



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]
January 16, 2025

[REDACTED]
Administrator
Clarises Personal Care Residence, Inc.
514 East Roosevelt Boulevard
Philadelphia, Pennsylvania 19120

RE: Clarises Personal Care Residence
License #: 13409

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing (Department) review on December 3, 2024 and January 15, 2024 of the above facility, we have determined that your submitted plan of correction for the October 31, 2024 inspection is not fully implemented. Correction of these violations in accordance with the specified plan of correction is required. Continued compliance must be maintained.

Sincerely,

[REDACTED]

[REDACTED]

[REDACTED]

Enclosure
Licensing Inspection Summary

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

Facility Information

Name: *CLARISES PERSONAL CARE RESIDENCE* License #: *13409* License Expiration: *11/01/2025*
Address: *514 EAST ROOSEVELT BOULEVARD, PHILADELPHIA, PA 19120*
County: *PHILADELPHIA* Region: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *CLARISES PERSONAL CARE RESIDENCE INC*
Address: *514 EAST ROOSEVELT BOULEVARD, PHILADELPHIA, PA, 19120*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *02/06/1996* Issued By: *City of Philadelphia*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *8* Waking Staff: *6*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *10/31/2024*

Inspection Dates and Department Representative

10/31/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *9* Residents Served: *7*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *2* Are 60 Years of Age or Older: *7*
Diagnosed with Mental Illness: *7* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *1* Have Physical Disability: *1*

Inspections / Reviews

10/31/2024 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/18/2024*

Inspections / Reviews *(continued)*

11/19/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 12/06/2024
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/24/2024

12/03/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 12/06/2024
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 01/06/2025

01/15/2025 - Document Submission

Submitted By: [REDACTED] Date Submitted: 12/06/2024
Reviewer: [REDACTED] Follow-Up Type: Exception

42s - Privacy

1. 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 front entrance has a doorbell device which records audio outside the front door. Audio monitoring in any location on the grounds of the home is prohibited.

Plan of Correction

Do Not Accept (█ - 11/19/2024)

Our front doorbell has NO recording device. When the inspector was here, █ was leaving and the doorbell rang, and the resident was at the door and said █ home. That is what the inspector heard. We do NOT have a recording device at this home as per administrator

Licensee's Proposed Overall Completion Date: 11/15/2024

Update: 11/19/2024

There is a ring camera installed at the front door. Ring cameras record audio and video.

Please provide a plan of correction for this violation.

Plan of Correction

Directed (█ - 12/03/2024)

Our front doorbell has NO recording device. Ring cameras DO NOT record audio and video unless you pay for that service on your device. We DO NOT pay for that service. Per Ring website, no devices records audio or video unless you have subscribed. The home, staff, no admin has subscribed and or pays for audio and video recording. Information from ring website attached.

Proposed Overall Completion Date: 11/22/2024

Directed POC:

Immediately upon receipt of this plan of correction: The administrator or individual with access to the Ring application, shall disable audio monitoring on the device or remove the device. Signage notifying visitors and residents that there is video surveillance shall be posted in a conspicuous location at the device. The administrator or designee shall conduct weekly spots spot check for the next 30 days to ensure that the signage is still in place. Documentation of weekly checks shall be kept for review by the Department.

Directed Completion Date: 12/05/2024

Evidence of Completion

Implemented (█ - 01/15/2025)

Audio surveillance was disabled on 12/03/2024, when the doorbell rings we are no longer able to ask who is at the door through ring camera. We removed the sign that came with ring that states "home is under video surveillance" and replaced it with our own sign that says "home is under video surveillance". sign was placed in a conspicuous location.

65f - Training Topics

2. Requirements

2600.

65f - Training Topics (continued)

- 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.

Description of Violation

Direct care staff person A did not receive training in any of the direct-care topics during training year 2023.

Plan of Correction

Do Not Accept (█ - 11/19/2024)

This was an oversight for 2023 trainings. Annual training did not include all the trainings listed. All trainings were completed 65G and 65F. Moving forward all annual trainings will be included in the 2025 training calendar, and a monthly check will be done by administrator to ensure that these courses are included in our yearly trainings.

Licensee's Proposed Overall Completion Date: 11/15/2024

Update: 11/19/2024

Please indicate the date the trainings were completed.

Please indicate the date the 2025 training calendar was updated.

