

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

November 27, 2023

[REDACTED]
ROXBOROUGH HOME FOR WOMEN INC
601 EAST LEVERINGTON AVENUE
PHILADELPHIA, PA, 19128

RE: ROXBOROUGH HOME FOR WOMEN
601 EAST LEVERINGTON AVENUE
PHILADELPHIA, PA, 19128
LICENSE/COC#: 14156

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/06/2023, 09/07/2023 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: *ROXBOROUGH HOME FOR WOMEN* License #: *14156* License Expiration: *12/21/2023*
Address: *601 EAST LEVERINGTON AVENUE, PHILADELPHIA, PA 19128*
County: *PHILADELPHIA* Region: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *ROXBOROUGH HOME FOR WOMEN INC*
Address: *601 EAST LEVERINGTON AVENUE, PHILADELPHIA, PA, 19128*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *Other* Date: *04/05/1978* Issued By: *City of Philadelphia*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *18* Waking Staff: *14*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *09/07/2023*

Inspection Dates and Department Representative

09/06/2023 - On-Site: [REDACTED]
09/07/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity:	<i>30</i>	Residents Served:	<i>18</i>
Secured Dementia Care Unit			
In Home:	<i>No</i>	Area:	Capacity:
Residents Served:			
Hospice			
Current Residents: <i>0</i>			
Number of Residents Who:			
Receive Supplemental Security Income:	<i>0</i>	Are 60 Years of Age or Older:	<i>17</i>
Diagnosed with Mental Illness:	<i>3</i>	Diagnosed with Intellectual Disability:	<i>1</i>
Have Mobility Need:	<i>0</i>	Have Physical Disability:	<i>0</i>

Inspections / Reviews

09/06/2023 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/06/2023*

Inspections / Reviews (*continued*)

10/13/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/22/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 10/18/2023

10/30/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/22/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 11/03/2023

11/27/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/22/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

Personal care and assisted living homes must post the required influenza information in a public place in the home year-round as required by the Influenza Awareness Act (HB 1785). The home did not have an influenza poster.

Plan of Correction

Accept ([REDACTED] - 10/12/2023)

RHW has since placed an influenza posting, which will remain year round. To ensure that this will not happen again, a regular review of the residents' community board will be reviewed on a weekly basis. The flu poster was on the Home's "Room Inspection" list, and will be reviewed on a regular basis by the PCA Supervisor.

Licensee's Proposed Overall Completion Date: 10/09/2023

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

42s - Privacy

2. 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

The home's admissions policy, specifically #10, states "RHW has the right to inspect a resident's room at any time." Additionally, the "House Rules" #32 states "There will be monthly room inspections held at the discretion of the Administrator."

Plan of Correction

Accept ([REDACTED] - 10/12/2023)

The Home's Admissions Policy (#10 above) and House Rules have been reworded to state, "RHW will conduct scheduled inspections on a monthly basis to ensure compliance with the state regulations and House Rules. An inspection may be done at an unscheduled time if there is concern or suspicion that a resident has in their possession something that poses an immediate threat to the health and safety of themselves or other residents or staff." A yearly review of admissions paperwork will be done by RHW's legal counsel if any changes are made.

Licensee's Proposed Overall Completion Date: 10/09/2023

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

51 - Criminal Background Check

3. 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

Staff person A, whose date of hire was [REDACTED] and start date was [REDACTED] did not have a criminal background check completed until 06/20/23.

51 - Criminal Background Check (continued)

Staff person B, whose date of hire was [REDACTED] and start date was [REDACTED] did not have a criminal background check completed until 06/02/23.

Plan of Correction

Accept [REDACTED] - 10/30/2023)

The Administrator is responsible for doing the background checks the day the offer is made to the candidate. Staff A's and B's background checks were done on 6/20/23 and 6/2/23 respectively by the Administrator.

In order to prevent this from recurring (checks done late), a process has been put into place for the Designee to re-check all new hires' paperwork prior to their start date to ensure that all needed documentation is provided.

