/2010 Issued By: City of Philadelphia L & I

Staffing Hours

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

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Complaint, Provisional Exit Conference Date: 11/03/2022

Inspection Dates and Department Representative

11/02/2022 - On-Site: [REDACTED]
11/03/2022 - 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: 39
Diagnosed with Mental Illness: 40 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 4 Have Physical Disability: 1

Inspections / Reviews

11/02/2022 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow Up Date: *11/27/2022*

12/02/2022 POC Submission

Submitted By: [REDACTED]

Date Submitted: *01/09/2023*

Reviewer: [REDACTED]

Follow Up Type: *POC Submission*Follow Up Date: *12/07/2022*

12/08/2022 POC Submission

Submitted By: [REDACTED]

Date Submitted: *01/09/2023*

Reviewer: [REDACTED]

Follow Up Type: *Document Submission*Follow Up Date: *01/09/2023*

03/16/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: *01/09/2023*

Reviewer: [REDACTED]

Follow Up Type: *Enforcement*

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 11/3/22 at 10:00 A.M. , there were no paper towels, hand towels, or hand dryer present in the shared bathroom A-8.

On 11/3/22 at 10:15 A.M., the third floor main bathroom has two sinks present. Both sinks silicone caulking has soap, debris, and rusting present in it.

Plan of Correction

Accept (████ - 12/08/2022)

Both sinks were replaced by a maintenance man on November 7th, 2022 and paper towels were replenished November 4th. The home has purchased new hand dryers and they were installed on November 30th. Also, the administrator has placed a list of required items on the interior of the bathroom doors. As of November 29th, 2022, housekeeping staff is responsible for walking the floor twice daily to check for compliance of all bathrooms. This policy will be in place for 1 month, unless an extension is necessary. All housekeeping staff members have been informed of their duties and have signed to acknowledge that fact. Please see attached.

Licensee's Proposed Overall Completion Date: 12/06/2022

Implemented (████ - 03/16/2023)

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 11/3/22 there was a trashcan in the shared bathroom A-8 with a broken lid that was unable to close.

On 11/3/22 there was a trashcan in men's third floor bathroom with a broken lid that was unable to close.

Plan of Correction

Accept (████ - 12/08/2022)

Trashcans in both locations were replaced with proper lids on November 4th, 2022 by a maintenance person. The administrator has placed a list of required items on the interior of the bathroom doors. As of November 29th, 2022, housekeeping staff is responsible for walking the floor twice daily to check for compliance of all bathrooms. This will be in effect for the next month, unless an extension is necessary. All housekeeping staff members have been informed of their duties and have signed to acknowledge that fact. Please see attached.

Licensee's Proposed Overall Completion Date: 12/05/2022

Implemented (████ - 03/16/2023)

87 - Lighting

3. Requirements

2600.

87. Lighting - The home's hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

87 - Lighting (continued)

Description of Violation

The third floor tower exit had no light in the stairwell.

Plan of Correction

Accept () - 12/08/2022)

The light bulb in the third floor tower exit was replaced on November 4th by a maintenance person and is now in working condition. As of November 29th, 2022, the home's housekeeping staff is responsible for walking the floor daily to check that all of the lights in the home are in working condition. This policy will be in place for the next month unless it is determined that an extension is necessary. All housekeeping staff members have been informed of their duties and have signed to acknowledge that fact. Please see attached.

Licensee's Proposed Overall Completion Date: 12/05/2022

Implemented () - 03/16/2023)

88a - Surfaces

4. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

The shared bathroom located in A-8 had a broken shower tile.

The third floor main bathroom in front of the sinks was very slippery and is a slipping hazard.

The third floor main bathroom has a frayed carpet at the transition when exiting the bathroom. The frayed carpet is a tripping hazard.

Plan of Correction

Accept () - 12/08/2022)

The shower tile was repaired by a maintenance person on November 22nd 2022 and all bathrooms have been checked to ensure compliance. All repairs have been completed as of November 29th, 2022. As of November 29th, 2022, housekeeping staff will be responsible for walking the floors twice daily to make sure all bathrooms are in compliance of the regulations. This policy will be in place for 1 month unless an extension is necessary. All housekeeping staff members have been informed of their duties and have signed to acknowledge that fact. Please see attached.

Licensee's Proposed Overall Completion Date: 12/06/2022

Implemented () - 03/16/2023)

92 - Windows

5. Requirements

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

The exit door located on the 2nd floor by Resident Bedroom B-11 had a window opening with no screen present on 11/3/22.

92 - Windows (continued)

Plan of Correction

Accept () - 12/08/2022)

On November 14th a maintenance person replaced the screen located on the 2nd floor as well as all exit door screens that needed to be replaced. As of November 29th, 2022, the housekeeping staff is responsible for walking the floor twice daily to check for compliance of all windows and screens. All housekeeping staff will report any repairs needed to the administrator. This policy will be in place for 1 month, unless an extension is found to be necessary.

Licensee's Proposed Overall Completion Date: 12/06/2022

Implemented () - 03/16/2023)

95 - Furniture and Equipment

6. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The men's 3rd floor bathroom has a hand dryer present that is not working.

The 2nd floor lounge has ripped cushions on one of the couches present.

