

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

July 18, 2023

[REDACTED], ADMINISTRATOR
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 03/06/2023 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: 10/11/2023
 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: [REDACTED]
 Phone: [REDACTED]

Certificate(s) of Occupancy

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

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: 03/06/2023

Inspection Dates and Department Representative

03/06/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 26 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: 17 Are 60 Years of Age or Older: 17
 Diagnosed with Mental Illness: 18 Diagnosed with Intellectual Disability: 1
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

03/06/2023 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/30/2023

05/03/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 07/17/2023
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/08/2023

Inspections / Reviews *(continued)*

05/11/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/17/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 07/01/2023

07/18/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/17/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

42m - Resident Leave/Return**1. Requirements**

2600.

42.m. A resident has the right to leave and return to the home at times consistent with the home rules and the resident's support plan.

Description of Violation

According to resident interviews, they stated that if they get to the home after the curfew, which is 9:00 p.m., they are not allowed to enter the premises until the next day. The residents stated that they have to sleep at the hospital nearby.

Plan of Correction

Accept [REDACTED] 05/03/2023)

. Under no circumstances were any resident left outside overnight. The issue of curfew came up in a meeting with resident and staff in November 2022. Staff and residents were concerned about safety as a resident kept breaking curfew and kept coming home at various hours at night 1 am, 2:30 am ,4:00am 11:30 pm and so on. It was discussed that for safety resident could go to the hospital if needed. But we keep letting the resident in and just documented the infraction in our log book. Administrator also spoke to resident several times and promises were made to staff by resident but the issue would happen again. Since the inspection staff and residents have met to discuss this issue and in accordance to 2600.42.m a curfew policy has been implemented. Going forward Scoggins PCH will abide by the policy set forth. Please see attached.

Licensee's Proposed Overall Completion Date: 05/01/2023

Implemented [REDACTED] - 07/18/2023)

51 - Criminal Background Check**2. 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

On March 6, 2023, staff member B was unable to provide his/her criminal background.

Plan of Correction

Accept [REDACTED] - 05/03/2023)

Resident B inaccurately believed that administrators prior to 2005 were "grandfathered" in. Said staff had completed the background check in early 1990 but could not find the item.

The background check was completed and added to the staff's folder/file. As with every staff person, criminal background checks will be completed for everyone going forward prior to working within the home.

Date of Completion: 03/27/23

see attached

Licensee's Proposed Overall Completion Date: 05/01/2023

Implemented [REDACTED] - 07/18/2023)

57b - 1 Hour/Day

3. Requirements

2600.

57.b. Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

Description of Violation

On [REDACTED] there were 19 residents in the home. Staff member B stated they are unable to provide a schedule of the hours worked by staff members.

Plan of Correction

Accept [REDACTED] - 05/03/2023)

Since the inspection the administrator did repost the staff schedule. Schedule had been removed to make extra copies. Currently the administrator has adopted the policy of posting a month schedule at the end of each month to prevent any recurrence of this issue. Each menu now has the bold writing at the bottom DO NOT REMOVE. The administrator and the designee is responsible for maintaining continued compliance. 3/6/2023.

Licensee's Proposed Overall Completion Date: 05/03/2023

Implemented ([REDACTED] - 07/18/2023)

57d Waking Hours

4. Requirements

2600.

57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

Description of Violation

On March 6, 2023, there were 19 residents in the home. However, staff member B was unable to verify how many hours were provided during waking hours.

Plan of Correction

Accept [REDACTED] - 05/03/2023)

In order to prevent this violation in the future the administrator has now adopted the policy of posting a full month schedule in advance of the start of each month. For safety and well being of the residents each schedule provide 24 hour coverage daily. The administrator did post the schedule following the inspection and going forth all schedule will be monitored by the admin and designee and adjustment or changes will be done to provide 24 hour coverage daily. 3/6/2023

Licensee's Proposed Overall Completion Date: 05/03/2023

Implemented ([REDACTED] - 07/18/2023)

66a Staff Training Plan

5. Requirements

2600.

