

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

June 10, 2025

[REDACTED], ED  
ROXBOROUGH HOME FOR WOMEN INC  
601 EAST LEVERINGTON AVENUE  
PHILADELPHIA, PA, 19128

RE: ROXBOROUGH HOME FOR WOMEN  
601 EAST LEVERINGTON AVENUE  
PHILADELPHIA, PA, 19128  
LICENSE/COC#: 14156

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/13/2024 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: *ROXBOROUGH HOME FOR WOMEN* License #: *14156* License Expiration: *12/21/2025*  
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: *601 EAST LEVERINGTON AVENUE, PHILADELPHIA, PA, 19128*  
Phone: [Redacted] Email: [Redacted]

**Certificate(s) of Occupancy**

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

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *15* Waking Staff: *11*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *11/13/2024*

**Inspection Dates and Department Representative**

11/13/2024 - On-Site: [Redacted]

**Resident Demographic Data as of Inspection Dates**

General Information				
License Capacity:	30	Residents Served:	15	
Secured Dementia Care Unit				
In Home:	No	Area:	Capacity:	Residents Served:
Hospice				
Current Residents:	0			
Number of Residents Who:				
Receive Supplemental Security Income:	1	Are 60 Years of Age or Older:	15	
Diagnosed with Mental Illness:	13	Diagnosed with Intellectual Disability:	3	
Have Mobility Need:	0	Have Physical Disability:	0	

**Inspections / Reviews**

11/13/2024 - Full  
Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *12/12/2024*

12/20/2024 - POC Submission  
Submitted By: [Redacted] Date Submitted: *12/12/2024*  
Reviewer: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *12/26/2024*

Inspections / Reviews (*continued*)

## 06/10/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/22/2024

Reviewer: [REDACTED]

Follow-Up Type: *Bypass Document  
Submission*

## 06/10/2025 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/10/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On November 13, 2024, the home's inspection summary report dated April 18, 2024, was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept ( [redacted] - 12/20/2024)

During the annual inspection on November 13, 2024. the Administrator [redacted] did not have the last partial inspection dated April 18, 2024 posted. Since this time the Administrator [redacted] posted the last inspection 4/18/2024 as well as the most recent full inspection. Moving forward the Administrator will post any inspections completed by the Department of Humans Service both partial and full inspections.

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

Implemented ( [redacted] - 06/10/2025)

18 - Compliance With Laws

2. 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

Personal care and assisted living homes must post the required influenza information in a public place in the home year-round as required by the Influenza Awareness Act (HB 1785). The home did not have an influenza poster anywhere.

Plan of Correction

Accept ( [redacted] - 12/20/2024)

During the time of the most recent inspection dated November 13, 2024 the Administrator [redacted] did not have the influenza information in a public place. The Administrator since the time of the inspection placed the influenza information in an area for staff and residents to see on 12/12/24.

Proposed Overall Completion Date: 12/12/2024

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

Implemented ( [redacted] - 06/10/2025)

25a - Written Contract and Review

3. Requirements

2600.

25.a. Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

Description of Violation

Resident #1 was admitted to the home on [redacted] However, the resident contract was not signed and reviewed by

25a - Written Contract and Review (continued)

the residents until [REDACTED]

Plan of Correction

Accept ([REDACTED] - 12/20/2024)

During the most recent inspection dated November 13, 2024 Resident had inconsistent dates on the contract during the admissions. The Administrator had the resident resign an updated contract with dates that are consistent, by 12/12/24. Moving forward contract dates will be consistent upon admission and the administrator will review all new admission contracts within 24 hours of admission, starting immediately.

Proposed Overall Completion Date: 12/12/2024

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

Implemented ([REDACTED] - 06/10/2025)

25b SOPa - Rent Rebate: Contract

4. Requirements

2600.

25b.a. The resident-home contract is to include whether the home collects a portion of a resident's rent rebate under § 2600.25(d) (relating to resident-home contract).

Description of Violation

The resident-home contract, dated [REDACTED] for Resident #1 does not indicate whether the home collects a portion of the resident's rent rebate benefit.

The resident- home contract, dated [REDACTED], for Resident #2 does not indicate whether the home collects a portion of the resident's rent rebate benefit.

The resident- home contract, dated [REDACTED] for Resident #3 does not indicate whether the home collects a portion of the resident's rent rebate benefit.

The resident- home contract, dated [REDACTED] for Resident #4 does not indicate whether the home collects a portion of the resident's rent rebate benefit.

Plan of Correction

Accept ([REDACTED] - 12/20/2024)

During the time of the annual licensing inspection dated November 13, 2024 the Administrator did not have a resident home contract that included information as to whether the personal care home collects a portion of the residents rent rebate. Since this time the Administrator completed an amendment to the contract and had the residents sign the amendment to the contract with the rebate information. Moving forward all contract will have this information included for any new residents admissions.

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

Implemented ([REDACTED] - 06/10/2025)

51 - Criminal Background Check

5. Requirements

2600.

