

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

January 12, 2024

[REDACTED]  
ROXBOROUGH HOME FOR WOMEN INC  
[REDACTED]

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 11/21/2023, 11/29/2023 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: [REDACTED]  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

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

**Staffing Hours**

Resident Support Staff: Total Daily Staff: *17* Waking Staff: *13*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint* Exit Conference Date: *11/29/2023*

**Inspection Dates and Department Representative**

11/21/2023 - On-Site: [REDACTED]  
11/29/2023 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information			
License Capacity:	<i>30</i>	Residents Served:	<i>17</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>16</i>
Diagnosed with Mental Illness:	<i>0</i>	Diagnosed with Intellectual Disability:	[REDACTED]
Have Mobility Need:	<i>0</i>	Have Physical Disability:	<i>0</i>

**Inspections / Reviews**

11/21/2023 - Partial  
Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/18/2023*

Inspections / Reviews (*continued*)

## 12/20/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/12/2024

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 12/25/2023

## 01/05/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/12/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 01/09/2024

## 01/12/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/12/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

## 15b - Supervisor Plan

## 1. Requirements

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

## Description of Violation

On [REDACTED], staff member A was involved in an alleged incident where the staff member was yelling, screaming, banging on the table, and using foul language towards residents. The home took action by imposing a [REDACTED]-day suspension. However, the home allowed staff to return to work without developing and implementing a plan of supervision for the staff member.

## Plan of Correction

Directed [REDACTED] - 01/04/2024)

The immediate action taken by the Administrator and PCA Supervisor was to meet with Staff Member A to discuss the incident reported. The meeting resulted in a [REDACTED]-day suspension for [REDACTED].

A Plan of Supervision was created and added to the RHW Employee Handbook under the Abuse Policy (in General Policies) and in Workplace Policies by the Administrator.

Proposed Overall Completion Date: 12/22/2023

**Directed**

If any suspected abuse or allegations of abuse occur, the home will immediately place the accused staff person on a plan of supervision which includes not having access to any residents without the presence of another qualified direct care staff person, which must have the pre-approval of the Department, or suspend the staff person or persons involved until the Department has completed the investigation. [REDACTED]

Directed Completion Date: 12/22/2023

Implemented [REDACTED] - 01/12/2024)

## 16c - Written Incident Report

## 2. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

## Description of Violation

On [REDACTED], resident [REDACTED] was observed flushing medications down the toilet. The home did not report this to the Department.

Based on the staff interviews, the facility has failed to report incidents where residents don't feel safe around resident [REDACTED] because resident [REDACTED] bullies the residents.

The facility failed to report an incident where resident [REDACTED] choked on food during a mealtime on [REDACTED].

On [REDACTED], the facility failed to report an incident where staff member A was yelling, screaming, banging on the

16c - Written Incident Report (continued)

table, and using foul language such as [REDACTED] and [REDACTED] towards the residents.

The facility failed to report incidents that occurred on 2/15/2023, and 3/01/2023 when staff member A screamed in the faces of the residents.

Repeat Violation date 8/15/2022 et al.

Plan of Correction

Accept [REDACTED] - 01/04/2024)

The immediate action taken by the Administrator was to speak with the residents on [REDACTED] regarding times if or when they were not safe, feeling bullied, feeling abused in any way. The meeting was to let them know that action by a neutral person (Administrator, staff or Board member that was not the alleged abuser) would be taken in-house, that the incident would be reported to DHS, and that their POAs would be informed.

An Abuse Reporting Policy currently exists at RHW. In order to ensure compliance that every incident of abuse be reported, a review of the policy/regulation was conducted by the Administrator at a Staff Meeting on [REDACTED].

Licensee's Proposed Overall Completion Date: 12/22/2023

Implemented [REDACTED] - 01/12/2024)

16e - Resident Notice

3. Requirements

2600.

16.e. If the home's final report validates the occurrence of the alleged incident or condition, the affected resident and other residents who could potentially be harmed or his designated person shall also be informed immediately following the conclusion of the investigation.

Description of Violation

Resident [REDACTED] had a fall on [REDACTED]; this incident was not reported to the designated person.

Plan of Correction

Accept [REDACTED] - 01/05/2024)

The immediate action taken was a review of the policy/regulation conducted by the Administrator at a Staff Meeting on [REDACTED]. This was an oversight, and the PCA staff was reminded of the process by the PCA Supervisor.