66.a. A staff training plan shall be developed annually.

Description of Violation

The home does not have a staff training plan for 2023–2024.

Plan of Correction

Accept ([REDACTED] - 05/03/2023)

The administrator developed staff training plans for all staff. The plans will not be removed from the staff person's file without being replaced immediately.

Since the home uses the fiscal year and not the calendar year the administrator/designee will work on the staff

66a - Staff Training Plan (continued)

training plans for the future year in May of each year. This new change will be implemented beginning in May of 2023.

The Administrator/Designee is responsible for compliance – Completion date 05/1/2023

Licensee's Proposed Overall Completion Date: 05/01/2023

Implemented () - 07/18/2023

85e - Trash Outside Home

6. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

A wooden door that was damaged and at least 12 air conditioners were outside the house on March 6, 2023.

Plan of Correction

Accept () - 05/03/2023

The wooden door was damaged and at least 12 AC units were damaged and were outside in the backyard beside the house.

The AC units were removed from the property by male staff on the evening of March 6, 2023. The door was removed and placed with the trash by the fence and was removed by a private waste management company on 03/07/2023.

The administrator and designer will ensure that all trash and broken supplies are removed from the property in a timely manner and are only stored by or in a trash receptacle until it is to be removed by the private waste management company. 3/7/2023

Completion date: 03/07/2023

Licensee's Proposed Overall Completion Date: 05/01/2023

Implemented () 07/18/2023

88a - Surfaces

7. 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 dining room ceiling fan has black dust on it as of March 6, 2023.

The front bedroom window on the second story has dirt and dust on the frame.

The sink cabinet door on the 2nd floor of building 1243's bathroom has dust and dirt on it.

The third level of building 1243's bathroom has black stains, dust, and grime on the floor, the trash can, and the sink top.

88a - Surfaces (continued)

Plan of Correction

Accept () - 05/03/2023

The Dining room ceiling fan – dust was removed from the ceiling fan on 03/06/23.

Second floor front bedroom window – the administrator and designer went through the building and cleaned the window area on 03/07/2023.

1243 2nd floor bathroom – The cabinet was cleaned, and the wood was polished on 03/07/23.

1243 3rd floor bathroom was cleaned by staff on 03/07/23.

The home is currently using an outside company to continue to make updates to the property to fulfill compliance.

The expected completion date is 06/30/23.

Licensee's Proposed Overall Completion Date: 06/30/2023

Implemented () - 07/18/2023

95 - Furniture and Equipment

8. Requirements

2600.

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

Description of Violation

At least three of the dining room chairs were taped on March 6, 2023.

The kitchen floor is in disrepair and has broken tiles.

The ceiling tiles in the kitchen have large water stains.

The furniture was broken and in poor condition in the front bedroom on the second level of building 1243.

The furniture in the back bedroom on the 3rd floor of building 1243 has spills of paint and is missing a drawer handle.

The furniture was worn out and in disrepair in the back bedroom on the third level of building 1245.

The ceiling tiles on the 3rd floor bathroom in building 1243 are broken and hanging on the sides.

The shower tiles on the 3rd floor bathroom in building 1243 are loose and in disrepair.

Plan of Correction

Accept () - 05/03/2023

The administrator did make repairs to the dining room chairs all chairs were fixed by 3/11/2023 see attached

The administrator did find an outside company to start replacing the damage tiles after the inspection. Most of the damaged tiles have been replaced. The plan is to install a new floor by 6/30/2023 see attached

The administrator did clean off paint and stains off furniture in the rooms. Drawer handles were also replaced by the administrator. see attached 3/11/2023

All ceiling tiles were replaced in the kitchen. 3/11/2023. see attached

The furniture in 1245 back bedroom were cleaned by the administrator and drawers handles were replaced. The plan is to have more furniture replaced by 6/30/2023 see attached . ceiling tiles in the bathroom were fixed in 1243

building . Bathrooms were also cleaned by staff. see attached 3/11/2023. going forward staff will be retrained on how to clean properly and maintenance people will be sort for repair as soon as there are damages. 3/8/2023

ongoing. Admin and designee will be responsible for monitoring the home to ensure safety and compliance. see attached fixed 3/26/2023

Licensee's Proposed Overall Completion Date: 05/03/2023

Implemented () - 07/18/2023

101j7 Lighting/Operable Lamp

9. 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

The 3rd floor rear bedroom on building 1243 does not have access to a source of light that can be turned on or off at their bedside.