51 - Criminal Background Check (continued)

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 person A, DOH [REDACTED] did not have a completed criminal background check to include an FBI check since the staff resided in state outside of Pennsylvania.

Repeat violation 11/21/2023, et al

Plan of Correction

Directed ([REDACTED] - 12/30/2024)

During the inspection dated November 13, 2024 the Administrator did not have a completed FBI background check required because [REDACTED] was not a resident of the state on PA. An Background FBI appointment was scheduled for Tuesday December 17, 2024

Please see new attachment regarding auditing and monitoring of criminal and FBI background checks dated 12/22/2024

Proposed Overall Completion Date: 12/22/2024

Directed Plan of Correction ([REDACTED] 12/30/24):

In addition to the steps noted the home will:

- the administrator will develop a new staff checklist to include all required documents of new employees within 10 days of receipt of this plan of correction.
- the administrator or business office staff will review the checklist upon hire of all new staff to ensure all required documents are maintained in the employees file, starting upon completion of the checklist.
- the administrator or business office staff will audit all employee files to ensure all required documents including criminal background checks or FBI background checks have been completed by 1/15/25.

Directed Completion Date: 01/15/2025

Implemented ([REDACTED] - 06/10/2025)

85a - Sanitary Conditions

6. Requirements

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

Description of Violation

On November 13, 2024, during the physical site the trash can in the staff's restroom was uncovered and filled.

Plan of Correction

Accept ([REDACTED] - 12/20/2024)

During the time of inspection dated November 13, 2024 Roxborough Home for Women had trash cans with no lids. Since this time additional trash cans were purchased with lids on 11/27/2024 and placed throughout the home where trash cans did not have lids. A receipt of the trash cans purchased and a few photos are included.

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

Implemented ([REDACTED] - 06/10/2025)

101j5 - Bedside Table/Shelf

**7. Requirements**

- 2600.
- 101.j. Each resident shall have the following in the bedroom:
  - 5. A bedside table or a shelf.

**Description of Violation**

*Resident #2 did not have a bedside table or shelf beside resident.*

**Plan of Correction**

**Directed ( [REDACTED] - 12/30/2024)**

*During the time of inspection resident did not have a bedside table or shelf in bedroom. Since the inspection Roxborough Home for Women rearranged bedroom so that the resident could have a small bedside dresser near bed.*

*Please see additional steps to plan of correction dated 12/22/2024 for Bedside table.*

*Proposed Overall Completion Date: 12/22/2024*

*Directed Plan of Correction ([REDACTED] 12/30/24):*

- the administrator or maintenance staff will place a bedside table or shelf in the resident's bedroom, immediately.*
- the maintenance staff will check all resident rooms to ensure a bedside table or shelf is in all resident bedrooms by 1/15/25.*
- the administrator will check all resident rooms at least bi-monthly to ensure a bedside table or shelf is locate in all residents bedrooms, starting immediately.*

**Directed Completion Date: 12/22/2024**

**Implemented ([REDACTED] - 06/10/2025)**

**101j7 - Lighting/Operable Lamp**

**8. Requirements**

- 2600.
- 101.j. Each resident shall have the following in the bedroom:
  - 7. An operable lamp or other source of lighting that can be turned on at bedside.

**Description of Violation**

*Resident #2 does not have access to a source of light that can be turned on/off at bedside.*

**Plan of Correction**

**Directed ([REDACTED] - 12/30/2024)**

*During the time of inspection dated November13, 2024 the resident did not have an accessible lamp in the room. Since this time staff rearranged and added lamp to room.*

*Please see additional steps of plan of correction for bedside light in bedroom dated 12.22.2024*

*Proposed Overall Completion Date: 12/22/2024*

*Directed Plan of Correction ([REDACTED] 12/30/24):*

- the administrator or maintenance staff will place a bedside lamp in the resident #2's bedroom, immediately.*

101j7 - Lighting/Operable Lamp (continued)

-the maintenance staff will check all resident rooms to ensure a bedside lamp is in all resident bedrooms by 1/15/25.  
-the administrator will check all resident rooms at least bi-monthly to ensure a bedside lamp is locate in all residents' bedrooms, starting immediately.

Directed Completion Date: 01/15/2025

Implemented (█) - 06/10/2025

103g - Storing Food

9. Requirements

2600.  
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

On November 13, 2024, during the physical site inspection, there was an opened and unsealed bag of frozen fish patties in the basement freezer.

Plan of Correction

Accept (█) - 12/20/2024

During the time of inspection dated November 13, 2024 there was opened food. The Administrator conducted a training for all kitchen staff dated 11/25, 11/27, and 11/28 to train kitchen staff on food service practices.

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

Implemented (█) - 06/10/2025

103i - Outdated Food

10. Requirements

2600.  
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

On November 13, 2024, during the physical site inspection, there was an unlabeled, undated bag of frozen carrots and frozen fish patties in the basement freezer.

