



**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: NOVEMBER 3, 2023**

[REDACTED]  
Tameka Mayers  
[REDACTED]

RE: Benevolent Personal Care Home  
5727 Windsor Street  
Philadelphia, Pennsylvania 19143  
License #: 148841

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspection June 5, 2023 and August 25, 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 REVOKES your certificate of compliance 148840 dated March 1, 2023 to March 1, 2024 and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. The license dated March 1, 2023 to March 1, 2024 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. § 1026 (b)(1) ;(4) and 55 Pa. Code § 20.71(a)(2) ;(3) ;(4) ;(5) ;(6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from November 3, 2023 to May 3, 2024.

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.

If you disagree with the decision to issue a FIRST 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 FIRST 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: 717-265-8942

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  
Deputy Secretary  
Office of Long-term Living

Enclosure  
Licensing Inspection Summary

cc:

[REDACTED]

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

**Facility Information**

Name: *BENEVOLENT PERSONAL CARE HOME INC* License #: *14884* License Expiration: *03/01/2024*  
Address: *5727 WINDSOR STREET, PHILADELPHIA, PA 19143*  
County: *PHILADELPHIA* Region: *SOUTHEAST*

**Administrator**

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

**Legal Entity**

Name: *BENEVOLENT PERSONAL CARE HOME INC*  
Address: [REDACTED]  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *R-4* Date: *12/16/2021* Issued By: *City of Philadelphia*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *3* Waking Staff: *2*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *06/05/2023*

**Inspection Dates and Department Representative**

06/05/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *4* Residents Served: *3*

**Secured Dementia Care Unit**

In Home: *No* Area: Capacity: Residents Served:

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *3* Are 60 Years of Age or Older: *2*  
Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

**06/05/2023 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/03/2023*

Inspections / Reviews (*continued*)

## 06/28/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 08/01/2023  
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/03/2023

## 06/30/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 08/01/2023  
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 07/03/2023

## 10/03/2023 - Document Submission

Submitted By: [REDACTED] Date Submitted: 08/01/2023  
Reviewer: [REDACTED] Follow-Up Type: Enforcement

20b5 - No Commingling

1. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 5. Commingling of resident funds and home funds is prohibited.

Description of Violation

Resident 1's income is being deposited directly into the home's business account.

Plan of Correction

Accept [redacted] - 06/28/2023)

- On 6/13/2023, resident 1 was taken to a financial institution to open a personal account.
- Resident 1 financial resource was contacted on 6/26/2023 to advise of new direct deposit account.
- The resident's financial resources will no longer be deposited into the homes account and deposited solely into the residents newly opened account via direct deposit.
- Resident 1 is responsible for all of her personal financial transactions. Staff will continue to support resident 1 when needed.
- Responsible party is the Facility Administrator. Date of completion is 6/26/2023.

Licensee's Proposed Overall Completion Date: 06/27/2023

Implemented [redacted] - 10/03/2023)

20b8 - Quarterly Account

2. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 8. The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

Description of Violation

Resident 1 has not received a quarterly account of financial transactions since admission.

Plan of Correction

Accept [redacted] - 06/28/2023)

- Facility Administrator has been in-serviced on 6/5/2023 how to properly document and provide accurate financial account on the quarterly financial summary.
- On 6/5/2023 the facility implemented the use of the quarterly financial summary.
- Documentation on the quarterly financial summary for resident 1 begin on 6/5/2023.
- Resident 1 will initial or sign previously stated document with each financial transaction for facility

20b8 - Quarterly Account (continued)

documentational purposes as well.

- Responsible party is the Facility Administrator. Date of completion is 6/5/2023.

Licensee's Proposed Overall Completion Date: 06/27/2023

Implemented [REDACTED] - 10/03/2023)

25a - Written Contract and Review

3. Requirements

2600.

25.a. Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

Description of Violation

Resident 1, admitted [REDACTED]/2023, did not have a resident-home contract completed until 7/23/2023.

Resident 2, admitted [REDACTED]/2022, did not have a resident-home contract completed until 12/16/2022.