Plan of Correction

Accept () 05/03/2023

After the inspection the administrator did purchase floor lamps for every resident .These lamps are attached to a device which allows a remote switch to control the lamps without the resident leaving their beds. Please see attached photos. The on/off button is accessible from the bed and new floor lamps for every resident have been placed as of 03/30/23. The control switch are on the walls by the beds. see attached

Licensee's Proposed Overall Completion Date: 05/01/2023

Implemented () - 07/18/2023

101r Bedroom shades/drapes/window covering

10. Requirements

2600.

101.r. There must be drapes, shades, curtains, blinds or shutters on the bedroom windows. Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

Description of Violation

One of the windows in the back bedroom on the third level of building 1243 is covered by a blanket, while the other window shade is broken.

Plan of Correction

Accept () - 05/03/2023

The administrator cleaned and installed window privacy screens to the bedroom windows on 03/13/2023. Please see attached.

The administrator will continue to go throughout the buildings and correct any problems immediately. The Staff training will be conducted, and monthly documentation will be kept – 04/30/23.

Licensee's Proposed Overall Completion Date: 05/01/2023

Implemented () - 07/18/2023

103d Storing Food Off Floor

11. Requirements

2600.

103.d. Food shall be stored off the floor.

Description of Violation

On March 6, 2023, the emergency water was stored on the floor in the storage area.

103d - Storing Food Off Floor (continued)

Plan of Correction

Accept () - 05/03/2023)

The water bottles were removed from the floor immediately as of 03/6/23. No water/ food items will be kept on the floors going forward. The administrator will ensure compliance going forward – 3/6/23. See attached

Licensee's Proposed Overall Completion Date: 05/01/2023

Implemented () - 07/18/2023)

103e - Left Overs

12. 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 tuna in the main freezer on March 6, 2023.

Plan of Correction

Accept () - 05/03/2023)

The food was removed and disposed of while the inspector was watching Future plans: All staff have been retrained to be mindful of the food's name and dates being placed on all items in the refrigerator/freezers. The administrator will be responsible for compliance. – 03/06/23 To further reenforce the labeling/date policy the freezer/refrigerator has the posting about dating and labeling all items or they will be disposed of by the admin or designee immediately.

Licensee's Proposed Overall Completion Date: 05/01/2023

Implemented () - 07/18/2023)

107d - Procedure Emergency Management Agency Submission

13. Requirements

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures have not been submitted to indicate any changes, and the home was not able to indicate when they were last submitted.

Plan of Correction

Accept () 05/03/2023)

Unfortunately, the posted documentation was overlooked in the document cabinet. Please see the attached proof that the plan was submitted to S. Bailey on 10/23/22.

Another plan was submitted on 03/20/23. going forward the administrator will also place a copy of this document in the staff folder. see attached

Licensee's Proposed Overall Completion Date: 05/01/2023

Implemented () - 07/18/2023)

126a - Furnace Inspection

14. Requirements

2600.

126.a. A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

Description of Violation

The home did not have documentation of the last inspection conducted on the furnace.

Plan of Correction

Accept [REDACTED] - 05/03/2023)

the units were last inspected Dec 4,2022. Unfortunately on time of the inspection we could not located them. Going forth these certification will be placed in the fire drill folder . The administrator will be responsible for making sure these certification documents will be available when needed. see attached 3/6/2023

Licensee's Proposed Overall Completion Date: 05/03/2023

Implemented [REDACTED] - 07/18/2023)

132b - Safety Inspection/Fire Drill

15. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The home did not have documentation of the last fire drill that was observed by a fire safety expert.