Proposed Overall Completion Date: 10/18/2023

Licensee's Proposed Overall Completion Date: 10/18/2023

Implemented [REDACTED] - 11/27/2023)

54a - Direct Care Staff

4. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 1. Be 18 years of age or older, except as permitted in subsection (b).
- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
- 3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

Direct care staff person A does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept [REDACTED] - 10/30/2023)

The PCA Supervisor requested and received proper documentation from Staff A on 9/10/23. In order to prevent this from recurring, the Administrator added a double-check step to the current Process: the Administrator and Trainor do the initial checklist paperwork; the Designee will double-check that all required paperwork on the checklist is completed and filed in the Staff's folder.

Licensee's Proposed Overall Completion Date:

Implemented [REDACTED] - 11/27/2023)

100a - Exterior - Free of Hazards

5. Requirements

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

On 09/07/23, at 8:55 AM, a metal bench was noticed on the side lawn by the parking area. The bench sat unevenly on the grass because some of the legs of the bench had sunk into the grass. Additionally, one of the cushions had blown off the bench into the grass.

100a - Exterior - Free of Hazards (continued)

Plan of Correction

Accept [redacted] - 10/12/2023)

The metal bench has been moved to level ground and the cushion put back on. An inspection of the grounds has been added to the maintenance To Do list and will be dated and initialed by the maintenance man. Any necessary changes will be made within the week of inspection unless immediate action for safety is needed.

Licensee's Proposed Overall Completion Date: 10/10/2023

Implemented [redacted] - 11/27/2023)

101j7 - Lighting/Operable Lamp

6. 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

Resident #1 does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept [redacted] - 10/12/2023)

A lamp was placed on the side of the resident's bed by maintenance. Staff who conduct (scheduled) room inspections will check that every room has a lamp by their bedside.

Licensee's Proposed Overall Completion Date: 10/09/2023

Implemented [redacted] - 11/27/2023)

103f - Refrigerator/Freezer Temps

7. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 09/07/23, at 3:08 PM, the temperature in the kitchen refrigerator was 45.5 degrees Fahrenheit.

Plan of Correction

Accept [redacted] - 10/12/2023)

This refrigerator has been serviced and the temperature is below 40*. An additional thermometer has been added inside the refrigerator. A reminder of proper temperatures will be added to the daily temperature log by the supervisor.

Licensee's Proposed Overall Completion Date: 10/09/2023

Implemented [redacted] - 11/27/2023)

103i - Outdated Food

8. Requirements

2600.

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

103i - Outdated Food (continued)

Description of Violation

There were several unlabeled, undated items in the kitchen refrigerator; deli ham, provolone cheese, romaine lettuce, 2 pitchers of iced tea and 1 pitcher of fruit punch.

Items found in the basement walk in freezer; hamburger buns, bread, hash browns, several cuts of meat were also unlabeled and undated.

Plan of Correction

Accept (█ - 10/30/2023)

The unlabeled food items and pitchers of drinks were labeled with item name and date by the cook on duty the day of inspection (9/6/23).

To ensure this from recurring, the Kitchen Supervisor put a label on the two refrigerator and one walk-in freezer doors (see attached).

Licensee's Proposed Overall Completion Date: 10/18/2023

Implemented (█ - 11/27/2023)

141a - Medical Evaluation

9. 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 #2 was admitted to the home on █ The medical evaluation for resident #2 was completed using a resident evaluation date of 01/30/23 and a phone visit on 06/21/23.

Plan of Correction

Accept (█ - 10/30/2023)

Although we cannot correct/change the dates on Resident 2's initial paperwork, the Administrator add the RCG Guidelines on the New Resident Checklist in order to prevent this from recurring (see attached).

Licensee's Proposed Overall Completion Date: 10/18/2023

Implemented (█ - 11/27/2023)

141a 1-10 Medical Evaluation Information

10. Requirements

2600.

141a 1-10 Medical Evaluation Information (continued)

- 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. The evaluation must include the following:
1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 4. Special health or dietary needs of the resident.
 5. Allergies.
 6. Immunization history.
 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 8. Body positioning and movement stimulation for residents, if appropriate.
 9. Health status.
 10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Resident #3's medical evaluation did not include medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.