16e - Resident Notice (continued)

The PCAs were informed by their supervisor about speaking to the families about incidents, and that phone calls or emails are acceptable. To ensure this from recurring, a separate binder for Incident Reports has been created by the PCA Supervisor and a reminder of the process has been placed on the front of the binder.

Proposed Overall Completion Date: 12/22/2023

Licensee's Proposed Overall Completion Date: 12/22/2023

Implemented [REDACTED] 01/12/2024)

18 - Compliance With Laws

4. 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

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law that required the creation of national standards to protect sensitive patient health information from being disclosed without the patient's consent or knowledge. The US Department of Health and Human Services (HHS) issued the HIPAA Privacy Rule to implement the requirements of HIPAA. The HIPAA Security Rule protects a subset of information covered by the Privacy Rule. While the HIPAA Privacy Rule safeguards PHI, the Security Rule protects a subset of information covered by the Privacy Rule. This subset is all individually identifiable health information a covered entity creates, receives, maintains, or transmits in electronic form. This information is called electronic protected health information, or e-PHI. The Security Rule does not apply to PHI transmitted orally or in writing.

In [REDACTED] in the pm hours, a video of resident [REDACTED] was created from the home's second floor hallway cameras. Resident [REDACTED] was walking through the hallway wearing only a shirt and underwear. This video was then downloaded to a USB drive that was then added to [REDACTED] personal file.

Plan of Correction

Accept [REDACTED] - 12/20/2023)

The USB drive was destroyed by the PCA who oversees the security cameras. All security cameras' recording function was shut off. by the PCA who oversees them. A review of the policy/regulation was conducted by the Administrator at a Staff Meeting on [REDACTED].

Licensee's Proposed Overall Completion Date: 12/18/2023

Implemented [REDACTED] - 01/12/2024)

42c - Treatment of Residents

5. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

Based on staff member A's record on [REDACTED], the staff member was yelling, screaming, banging on the table, and

42c - Treatment of Residents (continued)

using foul language towards the residents.

Plan of Correction

Accept [REDACTED] - 12/20/2023)

A review of the policy/regulation was conducted by the Administrator at a Staff Meeting on [REDACTED]. The PCA Supervisor met with and reviewed one-on-one with Staff Member A the incidents that occurred previously and most currently, the policy/regulation, and the disciplinary action/s (including termination) that will occur if this behavior is reported again.

Licensee's Proposed Overall Completion Date: 12/18/2023

Implemented [REDACTED] - 01/12/2024)

42s - Privacy

6. 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 [REDACTED], multiple cameras were observed throughout the home. These camera's have a clear view of resident's bedroom doors on the second floor and were recording.

Plan of Correction

Accept [REDACTED] - 01/04/2024)

The immediate action taken was to stop recording all the security cameras the day of the inspection. This was done by the PCA who oversees the cameras. In addition, [REDACTED] is trying to find a company who can re-figure the view of the cameras to see the exit doors only and not the residents rooms. This should be taken care of by February 2024.

A review of the policy/regulation was conducted by the Administrator at a Staff Meeting on [REDACTED]. All security cameras' recording function was shut off. by the PCA who oversees them.

Proposed Overall Completion Date: 12/22/2023

Licensee's Proposed Overall Completion Date: 12/22/2023

Implemented [REDACTED] - 01/12/2024)

51 - Criminal Background Check

7. 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 member B was hired on [REDACTED]; however a criminal background check was not completed until [REDACTED].

Plan of Correction

Accept [REDACTED] - 12/20/2023)

The Administrator is responsible for doing the background checks after the job offer and prior to when the candidate starts working at RHW. Staff B's background check was done after the start date. In order to prevent this from recurring, a process has been put into place for the Designee to recheck all new hires' paperwork prior to their start

51 - Criminal Background Check (continued)

date to ensure that all is completed.

Licensee's Proposed Overall Completion Date: 12/18/2023

Implemented [redacted] - 01/12/2024)

85a - Sanitary Conditions

8. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On [redacted], there were 2 sets of uncovered trash and recycling bins in second floor halls. There was a noticeable presence of flies in and around the bins. Each of the bins were half full. The trash bins contained food and other debris. The recycling bins contained food wrappers and unwashed containers.

