

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

November 27, 2023

[REDACTED], ADMINISTRATOR
QUALITY ASSISTED CARE INC
3411 NORTH 17TH STREET
PHILADELPHIA, PA, 19140

RE: QUALITY ASSISTED CARE
3411 NORTH 17TH STREET
PHILADELPHIA, PA, 19140
LICENSE/COC#: 19305

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/13/2023 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: *QUALITY ASSISTED CARE* License #: *19305* License Expiration: *05/07/2024*
 Address: *3411 NORTH 17TH STREET, PHILADELPHIA, PA 19140*
 County: *PHILADELPHIA* Region: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *QUALITY ASSISTED CARE INC*
 Address: *3411 NORTH 17TH STREET, PHILADELPHIA, PA, 19140*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *Other* Date: *02/08/2011* Issued By: *Phila. Licenses & Inspections*

Staffing Hours

Resident Support Staff: *4* Total Daily Staff: *19* Waking Staff: *14*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *09/13/2023*

Inspection Dates and Department Representative

09/13/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *15* Residents Served: *15*

Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *15* Are 60 Years of Age or Older: *8*
 Diagnosed with Mental Illness: *15* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

09/13/2023 Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/14/2023*

10/31/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *11/24/2023*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/05/2023*

Inspections / Reviews *(continued)*

11/08/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/24/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/24/2023

11/27/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/24/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 9/13/2023, the home's licensing inspection summary, dated 6/24/2022, was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept () - 11/08/2023)

The home inspection summary dated 6/24/2022 was removed temporarily from the posted conspicuous place for review in anticipation of our yearly inspection but was not reposted in time . The home has now posted the most current inspection summary in a conspicuous and public place. To assure continued compliance with this regulation the administration will make a second copy of the inspection summary in order not to remove the original posting.

The administrator has posted the current licensing inspection summary on 10/15/2023 in a conspicuous place. To prevent the recurrence of this violation in the future upon receiving an inspection summary the administrator will immediately make a second copy of the inspection summary in order not to remove the original posting.

Licensee's Proposed Overall Completion Date: 11/06/2023

Implemented (CM - 11/27/2023)

85a - Sanitary Conditions

3. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 9/13/2023 at 9:53 a.m., there were two small puddles of urine from one of the home's cats on the middle of the basement floor.

Plan of Correction

Accept () - 11/08/2023)

The area on the basement floor as been cleaned and sanitized that was soil by the cat. To assure continued compliance with this regulation the cat has been seen by the veterinarian for evaluation, and the administration will follow the instructions given by the animal doctor to prevent reoccurrences.

on September 23, 2023, the area on the basement floor was cleaned and sanitized by the administrator. To prevent the recurrence of this violation starting 10/06/2023 the administrator will follow the instruction given by the veterinarian to correct and retrain a learned behavior by the cat.

Licensee's Proposed Overall Completion Date:

Implemented () - 11/27/2023)

96a - First Aid Kit

4. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

96a - First Aid Kit (continued)

Description of Violation

On 9/13/23, the first aid kit in the basement did not include eye coverings.

Plan of Correction

Accept () - 11/08/2023)

The eye covering has now been returned to the first aid kit after it was been used earlier. To assure continued compliance with this regulation staff and administrator will double check the first aid kit after each time it has been used and to make sure contents are returned in a timely manner.

on September 13, 2023, The eye covering was returned to the first aid kit by the administrator. To prevent the recurrence of this violation starting on 9/30/2023 The First Aid Kit will be checked monthly by the staff member on duty and double-checked by the administrator.

Licensee's Proposed Overall Completion Date: 11/16/2023

Implemented () - 11/27/2023)

101o - Walls, Floors, Ceilings

5. Requirements

2600.

101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

On 9/13/2023, two second-floor bedrooms had cracks in the plaster resulting in holes in the walls. In one bedroom there was cracking and flaking the length of the mirror on the wall. The other room had a hole above the bed's headboard, several inches wide and deep, exposing a gray and orange space inside the wall.

Plan of Correction

Accept () - 11/08/2023)

The two second-floor bedroom walls as now been repaired and painted. To assured continued compliance with this regulation. The staff member on duty is instructed to inspect all bedrooms daily and to report all defects immediately to the maintenance crew. The administration will also double-check the building daily for compliance.

on September 13, 2023, The bedroom walls were repaired and painted by the maintenance personnel. To prevent the recurrence of this violation starting on 09/16/2023 the staff member on duty will inspect all bedrooms daily and report any defect to the administrator.

Licensee's Proposed Overall Completion Date:

Implemented () - 11/27/2023)

102h - Toilet Paper

6. Requirements

2600.

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

Description of Violation

On 9/13/2023 at 9:57am, there was no toilet paper for the toilet in the bathroom on the third floor.

102h - Toilet Paper (continued)**Plan of Correction****Accept ([REDACTED] - 11/08/2023)**

Toilet paper has been put back in the bathroom after it has been taken out by the residents. To assured continued compliance with this regulation. The Administrator instructed the maintenance crew to install in all bathroom lock toilet paper holders were as the resident cannot remove toilet paper from the bathroom.

on September 13, 2023, Toilet paper has been put back in the bathroom by the staff member on duty. To prevent the recurrence of this violation starting on 09/13/2023 the maintenance personnel has installed in all bathroom lock toilet paper dispensers where the resident cannot remove the toilet paper. The staff member and administrator will check the bathroom daily for compliance.

Proposed Overall Completion Date: 11/06/2023

Licensee's Proposed Overall Completion Date: 11/06/2023

Implemented ([REDACTED] - 11/27/2023)