

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

April 15, 2024

[REDACTED], ADMINISTRATOR

5224-26 NORTH BROAD STREET  
PHILADELPHIA, PA, 19141

RE: BROAD STREET RESIDENCE  
5224-26 NORTH BROAD STREET  
PHILADELPHIA, PA, 19141  
LICENSE/COC#: 17636

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/22/2024 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: *BROAD STREET RESIDENCE* License #: *17636* License Expiration: *10/01/2024*  
Address: *5224-26 NORTH BROAD STREET, PHILADELPHIA, PA 19141*  
County: *PHILADELPHIA* Region: *SOUTHEAST*

**Administrator**

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

**Legal Entity**

Name: [REDACTED]  
Address: *5224-26 NORTH BROAD STREET, PHILADELPHIA, PA, 19141*  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *I-1* Date: *08/02/1991* Issued By: *City of Philadelphia*

**Staffing Hours**

Resident Support Staff: *9* Total Daily Staff: *29* Waking Staff: *22*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *02/22/2024*

**Inspection Dates and Department Representative**

*02/22/2024 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *24* Residents Served: *20*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *12* Are 60 Years of Age or Older: *10*  
Diagnosed with Mental Illness: *20* Diagnosed with Intellectual Disability: *3*  
Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

**02/22/2024 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/17/2024*

**03/20/2024 - POC Submission**

Submitted By: [REDACTED] Date Submitted: *03/27/2024*  
Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *03/30/2024*

Inspections / Reviews (*continued*)

04/15/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/27/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

88a - Surfaces

1. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On the third floor, there is duct tape holding down the hallway carpet and a brown plastic tread mat at the top of the stairs that is being held down with screws, both are tripping hazards.

Plan of Correction

Accept [REDACTED] - 03/20/2024)

In response to the violation on 02/22/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/13/2024 by the Administrator to remove the brown plastic tread mat and the duct tape.

To enhance the currently compliant operations:

- 1. on 03/13/2024 the Direct Care Staff will walk the facility and report tripping hazards to the Administrator for repairs, with a completion date of 03/14/2024.
- 2. on 03/14/2024 the Administrator will train direct care staff on completing a walkthrough of the facility to check for tripping hazards, with a completion date of 03/15/2024.
- 3. on 03/15/2024 the Direct Care Staff will walk facility weekly to check for tripping hazards, with a completion date of 05/10/2024.

The overall completion date is 05/10/2024.

Effective 03/18/2024 the Administrator will perform monthly walk the facility to verify tripping hazards have been reported and repaired through 05/10/2024 to maintain ongoing compliance with ensuring floors, walls, ceilings, windows, doors and other surfaces are clean, in good repair and free of hazards. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 05/10/2024

Implemented [REDACTED] - 03/27/2024)

89b - Hot Water Temperature

2. Requirements

2600.

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

Description of Violation

On 2/22/2024 at 2:16, the hot water temperature in the second floor men's bathroom measured 129.5 degrees Fahrenheit.

On 2/22/2024 at 2:20, the hot water temperature in the third floor men's bathroom measured 127.7 degrees Fahrenheit.

Plan of Correction

Accept [REDACTED] - 03/20/2024)

The gauge on the hot water tank was turned to the lowest possible setting. This was done on February 23, 2024. On several days in the month of January 2024, the water temperature was taken with readings of 111, 118 109, and 115. In February 2024 the readings were 118, 110, 120 and 97. These were taken from various location throughout the building. I cannot explain the readings that took place on the day of inspection. Going forward DCS will

89b - Hot Water Temperature (continued)

continue to take and record water temperatures weekly. Rather than on location, the temperature will be taken and recorded from a second sampling location on the same day to ensure hot water temperatures in areas accessible to the resident may not exceed 120 degrees F. If the temperature exceeds 120 degrees F, this is to be reported to the administrator for corrective action.

Monthly, for the next four months, the administrator will observe DCS as they perform this task This will ensure hot water temperatures in areas accessible to the resident does not exceed 120 degrees F. Water temperature logs will be reviewed at all staff meetings. Completion date: July 30, 2024

Licensee's Proposed Overall Completion Date: 03/18/2024

Implemented [redacted] - 03/27/2024)

101j1 - Mattress Fire Retardant

3. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 1. A bed with a solid foundation and fire retardant mattress that is in good repair, clean and supports the resident. A legal entity with a personal care home license for the home as of October 24, 2005, shall be exempt from the requirement for a fire retardant mattress.

Description of Violation

The box springs in rooms 13, 15, 20, and 21 on the third floor were still covered in manufacturers plastic which is not a fire resistant cover.

Plan of Correction

Accept [redacted] - 03/20/2024)

On February 26, 2024, DCS removed all manufacturers' plastic from box springs in rooms 13, 15, 20 and 21. Going forward, on the day of delivery, manufacturers' plastic will be removed from newly purchased box springs by DCS. This task will be monitored by the manager. No covers will be placed on box springs or mattresses that are not fire retardant.

Licensee's Proposed Overall Completion Date: 03/18/2024

Implemented (SW - 03/27/2024)

132f - Alternate Exit Routes

4. Requirements

2600.

132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

The front door was used as the exit route used during the fire drills held from 7/20/2023 to 12/12/2023.

Plan of Correction

Accept [redacted] - 03/20/2024)

On February 23, 2024, a fire drill was held by DCS on duty using only the first floor rear and third floor rear exits which had not been used in the two previous months. This drill was observed by the administrator to ensure proper exits were used.