In resident [redacted] room there were 2 Styrofoam cups, filled with napkins and other garbage stuffed inside. There were fruit flies in and, around the cups. The resident was sent to the hospital at least 4 weeks ago and the room has not been cleaned since the resident has left.

Plan of Correction

Accept [redacted] - 12/20/2023)

Our exterminator company (Western Pest) was called by the Administrator, came out to control/eliminate the problem. (They did, with strips in several of the rooms and trash cans.) Tops were purchased by the maintenance person for the trash cans. Resident [redacted] had permanently exited the Home. [redacted] room (furniture, clothing, etc.) was cleaned out by [redacted] family. The room was cleaned by Housekeeping.

Licensee's Proposed Overall Completion Date: 12/18/2023

Implemented [redacted] - 01/12/2024)

85b - Infestation

9. Requirements

2600.

85.b. There may be no evidence of infestation of insects or rodents in the home.

Description of Violation

On [redacted] there were flies in the halls of the second floor.

In resident [redacted] room there were 2 Styrofoam cups, filled with napkins and other garbage stuffed inside. There were fruit flies in and, around the cups. The resident was sent to the hospital at least 4 weeks ago and the room has not been cleaned since the resident has left.

Plan of Correction

Accept [redacted] 12/20/2023)

Our exterminator company ([redacted]) was called by the Administrator, came out to control/eliminate the problem. (They did, with strips in several of the rooms and trash cans.) Tops were purchased by the maintenance person for the trash cans. Resident [redacted] had permanently exited the Home. [redacted] room (furniture, clothing, etc.) was

85b - Infestation (continued)

cleaned out by [REDACTED] family. The room was cleaned by Housekeeping.

Licensee's Proposed Overall Completion Date: 12/18/2023

Implemented [REDACTED] 01/12/2024)

121a - Unobstructed Egress

10. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On [REDACTED], the Department checked resident [REDACTED] room, the door could not be fully opened due to various objects obstructing the egress, including boxes, plastic tubs, trash, and clothing. A walkway to the bed was inaccessible as the surrounding area contain piles of trash, books, and clothing.

Plan of Correction

Accept [REDACTED] 12/20/2023)

Resident [REDACTED] room was cleaned out by family members and cleaned up by Housekeeping.. Room inspections are conducted regularly by the staff, and residents are reminded at all Resident Meetings by the Administrator that rooms are to be clutter-free.

Licensee's Proposed Overall Completion Date: 12/18/2023

Implemented [REDACTED] - 01/12/2024)

132c - Fire Drill Records

11. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drill conducted on [REDACTED], at [REDACTED] does not report any issues with evacuating residents, and reports there were 15 residents in the home at the time and all 15 residents were evacuated in 3 minutes and 52 seconds. However, 30 day notice letter sent to resident 2, indicates that resident 2 remained inside the conference room and refused to leave for over 10 minutes during this fire drill.

Plan of Correction

Accept [REDACTED] 12/20/2023)

A review of the policy/regulation was conducted by the Administrator at a Staff Meeting on [REDACTED] To ensure compliance, staff was instructed to request anyone (resident or staff) that is not compliant with this policy have a reportable incident filed.

Licensee's Proposed Overall Completion Date: 12/18/2023

Implemented [REDACTED] - 01/12/2024)

141a 1-10 Medical Evaluation Information

12. 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. 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 [REDACTED] DME, dated [REDACTED], is missing medical information pertinent to diagnosis and treatment in case of an emergency and [REDACTED] immunology history.

Resident [REDACTED] DME, dated [REDACTED] is missing medical information pertinent to diagnosis and treatment in case of an emergency.

Plan of Correction

Directed [REDACTED] - 01/04/2024)

Resident [REDACTED] DME was redone and sent to PCP for completion by PCA Supervisor. All needed information was added.

Resident [REDACTED] is no longer a resident at RHW. An example form has been placed in the van for reference for the transport team to ensure compliance with PCPs.

Resident [REDACTED] is no longer a resident, RHW has no new access to files, PCP, etc. for this resident.

Proposed Overall Completion Date: 12/22/2023

Directed

The administrator or designated staff person will review all current medical evaluations to ensure that all required information is completed, including special health or dietary needs, medication list, level of care and allergies. Incomplete medical evaluations will be returned to the physician for completion or new medical evaluations will be scheduled. The administrator will develop and implement a tracking system to ensure medical evaluations are completed in accordance with regulation 2600.141(a).

