



**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]

**Certificate(s) of Occupancy**

Type: Other Date: 10/09/2010 Issued By: City of Phila, L&I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 62 Waking Staff: 47

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
Reason: Monitoring Exit Conference Date: 01/18/2023

**Inspection Dates and Department Representative**

01/18/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: 84 Residents Served: 58

**Secured Dementia Care Unit**

In Home: No Area: Capacity: Residents Served:

**Hospice**

Current Residents: 1

**Number of Residents Who:**

Receive Supplemental Security Income: 45 Are 60 Years of Age or Older: 41  
Diagnosed with Mental Illness: 41 Diagnosed with Intellectual Disability: 0  
Have Mobility Need: 4 Have Physical Disability: 1

**Inspections / Reviews**

**01/18/2023 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/09/2023

02/10/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/28/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 02/15/2023

02/16/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/28/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission

Follow-Up Date: 02/28/2023

03/16/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/28/2023

Reviewer: [REDACTED]

Follow-Up Type: Enforcement



## 101o - Walls, Floors, Ceilings (continued)

**Plan of Correction**

Accept (████) - 02/16/2023)

On 01/19/2023 a contractor replaced and repaired the missing tiles and broken tiles in bedroom █████. Housekeeping and maintenance staff will perform daily checks to ensure compliance is maintained. This process will start on 2/20/2023 and will continue for one month, unless it is determined that an extension is necessary. A copy of pertinent physical site compliance will be distributed by the administrator to the entire staff on or before 02/17/2023 to further illustrate the compliance needs.

Licensee's Proposed Overall Completion Date: 02/14/2023

Not Implemented (████) - 03/15/2023)

## 103i - Outdated Food

## 4. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

**Description of Violation**

On 01/18/23, there were 10 packs of ground chicken in the refrigerator with a use or freeze by date of August 22, 2022. The ground chicken was spoiled and had dark green color. Repeat Violation: 3/22/22, et al

**Plan of Correction**

Accept (████) - 02/16/2023)

The 10 packs were discarded immediately on 1/18/23, however it should be noted that kitchen staff had frozen the packages in compliance with the package instructions. The green color noted by inspector was due to pre-seasoning done by the manufacturer. Kitchen staff had placed the packages in the refrigerator to thaw in preparation for cooking when inspection occurred. On 01/18/23, kitchen staff was instructed by the administrator to place a date label on all foods transferred from the freezer to the refrigerator to avoid this from happening again. The kitchen staff will monitor all food expiration dates and placement labels on a weekly basis for compliance. This process will start on 2/20/2023 and will continue for one month, unless it is determined that an extension is necessary. A copy of pertinent physical site compliance will be distributed by the administrator to the entire staff on or before 02/17/23 to further illustrate the compliance needs.

Licensee's Proposed Overall Completion Date: 02/14/2023

Not Implemented (████) - 03/15/2023)

## 125a - Combustible Storage

## 5. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

**Description of Violation**

Resident #1 has a coffee maker in bedroom #B-12 that does not have an automatic shutoff. The coffeemaker machine is next to an oxygen machine and the outlet that the coffeemaker is plugged in, is next to resident #1's bed.

**Plan of Correction**

Accept (████) - 02/16/2023)

The coffee maker was removed by staff immediately on 01/18/2023. On 1/18/23, the administrator verbally advised staff members of their duty to monitor and remove all dangerous items. A copy of pertinent physical site compliance will be distributed by the administrator to the entire staff on or before 02/17/23 to further illustrate the compliance needs. The home's administrator and staff members will monitor rooms for hazards on a daily basis starting

**125a - Combustible Storage (continued)**

2/20/2023. This will continue for one month, unless an extension is found necessary.

Licensee's Proposed Overall Completion Date: 02/14/2023

Implemented ( ) 03/15/2023)

**142a - Secure Medical Care****6. Requirements**

2600.

142.a. The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

**Description of Violation**

Resident #1 experienced a change of health status on 12/20/22. On 12/22/22 resident #1 was placed on hospice with the use of a Continuous Positive Airway Pressure (CPAP) device and oxygen machine. The home failed to obtain a doctor's order for the use of the CPAP and oxygen machine.

**Plan of Correction**

Accept ( ) - 02/16/2023)

The administrator updated resident #1's RASP on 01/19/2023. Administrator received physician order for oxygen on 2/8/23 from the 3rd party hospice organization. Administrator and administrative staff reviewed BHL instrument on 2.6.23 to solidify compliance requirements. Administrator will communicate with med supervisor on status changes daily starting 2/20/2023. The home's administrator will review resident files daily starting 2/20/2023. Both processes will continue for one month's time, unless an extension is found necessary.

