

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

May 7, 2024

[REDACTED], ADMINISTRATOR  
BENEVOLENT PERSONAL CARE HOME INC  
[REDACTED]

RE: BENEVOLENT PERSONAL CARE  
HOME INC  
5727 WINDSOR STREET  
PHILADELPHIA, PA, 19143  
LICENSE/COC#: 14884

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/06/2024 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:** BENEVOLENT PERSONAL CARE HOME INC      **License #:** 14884      **License Expiration:** 05/03/2024  
**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]

## Certificate(s) of Occupancy

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

## Staffing Hours

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

## Inspection Information

**Type:** Full      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Renewal, Provisional      **Exit Conference Date:** 03/06/2024

## Inspection Dates and Department Representative

03/06/2024 - 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:** 0      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 0      **Have Physical Disability:** 0

## Inspections / Reviews

03/06/2024 Full

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 03/31/2024

04/04/2024 - POC Submission

**Submitted By:** [REDACTED]      **Date Submitted:** 04/09/2024  
**Reviewer:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 04/07/2024

Inspections / Reviews *(continued)*

04/08/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/09/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/11/2024

05/07/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/09/2024

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

The Carbon Monoxide detector was located within five feet of the home's gas heater. Per the Care Facility Carbon Monoxide Alarms Standards Act of Jun. 23, 2016; Carbon Monoxide alarms must be installed in proximity of, but not less than 15 feet from any fossil-fuel burning device or appliance.

Plan of Correction

Accept ( [redacted] - 04/08/2024)

- On March 11, 2024 after researching about the carbon monoxide alarm if it is not or at least 15 feet between the fossil fuel burning device and the door that leads out of the enclosed area to the rest of the building, then the carbon monoxide detector should be placed 15 feet away from the fossil fuel burning device.
- On March 26, 2024 the facility Administrator hired a license electrician to come out to move the carbon monoxide detector/smoke detector 15 feet away from the fossil fuel burning. The carbon monoxide detector was located in a separate room in the basement but the door that separate the room was removed.
- The facility administrator will ensure to comply with all rules per Care Facility Carbon Monoxide Alarms Standard Act.
- After researching if there in not at least 15 feet between the fossil fuel burning device and the door that leads out of the enclosed area to the rest of the building, then the carbon monoxide detector should be place just outside of the door.
- The facility administrator will ensure to comply with all rules per Care Facility Carbon Monoxide Alarms Standard Act

Proposed Overall Completion Date: 04/05/2024

Licensee's Proposed Overall Completion Date: 04/05/2024

Implemented ( [redacted] - 04/10/2024)

25b Contract Signatures

2. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract for resident #1 was not signed by the resident. The contract is not dated; however, it is signed by the "Payer" on [redacted] and staff member A, the Administrator, on [redacted] Resident #1's listed date of admission is [redacted].

25b - Contract Signatures (continued)

**Plan of Correction**

Accept ( ) - 04/08/2024)

- On March 8, 2024 the facility administrator double checked all resident home contracts to ensure all resident contracts were signed and up to date.
- On March 12, 2024 the facility administrator prepared documentation for residents who did not wish to sign. This documentation will be in place for any resident who cannot sign or do not wish to sign any documentation. For example a POA, Guardian, or Payee can sign. (Please see Attachment)
- Resident 1 has a power of attorney. During the time the contract was being signed Resident 1 and the POA both were present during the signing of the contract. Once the violation was received Benevolent Personal Care Home added this document to the contract. The resident allowed his/her POA, Guardian, or Payee to sign the contract on his behalf.
- On March 29, 2024 the facility administrator sat with the residents to talk to them about the change in the contract. Resident 1 explained that they were okay with the POA signing on his behalf (Please see attachment)
- Moving forward a resident will have 3 options when signing a contract.

1. Option 1 If a resident has a POA, Guardian, or Payee when it's time to sign the contract the resident can sign the contract
2. Option 2 If a resident has a POA, Guardian, or Payee when it's time to sign the contract the resident POA, Guardian, or Payee can sign the contract on their behalf if the resident does not want to sign.
3. Option 3 If a resident has a POA, Guardian, or Payee the resident and the resident POA, Guardian, or Payee both can sign the contract.

Licensee's Proposed Overall Completion Date: 04/05/2024

Implemented ( ) - 04/10/2024)

41e - Signed Statement

**3. Requirements**

2600.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

**Description of Violation**

Resident #1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

**Plan of Correction**

Accept ( ) - 04/08/2024)

o On March 13, 2024 the facility administrator double checked all resident records, resident rights, and complaint procedures. This documentation was added to the contract and a line was added for the resident and designated person to sign those pages separate.

41e - Signed Statement (continued)

- o Going forward we would make sure that all residents sign the resident Rights and Complaint procedures, not just their POA, Guardian, or Payee.*
- o On March 29, 2024 the facility administrator ensured that Resident 1 signed the Resident Rights and Complaint procedures. The administration sat with the resident and explained everything to Resident 1 signed the documentation. Benevolent Personal Care Home also kept the sign documentation by the POA during admission.*
- o The facility administrator will do a monthly audit to examine that all resident documentation is in good standard and keep all documents in the resident's record.*

Licensee's Proposed Overall Completion Date: 04/05/2024

Implemented ( ) - 04/10/2024

85a - Sanitary Conditions

4. Requirements

- 2600.
- 85.a. Sanitary conditions shall be maintained.

Description of Violation

On 03/06/24, at 12:44 PM, no paper towels or any means of hand drying were available in the 2nd floor restroom.