Plan of Correction

Accept [REDACTED] - 05/11/2023)

The alarm company completed the drill November as was documented on our fire drill log. However going forth the home will ensure that annual inspections will be conducted by a fire safety expert. We have also contacted one such expert to have annual drills done by him. Administrator will keep proof of these drills.

Per conversation on 5/5/2023 with [REDACTED] from our local Fire Department has promised to observe a fire drill on 5/8/2023 at SPCH. Once the drill has concluded all signed documents will be sent via SansWrite to your attention

Licensee's Proposed Overall Completion Date: 05/08/2023

Implemented [REDACTED] - 07/18/2023)

144c1 - Smoking Area Guidelines

16. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

144c1 - Smoking Area Guidelines (continued)

Description of Violation

There was a wood chair, three wood benches and a pile of old wood in the home's designated smoking area.

Plan of Correction

Accept (████) - 05/03/2023)

After the inspection the administrator researched and found that the benches could be made fireproof with flame retardant paint. The benches were painted, please see attached. Documentation on the painting will be kept by the administrator – 03/20/23. The broken chair was placed in the trash by the administrator while the inspector was present. the item was removed from the premises on 3/7/2023 by the trash truck. see pictures Proof of paint used on the benches showing the flame retardant property is attached.

Licensee's Proposed Overall Completion Date: 05/01/2023

Implemented (████) - 07/18/2023)

162c - Menus Posted

17. 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 menu for the week of March 5, 2023, to March 11, 2023, has been posted. However, the menu for one week in advance was not posted.

Plan of Correction

Accept (████) - 05/03/2023)

To prevent any issues with menus the administrator immediately posted a full month of menus. Please see attached. Going forward menus will be posted a month at a time with the proper dates attached. Please see attached. 3/6/2023

Licensee's Proposed Overall Completion Date: 05/01/2023

Implemented (████) - 07/18/2023)

188d - System to Document Medication Errors

18. 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. Staff person B, the administrator, stated that they don't have a system to identify and document medication errors.

Plan of Correction

Accept (████) - 05/03/2023)

Please see the attached documents. The policy has been updated. Date of completion: 03/08/2023 . The policy addresses how to treat medication errors and how to document any occurrences. A copy of the policy was placed in the homes policy folder . 3/8/2023

Licensee's Proposed Overall Completion Date: 05/01/2023

Implemented (████) - 07/18/2023)

224a - Preadmission Screen Form

19. 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 1 was admitted to the home on [REDACTED] however, the resident's preadmission screening form was not completed.

Plan of Correction

Accept ([REDACTED] - 05/03/2023)

After the inspection all current resident folders were checked, and the pre-administration screen was misfiled. However, the administrator completed another screen. Please see attached documentation of both the old document and the new document. - 03/06/23 Moving forward the assistant administrator will audit resident files along with the administrator to ensure compliance and accuracy in all files.

Licensee's Proposed Overall Completion Date: 05/01/2023

Implemented ([REDACTED] - 07/18/2023)

227d - Support Plan Medical/Dental

20. 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

The assessment for resident 2, dated [REDACTED], indicates the resident has a need for a diet with no added sodium, low cholesterol, and heart health. The resident's support plan, dated [REDACTED] does not document how this need will be met.

Plan of Correction

Accept ([REDACTED] - 05/03/2023)

The administrator/designee will ensure that all special diets are clearly documented to show that the residents' needs are being addressed. We currently use low sodium items. In food preparation we do not add extra salt. We refrain from giving residents foods with a high sodium content. And encourage residents to stay away from processed foods which contain high sodium. Please see that attached pictures. - 03/08/23

Licensee's Proposed Overall Completion Date: 05/01/2023

Implemented ([REDACTED] - 07/18/2023)