

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

October 4, 2024

[REDACTED]
CATHOLIC SOCIAL SERVICES
[REDACTED]

RE: WOMEN OF HOPE
251 NORTH LAWRENCE STREET
PHILADELPHIA, PA, 19106
LICENSE/COC#: 17594

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/03/2024 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: *WOMEN OF HOPE* License #: *17594* License Expiration: *02/05/2025*
 Address: *251 NORTH LAWRENCE STREET, PHILADELPHIA, PA 19106*
 County: *PHILADELPHIA* Region: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *CATHOLIC SOCIAL SERVICES*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *Other* Date: *08/01/1988* Issued By: *City of Philadelphia*

Staffing Hours

Resident Support Staff: Total Daily Staff: *20* Waking Staff: *15*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint, Incident* Exit Conference Date: *06/03/2024*

Inspection Dates and Department Representative

06/03/2024 - 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: *15* Are 60 Years of Age or Older: *11*
 Diagnosed with Mental Illness: *20* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

06/03/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/27/2024*

07/09/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *08/07/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/14/2024*

Inspections / Reviews *(continued)*

07/19/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/07/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 08/08/2024

10/04/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/07/2024

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] at 9:45 pm, there was an allegation of abuse reported against staff person A . The home did not develop and implement a plan of supervision or suspend staff person A.

Plan of Correction

Directed [REDACTED] - 07/19/2024)

- The program director spoke with staff person A on 6/4/24 to discuss the resident's accusations. The program director also spoke with other staff members and residents.
- Staff person A was terminated on [REDACTED]
- A staff meeting was conducted on June 28, 2024, focusing on Resident Rights and Complaint Procedures. (Agenda attached)
- A memo was distributed to all staff outlining the procedures for reporting abuse involving a resident and a staff member: (Memo Attached)
- All staff are required to attend an annual Resident Rights training.
- The Program Director will ensure compliance by maintaining a detailed log of all staff training conducted and documenting staff attendance.
- The Program Director will schedule make-up training for any staff members who miss their scheduled training sessions. Staff will have two weeks from the original training date to complete the make-up session.

In addition to the above mentioned plan of correction:

Immediately: If any suspected abuse or allegations of abuse occur, the home shall 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.

By 7/31/24: All staff persons shall be educated on the requirements of regulation 2600.15(b) and the home's policy and procedures for allegations of abuse. Documentation of education shall be kept in accordance with 2600.65i.

Proposed Overall Completion Date: 07/13/2024

Directed Completion Date: 07/31/2024

Implemented [REDACTED] - 10/04/2024)

15c - Supervision

2. Requirements

2600.

15.c. The home shall immediately submit to the Department's personal care home regional office a plan of supervision or notice of suspension of the affected staff person.

Description of Violation

On [REDACTED], at 9:45 pm, there was an allegation of abuse reported against staff person A. This incident was reported to staff person B on [REDACTED] at 9:45 pm. Staff person A continued to work on [REDACTED],

15c - Supervision (continued)

and [REDACTED] from 12:00 AM until 8:00 AM and was not suspended/placed on a plan of supervision.

Plan of Correction

Accept [REDACTED] - 07/19/2024)

- Staff Person A was suspended on [REDACTED] and terminated on [REDACTED].
- A memo was distributed to all staff outlining the procedures for reporting abuse, emphasizing immediate suspension pending investigation. (Memo Attached)
- If abuse is suspected, the staff member will be immediately suspended until the investigation is completed.
- Following completion of the investigation, the affected staff member will receive a refresher training and weekly supervision from their direct supervisor for a period of three months.
- To prevent future violations of resident rights, additional training will be implemented beginning June 28, 2024, focusing on De-Escalation, Safe Management, and trauma-informed care.
- A training session on De-Escalation and Safe Management is scheduled for August 2, 2024.

Licensee's Proposed Overall Completion Date: 07/13/2024

Implemented [REDACTED] - 10/04/2024)

42b - Abuse

3. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On the evening of [REDACTED] at approximately 9:45 pm, staff person A attempted to physically take resident [REDACTED] purse to prevent resident [REDACTED] from leaving the building.