Plan of Correction

Accept ( ) - 04/08/2024

- On March 25, 2024 a paper towel dispenser was installed on the 2nd floor bathroom to help improve workplace hygiene. (Please see Attachment) to Maintain work hygiene*
- The facility administrator will continue to refill the dispenser and continue to help maintain sanitary conditions for the safety of the residents, volunteer, staff, and visitors.*
- The facility administrator has trained the volunteer and staff on the important of keeping hand towel dispenser filled.*
- The facility administrator will also educate the staff and residents on how important it is to maintain safe work hygiene for everyone.*

Licensee's Proposed Overall Completion Date: 04/05/2024

Implemented ( ) - 04/10/2024

107a - Emergency Preparedness

5. Requirements

- 2600.
- 107.a. The administrator shall have a copy and be familiar with the emergency preparedness plan for the municipality in which the home is located.

Description of Violation

107a - Emergency Preparedness (continued)

Staff person A, the Administrator, does not have, nor is familiar with, the emergency preparedness plan for the local municipality.

Plan of Correction

Accept ( [redacted] - 04/04/2024)

- The administrator did have knowledge about the Local Municipality.
- The facility administrator always sent an email to OEM Philadelphia Office of Emergency Management which included the facility fire evacuation plan on an annual basis.
- The facility administrator also contacted the city of Philadelphia firefighters to update them about the facility.
- The facility also let the firefighters know that Benevolent Personal Care Home is still open.
- Attach is an email from the local municipal in Philadelphia County. These are the steps that the facility administrator always followed and taken.
- Attach is the Emergency Preparedness for the city of Philadelphia which we did not have printed out we have printed and add to our binder.

Licensee's Proposed Overall Completion Date: 03/28/2024

Implemented ( [redacted] - 04/10/2024)

132f - Alternate Exit Routes

6. Requirements

2600.  
132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

The front door was the only exit route used during the fire drills held from 12/19/23 to 02/17/24.

Plan of Correction

Accept ( [redacted] - 04/08/2024)

- The Facility Administrator will use alternate routes when conducting the facility monthly or overnight fire drills
- The Facility administrator will educate the residents, staff, volunteer and visitors the importance of alternate routes when having a fire drill.
- On March 20, 2024 the administrator conducted a fire drill using another alternate route back door.
- The facility administrators will double check during the monthly audits that the fire drill logs are documented and filled out accurately to make sure that the facility is using alternative routes during a fire drill

Proposed Overall Completion Date: 04/05/2024

Licensee's Proposed Overall Completion Date: 04/05/2024

Implemented ( [redacted] - 04/10/2024)

162c Menu Posted

7. 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 menu posted in the home was not dated and listed only one week of scheduled meal options.

Plan of Correction

Accept ( [redacted] - 04/04/2024)

- The facility administrator will continue to post the weekly menus 1 week in advance in a conspicuous and public place so residents are aware of what meals are being served for the week.
- 
- The facility administrator would make sure that dates to the menu added not just keep posting the menu without the weekly dates. Like how it is currently posted.
- The facility administrator will make sure all dates are posted on all menus

Licensee's Proposed Overall Completion Date: 03/28/2024

Implemented [redacted] - 04/10/2024)

182b Prescription Medication

8. 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.
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

Resident #2 requires assistance with self-administration of medications. On [redacted]

[redacted] staff person B assisted resident #2 with medication self-administration to include the following;

- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]

Staff person B is not a physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic, a graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home, A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is

182b - Prescription Medication (continued)

present in the home, 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.

Plan of Correction

Accept (redacted) - 04/08/2024)

- The volunteer B did receive medication administration training to administer medication on August 31, 2023.
- Please see Attachment is certificates with the all documentation that relates to what is needed.
- The Administrator would make sure all documents related to medication administration training are printed and on-site
- Attachment 2 is an email from ODP explaining to the facility administrator the process and what is needed when a volunteer or staff completes their medication administration training
- Staff member A Administrator (Trainer) was certified by the Pennsylvania Department of Human Services as a Trainer to teach the DHS Medication Administration Course on June 23, 2022
- Attachment is certificates Pennsylvania Department of Human Services

Licensee's Proposed Overall Completion Date: 04/05/2024

Implemented (redacted) - 04/10/2024)

190a - Completion Medication Course

9. 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

Resident #2 requires assistance with self-administration of medications. Staff person B, who has not successfully completed the Department-approved medications administration course, assisted resident #2 with medication self-administration on 03/05/24:

- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]

Repeat Violation: 08/25/23.

Plan of Correction

Accept (redacted) - 04/08/2024)

- Volunteer B successfully completed the Medication Administration Standard Student Course ( Group) which was a

190a Completion Medication Course (continued)

department approved medication administration training course.

- Moving forward The facility administrator will continue to educate staff / volunteers about medication administration
- The facility administrator will also continue to monitor all staff and volunteers when administering medication.
- The facility administrator will revise all documentation and make sure that all documentation is completed and kept on site.
- The facility administrator will continue to do a monthly audit on all staff files.
- Tameka Mayers (Trainer) was certified by the Pennsylvania Department of Human Services as a Trainer to teach the DHS Medication Administration Course on June 23,2022
- Please see attached documents from Pennsylvania Department of Human Services

Licensee's Proposed Overall Completion Date: 04/12/2024

Implemented ( ) - 04/10/2024)

191 - Resident Right to Refuse

10. Requirements

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident #1, admitted [redacted], and resident #3, admitted [redacted], have not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Plan of Correction

Accept ( ) - 04/04/2024)

- The administrator will educate all residents on all residents on the right to question or refuse medications if a resident believes it is an error when giving medications
- A record of the resident rights education will be kept on file.
- The administrator has added the education to the contract. Please see attached document.

Licensee's Proposed Overall Completion Date: 03/28/2024

Implemented ( ) - 04/10/2024)