Please indicate the date the monthly checks will begin.

Plan of Correction

Accept (█ - 12/03/2024)

This was an oversight for 2023 trainings. Annual training did not include all the trainings listed. All trainings were completed 65G and 65F on the dates between November 11-14th as shown on the completed certificates. Moving forward all annual trainings will be included in the 2025 training calendar, and a monthly check will be done by administrator to ensure that these courses are included in our yearly trainings. 2025 Training calendar updated 11/11/2024 and monthly checks has started as of 11/20/2024

Licensee's Proposed Overall Completion Date: 11/22/2024

Evidence of Completion

Not Implemented (█ - 01/15/2025)

See attached.

65g - Annual Training Content

3. 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:

Description of Violation

Staff person A did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert during training year 2023.

Plan of Correction

Do Not Accept (█ - 11/19/2024)

Staff person A is a Train by The Fire Department and is also a "Train the Trainer" certified person. Certificate is attached.

65g - Annual Training Content (continued)

Licensee's Proposed Overall Completion Date: 11/15/2024

Update: 11/19/2024

Regulations require staff be trained annually. Please provide a plan of correction for this violation.

Plan of Correction

Directed (█) - 12/03/2024)

Staff person A is a Train by The Fire Department and is also a "Train the Trainer" certified person. Certificate is attached. on November 19, 2024, Staff A was trained via online FIRE SAFETY & EMERGENCY PREPAREDNESS TRAINING 1 HOUR COURSE. To ensure this violation is not repeated. The training has been added to our yearly training calendar on 11/11/2024. FIRE SAFETY was also added to a monthly log check of all annual trainings. This log was attached with 65F along with 2025 calendar training attached

Proposed Overall Completion Date: 11/22/2024

Directed POC:

Within 30 days of the receipt of this plan of correction: Staff person A shall receive in-person training in fire safety completed by a fire safety expert. Documentation shall be kept in accordance with 2600.65i.

Directed Completion Date: 01/03/2025

Evidence of Completion

Not Implemented (█) - 01/15/2025)

Staff person A is working with the fire safety expert to confirm a date for this training before 01/03/2025

82c - Locking Poisonous Materials

4. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

On 10/31/2024 at 12:11 PM, a tube of toothpaste with a manufacture's label indicating "If more than used for brushing is accidentally swallowed, get medical help or contact a Poison Control Center right away", and a hand-soap dispenser with a manufacturer's label indicating "Avoid contact with eyes", were unlocked, unattended, and accessible to resident #1 in the resident's bathroom. Resident #1's preadmission screening, dated █, indicates the resident cannot safely use and avoid poisonous materials.

Plan of Correction

Do Not Accept (█) - 11/19/2024)

We have all poisonous materials locked up, but not residents 1 toothpaste and hand soap. We have removed both items from residents 1 bedroom and is now locked up with the rest of the poisonous materials. Staff will do daily checks to ensure residents 1 room is always free of any and all poisonous materials.

Licensee's Proposed Overall Completion Date: 11/15/2024

Update: 11/19/2024

Please indicate the date the poisonous materials were removed.

Please indicate the date daily checks will begin.

Plan of Correction

Accept (█) - 12/03/2024)

We have all poisonous materials locked up, but not residents 1 toothpaste and hand soap. We have removed both

82c - Locking Poisonous Materials (continued)

items from residents 1 bedroom and is now locked up with the rest of the poisonous materials. Staff will do daily checks to ensure residents 1 room is always free of any and all poisonous materials. Poisonous materials were removed immediately upon the inspector speaking on it October 31st, 2024. Daily checks started on November 1st, 2024. Daily log check started 11/20/2024 , log attached

Licensee's Proposed Overall Completion Date: 11/22/2024

Evidence of Completion

Implemented () - 01/15/2025

See attached.

85d - Trash Receptacles

5. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 10/31/2024 at 9:30 am, there was a white plastic bag full of garbage uncovered and unattended next to the toilet on the floor of the first-floor bathroom.

Plan of Correction

Do Not Accept () - 11/19/2024

The resident who uses that bathroom was told at 8:45am by the administrator () to leave wet pampers in a plastic bag and that would dispose of them when cleans bathroom. When the inspector arrived, was in the middle of cleaning bathrooms. I let in, and gave me a list of items needed to get started with the inspection. As was gathering the items needed by the inspector the inspector went into said bathroom and took a picture of the pampers in the bathroom. Moving forward, bathrooms will be cleaned earlier to ensure that this violation is not repeated.

