

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

May 5, 2025

[REDACTED], ADMINISTRATOR
EVADNEY SCOGGINS
[REDACTED]

RE: SCOGGINS PERSONAL CARE
BOARDING HOME
1245 WEST TIOGA STREET
PHILADELPHIA, PA, 19140
LICENSE/COC#: 14015

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/11/2025 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: *SCOGGINS PERSONAL CARE BOARDING HOME* License #: *14015* License Expiration: *10/11/2025*
 Address: *1245 WEST TIOGA STREET, PHILADELPHIA, PA 19140*
 County: *PHILADELPHIA* Region: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *EVADNEY SCOGGINS*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *Other* Date: *03/14/2024* Issued By: *City of Philadelphia*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *17* Waking Staff: *13*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *03/11/2025*

Inspection Dates and Department Representative

03/11/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *26* Residents Served: *17*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *14* Are 60 Years of Age or Older: *14*
 Diagnosed with Mental Illness: *17* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

03/11/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/12/2025*

04/16/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: *04/30/2025*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *04/30/2025*

Inspections / Reviews *(continued)*

05/05/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/30/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

85a - Sanitary Conditions

1. Requirements

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

Description of Violation

The restroom on the 3rd floor in Building 1245 floor was wet and had spots of yellow liquid that appeared to be urine.

Plan of Correction

Accept (█ - 04/16/2025)

The violation occurred because urine was on the bathroom floor. To prevent a recurrence of this violation staff were trained on 3/28/2025 in various areas of sanitation and cleanliness. Every hour, housekeeping staff will spot check the bathrooms to ensure that they are clean and spotless. If they're not said staff will clean that bathroom to ensure compliance as needed. Also, at the start of each shift the new staff will come and go through the home to ensure that all bathrooms are in proper condition, if they are not said bathroom will be cleaned at that time.

Licensee's Proposed Overall Completion Date: 04/30/2025

Implemented (█ - 05/05/2025)

101j1 - Mattress Fire Retardant

2. Requirements

2600.
101.j. Each resident shall have the following in the bedroom:
1. A bed with a solid foundation and fire retardant mattress that is in good repair, clean and supports the resident. A legal entity with a personal care home license for the home as of October 24, 2005, shall be exempt from the requirement for a fire retardant mattress.

Description of Violation

Resident 1's bed does not have a mattress that is in good repair, clean, and supports the resident. The mattress has a indentation in the middle.

Plan of Correction

Accept (█ - 04/16/2025)

The violation occurred because of a bad mattress; the administrator had the mattress replaced on 3/12/2025 (pictures will be provided). Additional training was done on 3/28/2025 to ensure that all staff understand what is required in each resident's room also to prevent a recurrence of this violation the administrator/the designee will do a thorough check of each room with a housekeeping staff periodically to ensure that all furniture are in proper condition. To fulfill the new changes that were discussed in the training on 3/28/2025 the administrator purchased additional mattresses and beds to ensure that if needed new supplies are available if needed (available proof to be provided).

Licensee's Proposed Overall Completion Date: 04/30/2025

Implemented (█ - 05/05/2025)

101j3 - Bed/Linens/Pillows/Blankets

3. Requirements

2600.
101.j. Each resident shall have the following in the bedroom:

101j3 - Bed/Linens/Pillows/Blankets (continued)

3. Pillows, bed linens and blankets that are clean and in good repair.

Description of Violation

The bed linen, pillow, and blanket for resident 2's bed were not clean and in good repair. There were stains and debris on the linen.

Plan of Correction

Accept (█ - 04/16/2025)

On 3/28/2025 all staff were retrained on requirements of the home as pertaining to cleanliness and a new change was implemented to have linen changed whenever visibly soiled irrespective of the weekly linen change schedule. Beds will be checked at the beginning of each shift and the assistant administrator will do daily checks and if necessary will have housekeeping change and wash linen when needed. The administrator is responsible for continued compliance.