DCS that perform fire drills have been retrained in 2600.132.f. The administrator conducted this training reiterating the requirement to use alternate routes during fire drills. (see attached documentation).

DCS will conduct monthly, accurate fire drills using the appropriate alternate exits and document on fire drill log.

A quarterly review of the log will be performed by the manager to ensure alternate exit routes are used. Any

132f - Alternate Exit Routes (continued)

issues or concerns will be reported to the administrator for corrections.

Licensee's Proposed Overall Completion Date: 05/30/2024

Implemented (████) - 04/15/2024)

183b - Meds and Syringes Locked

5. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On 2/22/2024 at 9:00am, a clear plastic bag of residents medication was unlocked, unattended, and accessible in on the staff table in the dining room. Staff person then moved the bag to the medication room which remained unlocked and accessible.

Plan of Correction

Accept (████) - 03/20/2024)

After the medication review was completed with the inspector, the DCS immediately placed the plastic bag of medication in the locked cabinet where it was inaccessible.

The administrator has developed procedures relative to 2600.181, specifically covering the storage/access of medication. DCS have been re-trained on 2600.183.b requirements (documentation attached). The administrator, will periodically conduct an audit to ensure that meds are always locked after medication is administered.

Deficiencies will be identified and corrective action taken.

The administrators will be responsible for monitoring and ensuing ongoing compliance with medication storage and access. They will conduct checks of the medication cabinet daily to ensure it is locked for 2 months, then weekly for the next 4 months. The manger will check the locked cabinet after each use to ensure meds are locked and not accessible.

Licensee's Proposed Overall Completion Date: 07/30/2024

Implemented (████) - 04/15/2024)

187a - Medication Record

6. Requirements

2600.

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

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).

187a - Medication Record (continued)

- 13. Date and time of medication administration.
- 14. Name and initials of the staff person administering the medication.

Description of Violation

Resident 1 is prescribed [redacted] by mouth at bed time. However, the resident's medication administration record does not list this medication.

Plan of Correction

Accept [redacted] - 03/20/2024)

The MAR was immediately updated on February 22, 2024, to include [redacted] as prescribed for resident #1. This medication is received from the dialysis center, not from the pharmacist that provides all other meds. For this reason, it was not printed on the MAR. The administrator thoroughly reviewed resident #1's MAR to identify any discrepancies or missing medication.

Going forward, when Cinacalcet is delivered, DCS have been instructed to immediately record it on the current MAR. Monthly, the manager will audit MAR's to ensure all current meds are listed. Completion Date: April 1, 2024

Licensee's Proposed Overall Completion Date: 03/18/2024

Implemented [redacted] 03/27/2024)

187b - Date/Time of Medication Admin.

7. Requirements

- 2600.
- 187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident 1 is prescribed [redacted] 3 times a day. Resident 1's medication administration record does not include the initials of the staff person who administered this medication from [redacted] at [redacted].

Resident 1 prescribed [redacted] 3 times a day before meals. Resident 1's medication administration record does not include the initials of the staff person who administered this medication from [redacted] at [redacted] [redacted] 24 at [redacted]

Resident 1 is prescribed [redacted] tablet once a day Resident 1's medication administration record does not include the initials of the staff person who administered this medication on [redacted].

Resident 1 is prescribed [redacted] tab once a day. Resident 1's medication administration record does not include the initials of the staff person who administered this medication on [redacted]

Staff member A states these medications were received by resident, just not documented.

Plan of Correction

Accept [redacted] - 03/20/2024)

On February 23, 2024, the administrator held a meeting with DCS responsible for medication. At said meeting, we reviewed the MAR for resident #1 and identified dates where initials were missing. Resident #1 along with the manager verified that [redacted] had received [redacted] medication every day. DCS were then instructed to initial the MAR on dates that had no initials.

The administrator has retrained all staff responsible for medication on 187.b subsection (a) (13) and (14) recording at the time of administration. We've thoroughly reviewed the importance of accurate documentation and adherence to prescribed regimens. as it is taught in the administration of medication.

Going forward, weekly, the manager a complete audit of all MAR;s to ensure proper and accurate documentation

187b - Date/Time of Medication Admin. (continued)

has been completed. Also, the senior med tech will monitor and audit all resident MAR's on a weekly basis for the next thirty days and monthly thereafter. Any and all discrepancies will be immediately reported to the administrator for corrective action. Any DCS requiring additional training will be identified and training and additional oversight will be provided by the administrator.

Licensee's Proposed Overall Completion Date: 05/30/2024

Implemented (████) - 03/27/2024)

227d - Support Plan Medical/Dental

8. 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

The home manages finances for resident 1. The resident's support plans, dated █████ does not document the resident has a need for his or her finances to be managed.

The home manages finances for resident 2. The resident's support plans, dated █████ does not document the resident has a need for his or her finances to be managed.

Plan of Correction

Accept (████) - 03/20/2024)

On February 26, 2024, the administrator corrected the support plans of residents #1 and #2 to reflect that financial management assistance is needed. This error took place because the administrator did not have an accurate understanding of this item.

All support plans remaining will be corrected no later than April 15, 2024.

Going forward, after support plans are completed, they will be audited within 7 days by the manager, to ensure accurate documentation when financial management is needed.

Bi-annually, the administrator will audit support plans to check for accuracy and immediately correct any discrepancies as they relate to the need for financial management and/or other items.

Licensee's Proposed Overall Completion Date: 07/30/2024

Implemented (████) - 04/15/2024)