Repeat Violation: 9/6/2023, et al

Plan of Correction

Accept (█) - 12/20/2024

During the time of inspection dated November 13, 2024 there was outdated food. The Administrator conducted a training for all kitchen staff dated 11/25, 11/27, and 11/28 to train kitchen staff on food service practices.

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

Implemented (█) - 06/10/2025

132f - Alternate Exit Routes

11. Requirements

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

132f - Alternate Exit Routes (continued)

**Description of Violation**

The enclosed porch exit route was the same exit used during the fire drills held on 3/8/2023, 4/25/2023, 5/28/2023, 6/8/2023, and 7/14/2023.

**Plan of Correction**

**Directed ( [REDACTED] - 12/30/2024)**

During the most recent licensing inspection dated November 13, 2024 the same egress was used during unannounced fire drills. The Administrator [REDACTED] reached out to Fire and Life Safety Solutions and asked them to assist in different egresses during evacuation.

During the next drill a different route will be used.

Proposed Overall Completion Date: 12/12/2024

Please see the Standard Operating Procedure for Fire drills dated 12/22/2024

Proposed Overall Completion Date: 12/22/2024

Directed Plan of Correction ([REDACTED] 12/30/24):

- the administrator will conduct a training to all staff on the importance of alternating exits during fire drill evacuation, by 1/15/25.
- the administrator or maintenance staff will post a barrier during fire drills to ensure alternate exits are used as a means to redirect residents during a drill to a different exit, at least bi-monthly, starting immediately.
- the administrator will review all monthly fire drills to ensure alternate exits were used during the drills, starting immediately.

Directed Completion Date: 01/15/2025

**Implemented ([REDACTED] - 06/10/2025)**

144c2 - Smoking Area Distance

**12. Requirements**

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

2. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following: Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

**Description of Violation**

On November 13, 2024, during the physical site inspection there was no signage indicating that the bench area is the designated smoking area. The home's designated smoking area outside of the home is in the park bench area. However, this area has cushion pillows on the benches.

**Plan of Correction**

**Accept ([REDACTED] - 12/30/2024)**

Since the inspection dated November 13, 2024 the Administrator at Roxborough removed cushions to chairs in seating area. Additionally smoking signs were placed in resident smoking area and employee smoking area.

144c2 - Smoking Area Distance (continued)

Proposed Overall Completion Date: 12/12/2024

Please see plan of correction for smoking area dated 12/22/2024

Designated Smoking Areas:

Outdoor Smoking Areas: Established away from common walkways, building exits, and any potential fire hazards.

Signage and Guidelines:

Install signage in designated smoking areas.

Provide fire-resistant containers for extinguishing cigarettes and disposing of ashes.

Maintenance Responsibilities

Monitoring Frequency:

Smoking areas will be monitored by maintenance staff daily during their routine inspections to ensure compliance and cleanliness.

Spot checks will be conducted weekly by the maintenance or building facilities.

Inspection and Cleaning:

Maintenance staff will inspect smoking areas for:

Proper functioning of fire-resistant containers.

Accumulation of debris or flammable materials.

Any fire hazards.

Areas will be cleaned and debris removed immediately if found during inspections.

Staff Assignments

Responsible Individuals:

Maintenance will oversee the daily inspections.

Maintenance will complete weekly spot checks and notify the Administrator immediately of any noncompliance issue or hazards.

Recordkeeping and Reporting

Documentation:

A fire safety inspection log will be maintained to track monitoring activities, findings, and corrective actions taken.

Incident Reporting:

Any safety concerns or incidents in the smoking areas must be reported immediately to the Administrator within 24 hours.

Completion Timeline

Policy updates and staff training will be completed annually or as compliance guidelines change.

Regular monitoring and documentation will begin immediately.

Proposed Overall Completion Date: 12/22/2024

Licensee's Proposed Overall Completion Date: 12/22/2024

Implemented ( [redacted] - 06/10/2025)

171b2 - Staff Age

13. Requirements

2600.

171b2 - Staff Age (continued)

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

2. The driver of a vehicle shall be 18 years of age or older and possess a valid driver's license.

Description of Violation

Staff person B, transports residents in the community to medical appointments. Staff person B does not have a current driver's license.

Plan of Correction

Accept ( [redacted] - 12/20/2024)

During the most recent inspection the medical staff [redacted] did not have updated Drivers License on file. [redacted] provided the updated DL. Moving forward the Administrator shall check any employees file who drives transportation for updated state issued drivers license.

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

Implemented ( [redacted] - 06/10/2025)

171b5 - First Aid Kit

14. Requirements

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

The first kit in the van used to transport residents does not include a breathing shield.

Plan of Correction

Accept ( [redacted] - 12/20/2024)

See attached. During the most recent inspection a breathing mask was not located in the transportation First Aid Kit. Moving forward responsible staff will check first aid kits in the home and van and replace any outdated or items that are missing. Responsible staff was sent a training and acknowledgement. The acknowledgment must be completed no later than 12/16/2024

Licensee's Proposed Overall Completion Date: 12/16/2024

Implemented ( [redacted] - 06/10/2025)