Plan of Correction

Accept () - 12/08/2022)

Paper towels have been placed in the men's third floor bathroom on November 4th, 2022 by a housekeeper. The home has purchased new hand dryers which were installed on November 30th by a maintenance person. The 2nd floor couch has been replaced. As of November 29th, 2022, all housekeeping staff is responsible for walking the floors twice daily to ensure compliance. All housekeeping staff will report any repairs needed to the administrator. This policy will be in place for 1 month, unless an extension is found to be necessary.

Licensee's Proposed Overall Completion Date: 12/06/2022

Not Implemented () - 03/16/2023)

101j7 - Lighting/Operable Lamp

7. 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 Bedroom C-12 is a shared bedroom by 2 Residents who share a bedside lamp. The bedside lamp was inoperable on 11/3/22.

Plan of Correction

Accept () - 12/08/2022)

The lamp in room C-12 was replaced on November 4th, 2022 by a housekeeper and is now in working condition. All other lamps have been checked and are in working condition. As of November 29th, 2022, the housekeeping staff is responsible for walking the floors twice daily to ensure compliance. All housekeeping staff will report any repairs needed to the administrator. This policy will be in place for 1 month, unless an extension is found to be necessary.

Licensee's Proposed Overall Completion Date: 12/06/2022

Implemented () - 03/16/2023)

102h - Toilet Paper

8. Requirements

2600.

102.h. Toilet paper shall be provided for every toilet.

Description of Violation

On 11/3/22 at 10:00A.M. , there was no toilet paper for the toilet in the bathroom A 8.

On 11/3/22 at 10:30 A.M., there was no toilet paper for the toilet in the bathroom B 4. Repeat Violation: 3/22/22, et al

Plan of Correction

Accept [REDACTED] - 12/08/2022)

Toilet paper was placed in both bathrooms on November 4th by a housekeeper, and all bathrooms in the home have been checked to ensure compliance. As of November 29th, 2022, the housekeeping staff will be responsible for walking the floors twice daily to make sure all bathrooms are in compliance of the regulations. All housekeeping staff members have been informed of their duties and have signed to acknowledge that fact. Please see attached. All housekeeping staff will report any necessary repairs to the administrator. This policy will be in place for 1 month, unless an extension is found to be necessary.

Licensee's Proposed Overall Completion Date: 12/06/2022

Implemented [REDACTED] 03/16/2023)

103f - Refrigerator/Freezer Temps

9. 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

There was no thermometer in the fridge in the vegetable cooler.

Repeat Violation: 3/22/22, et al

Plan of Correction

Accept [REDACTED] - 12/08/2022)

A thermometer has been placed inside of the vegetable cooler on November 7th by the home's cook. Starting November 29th, 2022, the home's cook will check all refrigerators and freezers on a daily basis to ensure compliance. A daily log will be placed on each freezer and refrigerator. The cook will inform the administrator if any maintenance is required. This policy will be in place for 1 month, unless an extension is found to be necessary.

Licensee's Proposed Overall Completion Date: 12/06/2022

Implemented [REDACTED] - 03/16/2023)

103i - Outdated Food

10. Requirements

2600.

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

Description of Violation

There were 7 unlabeled, undated bags of beans in the dry storage of the kitchen.

Repeat Violation: 3/22/22, et al

Plan of Correction

Accept [REDACTED] - 12/08/2022)

All unlabeled and undated food items were disposed of on November 4th, 2022 by the home's cook. Starting November 29th, 2022, the home's cook will check the kitchen daily to ensure all items are labeled and in

103i - Outdated Food (continued)

compliance. The cook will report any problems to the administrator. This policy will be in place for 1 month, unless an extension is found to be necessary.

Licensee's Proposed Overall Completion Date: 12/06/2022

Not Implemented (████ - 03/16/2023)

121a - Unobstructed Egress**11. 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 11/3/22 at 10:05 A.M., shoes located on the fire escape blocked egress from the home's third floor exit located near resident bedroom C-3. Repeat Violation: 3/22/22, et al

Plan of Correction

Accept (████ - 12/08/2022)

The shoes were removed from the fire escape immediately on November 3rd, 2022 by a housekeeper. Starting November 29th, 2022, the home's administrator and designee will be responsible for walking the floors daily to ensure that all stairways, hallways, doorways, passageways and egress routes from rooms and from the building are unlocked and unobstructed. This policy will be in place for 1 month, unless an extension is found to be necessary.

Licensee's Proposed Overall Completion Date: 12/06/2022

Implemented (████ - 03/16/2023)

191 - Resident Right to Refuse**12. Requirements**

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident # 1, admitted █████ has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Plan of Correction

Accept (████ 12/08/2022)

All residents, including "Resident #1", are informed of their right to refuse medication upon admittance to the facility. The residents acknowledge this fact by signing an addendum included in their resident agreement (please see attached). Resident #1 was reminded of █████ right to refuse medication on November 4th by the administrator. On December 7th the administrator reminded all residents during meal times of their right to refuse medication and made the residents aware of the rights list posted on the public posting board. In the future the administrator will use tabula software to prevent any misplacement of forms. Tabula is an electronic filing system that keeps a complete and compliant resident file safely in the internet cloud.

Licensee's Proposed Overall Completion Date: 12/07/2022

Implemented (████ - 03/16/2023)