Licensee's Proposed Overall Completion Date: 02/14/2023

Not Implemented ( ) - 03/16/2023)

**187a - Medication Record****7. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

**Description of Violation**

Resident #1 was prescribed Ibuprofen 400 mg tablet, take 3 times a day as of 1/13/23. This medication has not been administered, and not included on resident #1's medication administration record (MAR).

**Plan of Correction**

Accept ( ) - 02/16/2023)

ibuprofen was being delivered as a prn medication by resident #1's primary care physician. Miscommunication was caused by the same medication separately being prescribed by a 3rd party hospice organization and the primary physician. In the future, the home's medication supervisor will cross reference with the primary physician and all 3rd party medication prescribers to ensure all necessary medications are delivered as intended for appropriate care. This process will start 2/20/2023 and will continue for one month, unless an extension is determined to be necessary. In order to ensure this process is followed, the medication supervisor will fax all 3rd party prescriptions to the primary physician and request written acknowledgement and instructions to be kept on file at the facility.

Licensee's Proposed Overall Completion Date: 02/14/2023

Not Implemented ( ) - 03/16/2023)

187d - Follow Prescriber's Orders

8. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 was prescribed Ibuprofen 400 mg tablet, take 3 times a day as of 1/13/23. This medication has not been administered, and not included on resident #1 s medication administration record (MAR). Repeat Violation: 3/22/22, et al

Plan of Correction

Accept [redacted] - 02/16/2023)

buprofen was being delivered as a prn medication by resident #1's primary care physician. Miscommunication was caused by the same medication separately being prescribed by a 3rd party hospice organization and the primary physician. In the future, the home's medication supervisor will cross reference with the primary physician and all 3rd party medication prescribers to ensure all necessary medications are delivered as intended for appropriate care. This process will start 2/20/2023 and will continue for one month, unless an extension is determined to be necessary. In order to ensure this process is followed, the medication supervisor will fax all 3rd party prescriptions to the primary physician and request written acknowledgement and instructions to be kept on file at the facility.

Licensee's Proposed Overall Completion Date: 02/14/2023

Not Implemented [redacted] 03/16/2023)

188d - System to Document Medication Errors

9. Requirements

2600.

188.d. There shall be a system in place to identify and document medication errors and the home's pattern of error.

Description of Violation

The home does not have a system to identify and document medication errors and patterns of errors. Neither staff person A, nor the administrator, who is responsible for medication administration, are able to describe such a system.

Plan of Correction

Accept [redacted] - 02/16/2023)

The home's administrator and administrative staff reviewed BHL instrument for clarity on compliance and determined that it was necessary to create a medication error binder on 02/06/2023. Instructions were given to staff by med supervisor on 2/6/23. The home's medication binder will be monitored by the medication supervisor on a daily basis for compliance. This process will start on 2/20/2023 and will continue for one month, unless it is determined that an extension is necessary

Licensee's Proposed Overall Completion Date: 02/14/2023

Not Implemented [redacted] 03/16/2023)

225c - Additional Assessment

10. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident #1's assessment, dated [redacted], does not include the use of the Continuous Positive Airway Pressure

225c - Additional Assessment (continued)

(CPAP) and oxygen machine.

**Plan of Correction**

Accept ( ) - 02/16/2023)

The home's administrator updated resident #1's RASP on 01/19/2023. Vine Street Manor's Medication Supervisor and Administrator will communicate regarding resident status changes daily. The Administrator will review resident files daily to ensure compliance. Both of these processes will start on 2/20/2023 and will continue for one month, unless an extension is determined to be necessary.

Licensee's Proposed Overall Completion Date: 02/14/2023

Repeated Violation 12/15/22

Not Implemented ( ) - 03/16/2023)

227e - Self Administer Medication

11. Requirements

2600.

227.e. The resident's support plan must document the ability of the resident to self-administer medications or the need for medication reminders or medication administration.

**Description of Violation**

Resident #1's Medical Evaluation, dated 12/20/22, indicates that the resident is unable to self-administer medications. Resident #1's assessment, dated 12/16/22, was not updated to reflect this change.

**Plan of Correction**

Accept ( ) - 02/16/2023)

Resident #1's primary care physician, ( ) was unaware of the language disparity between his intended opinion and choice selected on the evaluation. ( ) will update all necessary evaluations by 2/17/23. The home's medication supervisor will review medical evaluations monthly or as needed to ensure compliance. This process will start on 2/20/2023 and will continue for two months, unless it is determined that an extension is necessary

Licensee's Proposed Overall Completion Date: 02/14/2023

Not Implemented ( ) - 03/16/2023)