Licensee's Proposed Overall Completion Date: 11/15/2024

Update: 11/19/2024

Please indicate any additional steps/actions that will be put into place to monitor or audit for ongoing compliance.

This could be specific audits, reviews, spot checks, etc. Please include detailed information regarding start dates, frequencies and titles of person responsible for each step.

Plan of Correction

Accept () - 12/03/2024

The resident who uses that bathroom was told at 8:45am by the administrator () to leave wet pampers in a plastic bag and that would dispose of them when cleans bathroom. When the inspector arrived, was in the middle of cleaning bathrooms. I let in, and gave me a list of items needed to get started with the inspection. As was gathering the items needed by the inspector the inspector went into said bathroom and took a picture of the pampers in the bathroom. Moving forward, bathrooms will be cleaned earlier to ensure that this violation is not repeated. Starting 11/21/2024 Once Staff member has completed each bathroom , Admin will do spot checks to ensure all trash is kept covered in trash receptables. Spot checks will be done twice daily . Log Attached ,

Licensee's Proposed Overall Completion Date: 11/22/2024

Evidence of Completion

Implemented () - 01/15/2025

See attached.

141a - Medical Evaluation

6. 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's medical evaluation was not complete within 60 days prior to admission or within 30 days after admission of the resident.

Plan of Correction

Do Not Accept (█ - 11/19/2024)

New DME and note attached

Licensee's Proposed Overall Completion Date: 11/15/2024

Update: 11/19/2024

Please indicate any additional steps/actions that will be put into place to monitor or audit for ongoing compliance.

This could be specific audits, reviews, spot checks, etc. Please include detailed information regarding start dates, frequencies and titles of person responsible for each step.

Plan of Correction

Accept (█ - 12/03/2024)

New DME and note attached

All residents at tthe home files were check for medical evaluation. Admin █ will be doing monthly checks to ensure all files is in compliance with medical evaluation . On November 19th 2024 a check list was created for monthly checks of medical evaluation.

Licensee's Proposed Overall Completion Date: 11/22/2024

Evidence of Completion

Implemented (█ - 01/15/2025)

See attached.

162c - Menus 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 home has a rotating weekly menu that doesn't feature dates. Every day, the menu should clearly indicate what foods will be served each meal from that date to one week in the future.

Plan of Correction

Do Not Accept (█ - 11/19/2024)

We have monthly menus posted that was not dated. Menu has been revised, dated and posted. The new dated menu will be checked weekly by administrator to ensure that we stay in compliance with regulations and to prevent this from being repeated

Licensee's Proposed Overall Completion Date: 11/15/2024

Update: 11/19/2024

Please indicate the date the weekly checks will begin.

162c - Menus Posted (continued)

Plan of Correction

Accept (█ - 12/03/2024)

We have monthly menus posted that was not dated. Menu has been revised, dated and posted. The new dated menu will be checked weekly by administrator to ensure that we stay in compliance with regulations and to prevent this from being repeated. weekly checks began 11/20/24 log attached

Licensee's Proposed Overall Completion Date: 11/22/2024

Evidence of Completion

Implemented (█ - 01/15/2025)

See attached.

221c - Post Activity Calendar

8. Requirements

2600.

221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

Description of Violation

The posted activity calendar lists days of the week instead of dates.

Plan of Correction

Do Not Accept (█ - 11/19/2024)

We have a monthly activity calendar posted but not dated. Activity calendar has been dated and posted. The new dated Activity calendar will be checked weekly by administrator to ensure that we stay in compliance with regulations and to prevent this from being repeated

Licensee's Proposed Overall Completion Date: 11/15/2024

Update: 11/19/2024

Please indicate the date weekly checks will begin.

Plan of Correction

Accept (█ - 12/03/2024)

We have a monthly activity calendar posted but not dated. Activity calendar has been dated and posted. The new dated Activity calendar will be checked weekly by administrator to ensure that we stay in compliance with regulations and to prevent this from being repeated. weekly checks began 11/20/24 log attached

Licensee's Proposed Overall Completion Date: 11/22/2024

Evidence of Completion

Implemented (█ - 01/15/2025)

See attached.