Plan of Correction

Accept [REDACTED] - 06/28/2023)

- Benevolent Personal Care Home has implemented a policy for completion of resident home contract within 24 hours.

- Benevolent Personal Care Home will audit residents' files monthly to ensure proper documentation in a timely manner.

- Responsible Party is the Facility Administrator. Date of completion is 6/5/2023.

Licensee's Proposed Overall Completion Date: 06/27/2023

Implemented [REDACTED] - 10/03/2023)

26a - Quality Management Plan

4. Requirements

2600.

26.a. The home shall establish and implement a quality management plan.

Description of Violation

The home does not have a quality management plan.

Plan of Correction

Accept [REDACTED] 06/28/2023)

- Benevolent Personal Care will establish and implement a quality management plan.

- Staff will be in serviced on quality management plan, documentation and proper execution of procedures.

- Responsible party is the Facility Administrator. Date of completion is 6/5/2023

26a - Quality Management Plan (continued)

Licensee's Proposed Overall Completion Date: 06/27/2023

Implemented [redacted] - 10/03/2023)

42s - Privacy

5. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On 6/5/2023, a camera was observed on the second floor of the home and is directed towards the bathroom and residents' bedrooms.

Plan of Correction

Accept [redacted] 06/28/2023)

- Benevolent Personal Care will relocate the camera to view the exit.
- Responsible party is the facility Administrator. Date of completion is 6/26/2023.

Licensee's Proposed Overall Completion Date: 06/27/2023

Not Implemented [redacted] - 10/03/2023)

66a - Staff Training Plan

6. 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.

Plan of Correction

Accept [redacted] - 06/30/2023)

Administrator is responsible for creating and implementing a staff training plan. Which was completed 06/09/2023.

A binder will be utilized for record keeping of trainings for staff members. The Administrator will ensure that all staff is being provided the proper training courses as it related to quality of care, awareness, and up to date changes with in Personal Care Home.

The trainings will take place in the home unless otherwise. We will also use all the free trainings from North Hampton, Temple, LTC Rise.

Each staff member would sign and date once their training is complete and it would be place in the binder immediately.

The facility administrator will audit staff training binder monthly to ensure all trainings are completed at the appropriate time for that month moving forward.

66a - Staff Training Plan (continued)

Responsible party is the Facility Administrator. Date of completion is 6/29/2023.

Licensee's Proposed Overall Completion Date: 06/29/2023

Implemented [redacted] - 10/03/2023)

89b - Hot Water Temperature

7. Requirements

2600.

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

Description of Violation

On 6/5/2023, at 12:30 pm, the hot water temperature at the resident's bathroom sink measured 127 degrees Fahrenheit.

Plan of Correction

Accept [redacted] - 06/30/2023)

Benevolent Personal Care staff decreased hot water heater temperature to 120 degrees on June 5, 2023

The facility administrator, will check and document water temperature weekly to ensure the temperature does not exceed 120 degrees.

Responsible party is the Facility Administrator. Date of completion was 6/29/2023.

Licensee's Proposed Overall Completion Date: 06/29/2023

Not Implemented [redacted] - 10/03/2023)

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

On 6/5/2023, resident 1 has an enabler on their bed that does not have a cover.

Plan of Correction

Accept [redacted] - 06/30/2023)

- Benevolent Personal Care contacted Med life to provide resident with a new bed cover on 6/5/2023.
- On 6/6/2023 resident 1 received an enabler on [redacted] bed.
- Weekly bed checks will be performed to ensure residents beds are safe and secure.
- Residents have been reminded to inform staff if anything is wrong with their furniture, moving forward.

95 - Furniture and Equipment (continued)

- Responsible party is the Facility Administrator, [REDACTED]. Date of completion was 6/6/2023.

Licensee's Proposed Overall Completion Date: 06/29/2023

Implemented [REDACTED] /03/2023)

102f - Towel/Washcloth/Soap

9. Requirements

2600.

