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

May 30, 2023

[redacted], ADMINISTRATOR
PHILADELPHIA PROTESTANT HOME
6500 TABOR ROAD
BUILDING 5
PHILADELPHIA, PA, 19111

RE: PHILADELPHIA PROTESTANT HOME
6500 TABOR ROAD, MIDWAY MANOR
BUILDING 5, FLOORS 2,3,4
PHILADELPHIA, PA, 19111
LICENSE/COC#: 14450

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/29/2023, 03/30/2023 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: *PHILADELPHIA PROTESTANT HOME* **License #**: *14450* **License Expiration**: *01/25/2024*

Address: *6500 TABOR ROAD, MIDWAY MANOR, BUILDING 5, FLOORS 2,3,4, PHILADELPHIA, PA 19111*

County: *PHILADELPHIA* **Region**: *SOUTHEAST*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *PHILADELPHIA PROTESTANT HOME*

Address: *6500 TABOR ROAD, BUILDING 5, PHILADELPHIA, PA, 19111*

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *I-1*	**Date**: *10/28/1999*	**Issued By**: *City of Philadelphia*
Type: *I-2*	**Date**: *03/30/2017*	**Issued By**: *City of Philadelphia*
Type: *Other*	**Date**: *11/20/2019*	**Issued By**: *City of Philadelphia*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *196* **Waking Staff**: *147*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal* **Exit Conference Date**: *03/30/2023*

Inspection Dates and Department Representative

03/29/2023 - On-Site: [redacted]

03/30/2023 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *188* **Residents Served**: *120*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Chapters* **Capacity**: *23* **Residents Served**: *22*

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *120*

Diagnosed with Mental Illness: *3* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *76* **Have Physical Disability**: *0*

Inspections / Reviews

03/29/2023 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *04/17/2023*

04/25/2023 POC Submission

Submitted By: [redacted] **Date Submitted:** *05/25/2023*

Reviewer: [redacted] **Follow Up Type:** *POC Submission* **Follow Up Date:** *05/01/2023*

04/27/2023 POC Submission

Submitted By: [redacted] **Date Submitted:** *05/25/2023*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *05/27/2023*

05/30/2023 Document Submission

Submitted By: [redacted] **Date Submitted:** *05/25/2023*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

131a - Fire Extinguisher

1. Requirements

2600.
131.a. There shall be at least one operable fire extinguisher with a minimum 2-A rating for each floor, including the basement and attic.

Description of Violation

On 3/29/23 at 2:32PM, the fire extinguisher W-3 in the Webb wing was overcharged.

Plan of Correction ***Accept [redacted] - 04/27/2023)***

Violation1: 2600. 131.a. There shall be at least one operable fire extinguisher with a minimum 2-A rating for each floor, including the basement and attic.
Overcharged fire extinguisher. The fire extinguisher in question was approximately 2mm overcharged (see attached photo) and was replaced immediately on 3/29/23 with Surveyor present. Security staff were retrained on the procedure on how to inspect a fire extinguisher. The fire safety company General Fire was also contacted to make them aware of the failed extinguisher. Audits will be conducted monthly and will be recorded on the annual maintenance tag attached to the fire extinguisher and an inspection checklist will be maintained on file and will be readily available for the State Surveyors to review upon request. See attached procedure. Inservice/staff education Initiated on 4/12/2023 and completed on 4/19/2023 by the Director of Safety and Security. Procedure reviewed and updated on 4/11/2023. The monthly audit initiated and completed by 4/20/23 and will continue to be conducted Monthly. The Director of Safety and Security will review the monthly audit sheet on 5/1/2023 and will continue to check monthly at the beginning of the new month. The audit sheets will be kept in a binder for 1 year and be readily available for the State Surveyors to review upon request.

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

Implemented ([redacted] - 05/30/2023)

185a - Implement Storage Procedures

2. 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] at [redacted] resident 1's glucometer was calibrated to [redacted].
On [redacted] at [redacted] he reading on resident 1's glucometer was [redacted] owever it was documented as [redacted]
On [redacted] at [redacted] he reading on resident 1's glucometer was [redacted] owever it was documented as [redacted]
On [redacted] at [redacted] the reading on resident 1's glucometer wa [redacted] however it was documented as [redacted]
On [redacted] at [redacted] the reading on resident 1's glucometer wa [redacted] however it was documented as [redacted]
On [redacted] at [redacted] the reading on resident 1's glucometer wa [redacted] however it was documented as [redacted]