Directed Completion Date: 12/22/2023

Implemented [REDACTED] - 01/12/2024)

181a - Self-adminstration Assist

13. Requirements

2600.

181a - Self-adminstration Assist (continued)

181.a. A home shall provide residents with assistance, as needed, with medication prescribed for the resident's self-administration. This assistance includes helping the resident to remember the schedule for taking the medication, storing the medication in a secure place and offering the resident the medication at the prescribed times.

Description of Violation

Resident [redacted] cannot self-administer medications and takes medication including [redacted]

[redacted] The home allowed the resident to take loose medication out of the home when the resident leaves to visit family and go to a day program. There is no documentation that indicates the resident is taking the medications.

Plan of Correction

Accept [redacted] - 01/05/2024)

Resident [redacted] medication times were immediately changed by [redacted] doctors to accommodate [redacted] therapy schedule from noon to 8 am so that [redacted] can take them before leaving for [redacted] program.

[redacted] and [redacted] family were made aware the same day. [redacted] POA was informed that [redacted] would need to be the responsible party in regard to medications. Prescriptions were obtained from [redacted] provider by the PCA Supervisor stating when this resident can self-administer medications while away from the Home. Those dates will be honored.

The family was informed that this needs to be done every time [redacted] wants to go out for an extended period of time. This is noted in the DME.

Proposed Overall Completion Date: 12/22/2023

Licensee's Proposed Overall Completion Date: 12/22/2023

Implemented [redacted] 01/12/2024)

181c - Self-administration Assessment

14. Requirements

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident [redacted] self-administers medications to include [redacted]

[redacted] however, resident [redacted] has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer and the need for reminders to take medications.

181c - Self-administration Assessment (continued)

Plan of Correction

Accept [redacted] - 01/05/2024)

Resident [redacted] medication times were immediately changed by [redacted] doctors to accommodate [redacted] therapy schedule from noon to 8 am so that [redacted] can take them before leaving for [redacted] program. [redacted] and [redacted] family were made aware the same day. [redacted] POA was informed that [redacted] would need to be the responsible party in regard to medications. Prescriptions were obtained from [redacted] provider by the PCA Supervisor stating when this resident can self-administer medications while away from the Home. Those dates will be honored. The family was informed that this needs to be done every time [redacted] wants to go out for an extended period of time. This is noted in the DME.

Licensee's Proposed Overall Completion Date: 12/22/2023

Implemented [redacted] - 01/12/2024)

187d - Follow Prescriber's Orders

15. Requirements

- 2600.
- 187.d. The home shall follow the directions of the prescriber.

Description of Violation

The home allowed resident [redacted] to take loose medications from the home when the resident visits family and goes to the day program. There is no documentation that indicates the resident is taking the medications.

Plan of Correction

Accept [redacted] - 01/05/2024)

Resident [redacted] medication times were immediately changed by [redacted] doctors to accommodate [redacted] therapy schedule from noon to 8 am so that [redacted] can take them before leaving for [redacted] program. [redacted] and [redacted] family were made aware the same day. [redacted] POA was informed that [redacted] would need to be the responsible party in regard to medications. Prescriptions were obtained from [redacted] provider by the PCA Supervisor stating when this resident can self-administer medications while away from the Home. Those dates will be honored. The family was informed that this needs to be done every time [redacted] wants to go out for an extended period of time. This is noted in the DME.

Licensee's Proposed Overall Completion Date: 12/22/2023

Implemented [redacted] - 01/12/2024)

224a - Preadmission Screen Form

16. 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.

## 224a - Preadmission Screen Form (continued)

**Description of Violation**

Resident [REDACTED] date of admission was [REDACTED]. However, [REDACTED] prescreen was completed on [REDACTED].

**Plan of Correction**

Accept [REDACTED] - 01/05/2024)

Although we cannot change this prescreen form, a double-check process has been put into place by the Administrator. A reminder has been placed in a binder with the initial paperwork to ensure compliance. The PCA Supervisor and Administrator will both review to ensure completion.

Proposed Overall Completion Date: 12/22/2023

Licensee's Proposed Overall Completion Date: 12/22/2023

Implemented [REDACTED] - 01/12/2024)