

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

March 17, 2025

[REDACTED], ADMINISTRATOR
SHELLEY R. SMITH
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 02/20/2025 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: *10/01/2025*
Address: *5224-26 NORTH BROAD STREET, PHILADELPHIA, PA 19141*
County: *PHILADELPHIA* Region: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *SHELLEY R. SMITH*
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: *0* Total Daily Staff: *24* Waking Staff: *18*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *02/20/2025*

Inspection Dates and Department Representative

02/20/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

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

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *19* Are 60 Years of Age or Older: *8*
Diagnosed with Mental Illness: *23* Diagnosed with Intellectual Disability: *4*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

02/20/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/17/2025*

03/17/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: *03/17/2025*
Reviewer: [REDACTED] Follow-Up Type: *Bypass Document Submission*

Inspections / Reviews *(continued)*

03/17/2025 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/17/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

95 - Furniture and Equipment

1. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 2/20/2025 at 10:15 am, the smoked detector in room 2 was hanging loose from its case on the wall.

Plan of Correction

Accept (█ - 03/17/2025)

In response to the violation on 02/20/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/20/2025 by the Administrator to Immediate action was taken by the administrator to tighten the loose smoke detector.

To enhance the currently compliant operations, on 02/20/2025 the DCS will The designated staff will daily monitor the smoke detectors in bedrooms when performing housekeeping duties. Any detectors found loose, will be reported to the administrator for immediate repair, with a completion date of 03/17/2025.

Effective 03/03/2025 the Administrator will perform quarterly Walk-thru through 03/17/2025 to maintain ongoing compliance with ensuring furniture and equipment is in good repair, clean and free of hazards, the administrator will perform a quarterly walk-thru to check smoke detectors to ensure they are securely attached to the wall. Any detectors found hanging loose will immediately be secured to the wall. This will ensure continued compliance. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 03/17/2025

Implemented (█ - 03/17/2025)

101j7 - Lighting/Operable Lamp

2. 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

On 2/20/2025 at 10:15 am, the bedside lamp in room 2 was missing its power button, making it impossible to turn it on.

Plan of Correction

Accept (█ - 03/17/2025)

In response to the violation on 02/20/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/20/2025 by the Administrator to Immediate action was taken to replace the broken lamp with a lamp that is fully operational.

To enhance the currently compliant operations, on 02/24/2025 the DCS will The designated staff person has been instructed to monitor bedside lamps checking to ensure they operate. This task will be done when performing daily housekeeping duties. Any bedside lamps found not operating, will be reported to the administrator, in writing for immediate replacement. Extra lamps are now stored in the building to ensure continued compliance, with a completion date of 03/17/2025.

101j7 - Lighting/Operable Lamp (continued)

Effective 03/24/2025 the Administrator will perform monthly checks through 03/17/2025 to maintain ongoing compliance with ensuring each resident has in their bedroom an operable lamp or other source of lighting that can be turned on at bedside, the administrator has purchased several new lamps to be stored in the basement so they are immediately available when needed. Staff have been retrained on 2600.101 j, reminding them of required items in bedrooms. The administrator will perform random checks of bedside lamps throughout the upcoming months to ensure continued compliance. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 03/17/2025

Implemented (█ - 03/17/2025)

227c - Support Plan Revision

3. Requirements

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident 2's support plan was completed on █. However, the resident's assessment was not completed until █.

Plan of Correction

Accept (█ - 03/17/2025)

In response to the violation on 02/20/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/24/2025 by the Administrator to Immediate action was taken to correct the typo that occurred when the assessment/support plan was prepared.

To enhance the currently compliant operations, on 02/24/2025 the Manager will The designated staff has reviewed all support plans/assessments to ensure the accuracy of the completion dates. Discrepancies found have been reported to the administrator for immediate correction. Going forward, said forms will be reviewed bi-annually to ensure continued compliance, with a completion date of 03/17/2025.

Effective 03/03/2025 the Administrator will perform annual reviews through 03/17/2025 to maintain ongoing compliance with The administrator will perform random reviews of all support plans throughout the year and especially when the annual quality management plan is completed. Any incorrect dates will be identified and immediately corrected. When the annual support plans/assessments are prepared by the administrator, they will be reviewed for accuracy by the manager, before filing, to ensure the accuracy of completion dates. This will ensure continued compliance. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 03/17/2025

Implemented (█ - 03/17/2025)