102.f. An individual towel, washcloth and soap shall be provided for each resident.

Description of Violation

A common hand towel was being used in the shared resident's bathroom on the second floor.

Plan of Correction

Accept [REDACTED] - 06/30/2023)

- Each resident has been provided with individual toiletries, including towels and rags.
- Daily bathroom checks will be performed to ensure there aren't any singular hand towels being used.
- The bathroom hand towel has been removed on 6/5/2023.
- Responsible party is the Facility Administrator. Date of completion was 6/29/2023.

Licensee's Proposed Overall Completion Date: 06/29/2023

Not Implemented [REDACTED] - 10/03/2023)

132b - Safety Inspection/Fire Drill

10. 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 does not have documentation of a fire drill completed by a Fire Safety Expert.

Plan of Correction

Accept [REDACTED] - 06/30/2023)

The administrator schedule a appointment with the fire safety inspector 06/05/2023.

The Fire Safety inspect [REDACTED] from Fire & Safety Solution, LLC come out 06/19/2023. On 06/19/2023 [REDACTED] conducted a fire drill with the Admintration ( Place see Attachment.)

Benevolent Personal Care Home has followed up with fire safety expert on 6/23/2023.

Benevolent Personal Care Home has followed up again with fire safety expert on 6/28/2023. Responsible party is the Facility Administrator. Date of completion is 6/29/2023.

132b - Safety Inspection/Fire Drill (continued)

In addition to the above plan of correction: The administrator or designated staff person will develop and implement a process and procedure to ensure a fire drill and fire inspection is conducted by a fire safety expert at least annually. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 06/29/2023

Implemented - 10/03/2023

132d - Evacuation

11. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home does not have a maximum safe evacuation time specified in writing within the past year by a fire safety expert. The home exceeded an evacuation time of 2 minutes 30 seconds during all fire drills held in the year 2022.

Plan of Correction

Accept - 06/30/2023

- The administrator schedule a appointment with the fire safety inspector 06/05/2023.
- The Fire Safety inspect from Fire & Safety Solution, LLC come out 06/19/2023
- Benevolent Personal Care Home has followed up with fire safety expert on 6/23/2023
- Benevolent Personal Care Home has followed up again with fire safety expert on 6/28/2023.
- Responsible party is the Facility Administrator. Date of completion is 6/29/2023.

In addition to the above plan of correction: The administrator will obtain a designated safe evacuation time specified in writing by a fire safety expert at least annually.

Licensee's Proposed Overall Completion Date: 06/29/2023

Implemented 10/03/2023

132e - Fire Drill Sleeping Hours

12. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The home has not conducted a fire drill during sleeping hours.

Plan of Correction

Accept - 06/30/2023

On 6/6/2023 @ 2:17am the overnight staff conducted an overnight fire drill to ensure all residents can safely evacuate to a public thoroughfare and fire safe area.

In order maintain compliance, ongoing drill will be conducted within the timely matter. Unannounced sleeping fire

**132e - Fire Drill Sleeping Hours (continued)**

*drills will be held once every 6 months by over night staff.*

*Facility Administrator will review the fire drill form to ensure all drills are conducted timely, starting immediately.*

*Responsible party is the Facility Administrator. Date of completion is 6/6/2023.*

**Licensee's Proposed Overall Completion Date: 06/29/2023**

**Implemented [REDACTED] 10/03/2023)**

**141a - Medical Evaluation****13. Requirements**

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

**Description of Violation**

*Resident 1's medical evaluation was not completed within 60 days prior to admission or within 30 days after admission. Resident 1 was admitted on [REDACTED]/2022 and the medical evaluation was completed on 8/15/2022.*

**Plan of Correction**

**Accept ([REDACTED] - 06/28/2023)**

- *Benevolent Personal Care Home will work diligently with outside providers to ensure new admission residents can see their physician within 30 days post admission if they do not have a medical evaluation prior to admit date.*
- *Benevolent Personal Care Home implemented newadmission physical requirements of a medical evaluation for admission to facility.*
- *Responsible party is the Facility Administrator. Date of completion 6/5/2023.*

**Licensee's Proposed Overall Completion Date: 06/27/2023**

**Implemented [REDACTED] 10/03/2023)**

**224a - Preadmission Screen Form****14. 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]/2022; however, the home did not complete a prescreen admission form.*

*Resident 2 was admitted to the home on [REDACTED] 2022; however, the home did not complete a prescreen admission form.*

**224a - Preadmission Screen Form (continued)**

Resident 3 was admitted to the home on [REDACTED] 2023; however, the home did not complete a prescreen admission form.