Plan of Correction

Accept [redacted] - 10/30/2023)

The PCA Supervisor required a new medical evaluation from Resident 3's PCP on 10/18/23. To prevent this from recurring, the PCA Supervisor held a refresher training course with the PCAs on 10/13/23 to ensure that any PCA reviewing the medical evaluation sheet will check that all appropriate pieces of information are on the form. If a list comes in from the PCP, it will be attached to the evaluation immediately.

Licensee's Proposed Overall Completion Date: 10/18/2023

Implemented [redacted] - 11/27/2023)

141b2 - Medical Evaluation Changes

11. Requirements

2600.

141.b.2. A resident shall have a medical evaluation: If the medical condition of the resident changes prior to the annual medical evaluation.

Description of Violation

Resident #4's most recent medical evaluation, dated [redacted], indicates the resident cannot self-administer medications. On [redacted], resident #4's physician wrote a prescription stating the resident may self-administer their medications. This is a significant change in the resident's ability and requires a new medical evaluation.

Plan of Correction

Accept [redacted] - 10/30/2023)

The PCA Supervisor requested and received an updated DME on 10/6/23 reflecting the change in medication administration. The PCA Supervisor and Administrator have reviewed the RCG regulations. A meeting was held with the transportation staff who prepares and reviews the resident appointment paperwork. If a change in the status is found when reviewing, the change will be reported to the Administrator and/or PCA Supervisor; a new DME will be faxed for completions. Once received, the Supervisor and Administrator will be notified, and the due date will be updated.

Licensee's Proposed Overall Completion Date: 10/18/2023

Implemented [redacted] - 11/27/2023)

144c1 - Smoking Area Guidelines

12. 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.

Description of Violation

The home's designated smoking areas, for staff and residents, do not have fire resistant furniture.

Plan of Correction

Accept [REDACTED] - 10/12/2023)

Residents' designated smoking area: The fireproof receptacle was moved to a location that is not near any furniture that is not fire resistant.

Staff's designated smoking area: The furniture was replaced with fire resistant furniture.

To prevent this from occurring in the future, these areas will be part of the routine inspection done by the maintenance man, and has been added to the maintenance To Do list. And cushions replaced for next season will be fire resistant if used in either designated smoking area by maintenance.

Licensee's Proposed Overall Completion Date: 10/13/2023

Implemented [REDACTED] - 11/27/2023)

162c - Menus Posted**13. 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 home's menu for the week of 09/04/23 to 09/10/23 was posted. However, no additional menus were posted.

Repeat Violation: 08/15/22.

Plan of Correction

Accept [REDACTED] - 10/13/2023)

We currently have menus for the entire year located in the kitchen and administrator's office. To prevent two menus (current and next week's menus) from not being posted together, the kitchen supervisor will check on Fridays that the menus for the next two weeks are posted for the residents to see, side by side.

Licensee's Proposed Overall Completion Date: 10/13/2023

Implemented [REDACTED] - 11/27/2023)

182b - Prescription Medication**14. Requirements**

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

1. A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.

182b - Prescription Medication (continued)

- 2. A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- 3. A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- 4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

On [REDACTED], staff person C administered medications to residents to include the following: [REDACTED] and [REDACTED] to resident #5. Staff person C is not a staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of [REDACTED] medications; [REDACTED] and [REDACTED] for insect bites or other allergies.

On [REDACTED], staff person D administered medications to residents to include the following: [REDACTED] and [REDACTED] to resident #5. Staff person C is not a staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of [REDACTED] and [REDACTED] medications; [REDACTED] and [REDACTED] for insect bites or other allergies.

Plan of Correction

Accept ([REDACTED] - 10/30/2023)

All training dates were reviewed by the PCA Supervisor; the decision was made by the Supervisor and Administrator to retrain the PCA staff. The Administrator and Supervisor established best practices in regard to dates. Staff C was retrained on [REDACTED]. Staff D was retrained on [REDACTED]. In order to prevent this from recurring, yearly training will be completed within the allowed timeframe.