During interviews with staff and resident, it was discovered that on undetermined dates, the home's staff has previously requested resident hand over their purse, with success, to prevent the resident from leaving the building.

Plan of Correction

Accept [REDACTED] - 07/19/2024)

- The Social Work Supervisor met with resident [REDACTED] on [REDACTED] to discuss her rights, emphasizing that staff are not permitted to confiscate her belongings to prevent her from leaving the building.
- The program director spoke with staff person A on 6/4/24 to discuss the resident's accusations. The program director also spoke with other staff members and residents.
- A staff meeting was held on June 28, 2024, with a focus on Resident Rights and Complaint Procedures. (Agenda attached)
- The abuse reporting procedure will be prominently posted for staff to ensure awareness by July 10, 2024.
- To prevent future violations of resident rights, additional training will be introduced, specifically covering De-Escalation, Safe Management, and trauma-informed care beginning June 28, 2024.
- Moving forward, Resident Rights will be integrated into monthly staff meetings, ensuring regular discussions on resident safety and compliance beginning June 28, 2024.

42b - Abuse (continued)

· Beginning July 1, 2024, a quiz will be conducted following training on Resident Rights to evaluate staff members' understanding and application of the training. (Document Attached)

Licensee's Proposed Overall Completion Date: 07/13/2024

Implemented [REDACTED] - 10/04/2024)

62 - Contact List

4. Requirements

2600.

62. List of Staff Persons - The administrator shall maintain a current list of the names, addresses and telephone numbers of staff persons including substitute personnel and volunteers.

Description of Violation

On [REDACTED] the staff list provided by the home did not include the names of current staff persons C, D, E and F.

Plan of Correction

Accept [REDACTED] - 07/19/2024)

- the contact list was updated on 6/26/24. (Review Attached)
- From June 4, 2024, moving forward, updates will occur quarterly or when any changes in staff personnel occur.

Licensee's Proposed Overall Completion Date: 07/13/2024

Implemented [REDACTED] - 10/04/2024)

65e - 12 Hours Annual Training

5. Requirements

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

1. Staff person orientation shall be included in the 12 hours of training for the first year of employment.
2. On the job training for direct care staff persons may count for 6 out of the 12 training hours required annually.

Description of Violation

Direct care staff person A, hired [REDACTED] received only 5.5 hours of annual training in training year 2023.

Plan of Correction

Accept [REDACTED] - 07/19/2024)

- On 6/4/24, the Program Director discussed with Staff Person A regarding their missing trainings and emphasized the importance of completing these requirements.
- Staff Person A was suspended on [REDACTED], and terminated on [REDACTED].
- On 6/28/24 a memo was sent to all staff detailing the mandatory training hour requirements.
- Attached is the 2024 Training Plan for Direct Care Staff, outlining each staff member's schedule to complete 15.5 hours of training throughout the year.
- At the beginning of each year, the Program Director will implement a Training Plan.
- Beginning July 1, 2024, the Program Director will conduct monthly review of staff training logs to ensure compliance.
- The Program Director will continue to maintain a detailed log of all staff training conducted and will document staff attendance.
- Beginning July 1, 2024, make-up training sessions will be scheduled for staff members who miss their scheduled training sessions. Staff will have two weeks from the original training date to complete the make-up session.

65e - 12 Hours Annual Training (continued)

Licensee's Proposed Overall Completion Date: 07/13/2024

Implemented [redacted] - 10/04/2024)

65f - Training Topics

6. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person A, hired [redacted], did not receive the following training during training year 2023:

- medication self-administration training
- care for residents with dementia and cognitive impairments

Plan of Correction

Directed [redacted] - 07/19/2024)

- On July 12, 2024, the Program Director contacted our training resources to arrange a session on Dementia and Cognitive Impairments for Direct Care Staff.
- Direct care staff regularly attend monthly training/staff meetings, which cover personal care needs, care of residents with Mental Health Diagnoses, and education on medication.
- The staff meeting agenda from June 28, 2024, addressing self-administration, is attached.
- ~~Although we do not accept residents with dementia or cognitive impairment beginning October 1, 2024, we will integrate the care of residents with dementia and cognitive impairments into our 2024 Training Plan.~~ (Unacceptable portion of plan of correction. CE 7/19/24)
- Moving forward beginning January 2025, the Program Director will implement a Training Plan which will integrate the topic of Dementia and Cognitive Impairments.
- The Program Director maintains a detailed log of the staff training conducted and documents staff attendance.