**Plan of Correction**

Accept [REDACTED] - 06/28/2023)

- Benevolent Personal Care Home Facility administrator and staff has been in serviced on the prescreen form needed for resident admission on 6/5/2023.
- The preadmission forms were corrected on 6/6/2023 by the Facility administrator as a revision.
- The facility administrator will audit all resident files monthly to ensure all admission documents are completed within their appropriate time frame.
- Responsible party is the Facility Administrator. Completion date 6/6/2023.

Licensee's Proposed Overall Completion Date: 06/27/2023

Not Implemented [REDACTED] - 10/03/2023)

**225a - Assessment 15 Days****15. Requirements**

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

**Description of Violation**

An assessment was not completed for resident 3, who was admitted to the home on [REDACTED]/2023.

**Plan of Correction**

Accept [REDACTED] - 06/28/2023)

- Resident assessment plan corrected on 6/6/2023 by the facility administrator.
- Benevolent Personal care home Facility Administrator has been in serviced on the importance of documenting the resident assessment within its appropriate time frame.
- Responsible party is the facility administrator. Completion date is 6/7/2023

Licensee's Proposed Overall Completion Date: 06/27/2023

Implemented [REDACTED] - 10/03/2023)

**227d - Support Plan Medical/Dental****16. Requirements**

2600.

227d - Support Plan Medical/Dental (continued)

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 was not dated, managing finances information was left blank.

Plan of Correction

Accept [redacted] - 06/28/2023)

- Resident 2 assessment was dated on 6/7/2023.
- Blank information on resident 2 assessment has been filled in adequately on 6/7/2023.
- Facility administrator went over assessment and will audit residents’ files monthly.
- Responsible party is the Facility Administrator. Date of completion is 6/7/2023.

Licensee's Proposed Overall Completion Date: 06/27/2023

Implemented [redacted] - 10/03/2023)

227g -Support Plan Signatures

17. 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 [redacted] support plan on 7/23/2022. However, the resident nor the assessor signed the support plan.

Resident 2, participated in the development of [redacted] support plan on an unknown date. However, the resident nor the assessor signed the support plan.

Plan of Correction

Accept [redacted] - 06/28/2023)

- The facility administrator corrected the support plans necessary signatures on 6/7/2023 along with resident 1 and 2 individually.
- The facility administrator will comply with ensuring all support plans have signatures and dates through auditing of patient files.

## 227g -Support Plan Signatures (continued)

- Responsible party is the Facility Administrator. Date of completion is 6/7/2023.

Licensee's Proposed Overall Completion Date: 06/27/2023

Implemented (█ - 10/03/2023)

## 227h - Support Plan Refuse Sign

## 18. Requirements

2600.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

## Description of Violation

Resident 1 participated in the development of █ support plan on 7/23/2022. The resident did not sign the support plan. The home did not make a notation regarding the resident's refusal or inability to sign.

Resident 2 participated in the development of his/her support plan. The resident did not sign the support plan. The home did not make a notation regarding the resident's refusal or inability to sign.

## Plan of Correction

Accept (█ - 06/28/2023)

- Benevolent Personal Care Home implemented a signature refusal form on 6/26/2023.
- The facility administrator will have residents sign a refusal form and file it with resident files for documentation purposes, upon refusal.
- Responsible party is the facility Administrator. Date of completion 6/26/2023.

Licensee's Proposed Overall Completion Date: 06/27/2023

Implemented (█ - 10/03/2023)