Licensee's Proposed Overall Completion Date: 10/18/2023

Implemented [REDACTED] - 11/27/2023)

190a - Completion Medication Course

15. Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person C, who has not successfully completed the Department-approved medications administration course to include the annual practicums, administered medications to residents to include the following: On [REDACTED] at [REDACTED], [REDACTED] to resident #5.

Staff person D, who has not successfully completed the Department-approved medications administration course to include the annual practicums, administered medications to residents to include the following: On [REDACTED] at [REDACTED], [REDACTED] and [REDACTED] to resident #5.

190a - Completion Medication Course (continued)

Plan of Correction

Accept [redacted] - 10/30/2023)

All training dates were reviewed by the PCA Supervisor; the decision was made by the Supervisor and Administrator to retrain the PCA staff. The Administrator and Supervisor established best practices in regard to dates. Staff C was retrained on [redacted] Staff D was retrained on [redacted] In order to prevent this from recurring, yearly training will be completed within the allowed timeframe.

Licensee's Proposed Overall Completion Date: 10/18/2023

Implemented [redacted] - 11/27/2023)

190c - Record of Training

16. Requirements

2600.

190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Description of Violation

The home's medication administration training record for staff persons C and D do not include documentation of successful completion of the training.

Plan of Correction

Accept [redacted] - 10/30/2023)

The PCA Supervisor established a documentation checklist to ensure all needed paperwork is properly filed and stored. The PCA Supervisor will ensure proper filing with a new checklist. An initial retraining of both Staff C and D were completed on 9/9/23 and 9/13/23 respectively.

Licensee's Proposed Overall Completion Date:

Implemented [redacted] - 11/27/2023)

224a - Preadmission Screen Form

17. 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 #2's preadmission screening form, dated [redacted], does not include a determination that the needs of the resident can be met by the services provided by the home.

Repeat Violation; 08/15/22.

Plan of Correction

Accept [redacted] - 10/13/2023)

A double-check process will be put into place. A reminder will be placed in a binder with the initial paperwork in regard to completion. The PCA supervisor will review with the Administrator to ensure compliance.

Licensee's Proposed Overall Completion Date: 10/13/2023

Implemented [redacted] - 11/27/2023)

227d - Support Plan Medical/Dental

18. 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

Resident #4's assessment and support plan, dated [REDACTED], is missing page 3 and does not identify the resident's need for assistance with medications.

Plan of Correction

Accept [REDACTED] - 10/30/2023)

The PCA Supervisor instructed the PCAs to initial each page of the RASP when completing the double-check process. To prevent this from recurring, trainings were completed between 10/8/23 and 10/12/23.

Licensee's Proposed Overall Completion Date: 10/18/2023

Implemented [REDACTED] - 11/27/2023)

252 - Record Content**19. Requirements**

2600.

252. Content of Resident Records - Each resident's record must include the following information:

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
6. The name, address and telephone number of the resident's physician or source of health care.
7. The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms.
8. A list of prescribed medications, OTC medications and CAM.
9. Dietary restrictions.
10. A record of incident reports for the individual resident.
11. A list of allergies.
12. The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.
13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.
14. A support plan.
15. Applicable court order, if any.
16. The resident's medical insurance information.
17. The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
18. An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.
19. An inventory of the resident's property entrusted to the administrator for safekeeping.
20. The financial records of residents receiving assistance with financial management.
21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.
22. Copies of transfer and discharge summaries from hospitals, if available.
23. If the resident dies in the home, a copy of the official death certificate.
24. Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).

252 - Record Content *(continued)*

- 25. A copy of the resident-home contract.
- 26. A termination notice, if any.

Description of Violation

Resident #2's record does not include race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks, a photograph of the resident that is no more than 2 years old, language or means of communication spoken or used by the resident, the resident's medical insurance information.

Plan of Correction

Accept [REDACTED] - 10/13/2023)

A photo has been placed into the resident file. The photo has the following information on it: race, height, weight, color of hair, color of eyes, religious affiliation, identifying marks, and date. A second PCA will review the residents' files as they are coming in as a new resident or if their information is being updated.

Licensee's Proposed Overall Completion Date: 10/09/2023

Implemented [REDACTED] - 11/27/2023)