In addition to the above mentioned plan of correction:

By 7/31/24: All direct care staff shall receive training in Dementia and Cognitive Impairments. Documentation of the education shall be kept in accordance with 2600.65i.

Proposed Overall Completion Date: 07/13/2024

Directed Completion Date: 07/31/2024

Implemented [redacted] - 10/04/2024)

65g - Annual Training Content

7. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff person A, hired [REDACTED], did not receive the following training during training year 2023:

- fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert
- emergency preparedness procedures and recognition and response to crises and emergency situations
- falls and accident prevention

Plan of Correction

Accept [REDACTED] - 07/19/2024)

- On 6/4/24, the Program Director discussed with Staff Person A' regarding their missing training and emphasized the importance of completing these requirements.
- The 2024 Direct Care Training detailing the required training, attached.
- Beginning July 1, 2024, the Program Director will review staff training logs monthly to ensure compliance.
- The Program Director will continue to maintain a detailed log of all staff training conducted and will document staff attendance.
- Beginning July 1, 2024, Make-up training sessions will be scheduled for staff members who miss their scheduled training sessions. Staff will have two weeks from the original training date to complete the make-up session.

Licensee's Proposed Overall Completion Date: 07/13/2024

Implemented [REDACTED] - 10/04/2024)

185a - Implement Storage Procedures

8. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

On [REDACTED] at 1:25 pm during med cart audit on site, resident [REDACTED] [REDACTED] were counted; per home's records there should have been [REDACTED] available, however, there were [REDACTED]

185a - Implement Storage Procedures (continued)

Per home's medication policy: "Each week all controlled medications are counted and charted by the program director and the midnight shift coordinator. The program director and operations manager sign off on the accuracy of this documentation. Any discrepancies will be reported immediately to the director with appropriate follow up." On 6/3/24, requested documentation of weekly audits was not available; the home is not following their medication policy procedures.

Plan of Correction

Directed [redacted] 07/19/2024)

- Social Work Supervisor met with Resident [redacted] on 6/4/24 and informed them of the missed dose.
- Staff meeting held on 6/28/24, Med error was discussed, and medication procedures were reinforced. Staff were reminded to follow the 5 Rights of medication administration.
- An audit was conducted on 7/1/24 of the controlled medication count for the month of June. Review Attached.
- Moving forward beginning July 1, 2024, the Program Director will adhere to medication policy procedures by documenting weekly audits of controlled medication count.
- During monthly staff meetings, proper medication administration is reinforced with staff.

In addition to the above mentioned plan of correction:

By 7/31/24: The administrator shall review and update if necessary the home's procedures for the safe storage, access, security, distribution and use of medications, including the procedures for medication accountability.

By 8/7/24: All staff qualified to administer medication shall be trained on the home's procedures for the safe storage, access, security, distribution and use of medications, including the procedures for medication accountability. Documentation of education shall be kept in accordance with 2600.65i.

Proposed Overall Completion Date: 07/13/2024

Directed Completion Date: 08/07/2024

Implemented [redacted] 10/04/2024)

187b - Date/Time of Medication Admin.

9. 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 [redacted] is prescribed [redacted] tablet, one tablet by mouth daily. Resident 3's June, 2024 medication administration record does not include the initials of the staff person who administered [redacted] tablet on 6/2/24 at 8:00 AM.

Plan of Correction

Accept [redacted] 07/19/2024)

- On 6/4/24, Social Work Supervisor spoke with staff who conducted the error and discussed the importance of accurate documentation.
- On 6/28/24, Staff meeting discussed the importance of accurately documenting medication administration, including the requirement to initial the MAR promptly after administering each medication.
- Beginning July 1, 2024, Monthly meetings will include reviews of medication policy and procedures.

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

- The Program Director will conduct quarterly medication observations of staff to ensure understanding and adherence to proper medication procedures beginning July 1, 2024.

Licensee's Proposed Overall Completion Date: 07/13/2024

Implemented [REDACTED] - 10/04/2024)