Plan of Correction ***Accept ([redacted] - 04/25/2023)***

Violation 2: 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.
Transcription of accu check results into electronic medical records was incorrect. Results were being transcribed by the supervisor and staff who were obtaining the accu check results did not match each other. The results were reviewed, and no medication error occurred. Educated all staff to transcribe correct results into electronic medical records. The med tech will obtain an accu check at prescribed time and return the glucometer machine to the PC

185a Implement Storage Procedures (continued)

Supervisor/Charge Nurse who will transcribe the result into the electronic medical record. The PC Supervisor/Charge Nurse shall review the individual glucometer machines on a weekly basis and compare the results in the glucometer machine to the log and then clear the glucometers as per PCP orders if any discrepancies are found a correction will be completed. PC Supervisor/Charge Nurse will then sign that a transcription audit has been completed. The weekly transcription audit sheet will be reviewed monthly by PC nursing administration to assure completion. The audit sheets will be kept in a binder for 1 year and be readily available for the State Surveyors to review upon request. See attached policy. Inservice/staff education Initiated on 4/10/2023 and completed on 4/19/2023. Policy reviewed and updated on 4/17/2023. Weekly transcription audit sheet will be initiated 4/26/2023 and will continue to be conducted weekly. Nursing administration will review audit sheet on 5/1/2023 and will continue to check monthly at the beginning of the new month.

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

Implemented [redacted] - 05/30/2023)

3. 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

Resident 2 is prescribed [redacted] give one tablet by mouth as needed. On [redacted] this medication was not available in the home.

Plan of Correction ***Accept ([redacted] - 04/25/2023)***

Violation 3: 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.
PRN medication was not in the cart. This was corrected immediately by placing a direction change label (see attached photo) on the scheduled dose of the same medication which was in the cart. All staff were educated in ordering medication when supply is needed to ensure adequate supply is always in the cart. PRN medication will be checked weekly during weekly med cart checks to ensure adequate supply is on hand. Medications that need to be re ordered for a resident will be ordered and followed up on to ensure the medication is received. The nurse /Supervisor will sign the weekly cart check audit sheet when cart check is completed. Audits will be reviewed by PC nursing administration monthly to ensure completion. The audit sheets will be kept in a binder for 1 year and be readily available for the State Surveyors to review upon request. See attached policy. Inservice/staff education Initiated on 4/10/2023 and completed on 4/19/2023. Policy reviewed and updated on 4/17/2023.Weekly med cart audits initiated the week of 4/17/2023 and will continue weekly. Nursing administration will review audit sheet on 5/1/2023 and will continue to check monthly at the beginning of the new month.

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

Implemented ([redacted] - 05/30/2023)

187a - Medication Record

4. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

187a - Medication Record *(continued)*

Description of Violation

Resident 3 is prescribed [redacted] give 1 tab by mouth at bedtime. Resident 3 was administered this medication on [redacted] at [redacted] and is documented in the medication administration record. However, resident 3's controlled substance log documents that this was administered twice on [redacted] and there is no signature for [redacted].

Resident 4 is prescribed [redacted] give 1 tab by mouth at bedtime. Resident 4 was administered this medication on [redacted] at [redacted] and is documented in the medication administration record. However, resident 3's controlled substance log documents that this was administered twice on [redacted] and there is no signature for [redacted].

Plan of Correction ***Accept ([redacted] - 04/25/2023)***

Violation 4: 2600. 187.a. A medication record shall be kept to include the following for each resident for whom medications are administered.

Incorrect transcription of date on narcotic sheet. Reviewed transcription error and no medication error occurred. The medication was given at the prescribed time. Educated all med tech/staff to transcribe the correct date and time of medications being given on narcotic sheet when giving narcotic. The nurse /Supervisor will complete weekly med cart checks and ensure the correct date/time of transcription is correct for all narcotic medications given. If there are any discrepancies this will be reported to nursing administration immediately for further investigation and reported to primary care physician if error has occurred. Any discrepancies will be reviewed and corrected in an expeditious manner. The nurse /Supervisor will sign the weekly cart check audit sheet when cart check is completed. Audits will be reviewed by PC nursing administration monthly to ensure completion. The audit sheets will be kept in a binder for 1 year and be readily available for the State Surveyors to review upon request. See attached policy. Inservice/staff education initiated on 4/10/2023 and completed on 4/19/2023. Policy reviewed and updated on 4/17/2023.Weekly med cart audits initiated the week of 4/17/2023 and will continue weekly. Nursing administration will review audit sheet on 5/1/2023 and will continue to check monthly at the beginning of the new month.

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

Implemented ([redacted] - 05/30/2023)