Licensee's Proposed Overall Completion Date: 04/30/2025

Implemented (█ - 05/05/2025)

101j4 - Bedroom Storage Area

4. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 4. A storage area for clothing that includes a chest of drawers and a closet or wardrobe space with clothing racks or shelves accessible to the resident.

Description of Violation

The three residents in room 8 do not have access to a storage area for clothing that includes a chest of drawers.

Plan of Correction

Accept (█ - 04/16/2025)

The administrator will purchase additional dressers/chests for residents of room 8 to ensure the or dressers/chests for residents of room 8 to ensure that they have the additional storage that is needed and all of this will be done by 4/30/2025 (pictures will follow). The administrator is responsible for continued compliance in this area.

Licensee's Proposed Overall Completion Date: 04/30/2025

Implemented (█ - 05/05/2025)

101j7 - Lighting/Operable Lamp

5. 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

The three residents in room 8 have an operable lamp. However, the lamps or other source of lighting is not within reach to be turned on at the bedside.

101j7 - Lighting/Operable Lamp (continued)**Plan of Correction**

Accept (█) - 04/16/2025

The administrator will be purchasing additional puck lights to be placed above all the beds in each room so that each resident can touch the puck lights without getting out of bed to turn the lights on or off (pictures will be provided). The administrator is responsible for continued compliance in this area.

Licensee's Proposed Overall Completion Date: 04/30/2025

Implemented (█) - 05/05/2025

102h - Toilet Paper**6. Requirements**

2600.

102.h. Toilet paper shall be provided for every toilet.

Description of Violation

The third-floor restroom in building 1245 did not have any toilet paper.

Plan of Correction

Accept (█) - 04/16/2025

On 3/28/2025 we had staff training where each staff were again trained on bathroom safety and sanitation. In addition staff will be doing hourly checks of the bathroom to ensure that there is adequate toilet paper in the bathroom and if needed to replace that toilet paper. Residents were asked to inform staff if the toilet paper is finished when they are in the bathroom, so that staff may replace it immediately. The administrator is responsible for compliance.

Licensee's Proposed Overall Completion Date: 04/30/2025

Implemented (█) - 05/05/2025

103i - Outdated Food**7. Requirements**

2600.

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

Description of Violation

There was an unlabeled, undated piece of meat covered in aluminum foil in the main kitchen freezer.

Plan of Correction

Accept (█) - 04/16/2025

The administrator or assistant administrator threw out the item immediately on 3/11/2025. In the staff training on 3/28/2025 the new rules were added in addition to posting on the freezer/ refrigerator which clearly states all items must be labeled and dated before they can be stored in any of the units. Prior to the close of each shift the administrator or a designee will check the units for an infraction and make corrections immediately or dispose of an item when unsure. The administrator is responsible for the continued compliance.

Licensee's Proposed Overall Completion Date: 04/30/2025

Implemented (█) - 05/05/2025

125a - Combustible Storage

8. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

Several cans of paint were stored near the heating sources in the basement.

Plan of Correction

Accept (█ - 04/16/2025)

On 3/11/2025 the administrator removed all the old paint cans from the front of the basement of 1243. No combustible material will be stored in front of the basement in the future. The administrator/designee is responsible for continued compliance. Pictures will be provided.

Licensee's Proposed Overall Completion Date: 04/30/2025

Implemented (█ - 05/05/2025)

183b - Meds and Syringes Locked

9. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On 3/11/2025, there was a clear plastic bag with medications for resident 4 on top of the refrigerator in the main kitchen.

Plan of Correction

Accept (█ - 04/16/2025)

On 3/11/2025 after the inspection the resident was given the bag with █ OTC and glucometer supply and supplies to store safely in █ closet away from others. To prevent this issue in the future the administrator will inform prospective residents upon interview about the storage policy the policy basically states that glucometers/OTC and other personal stuff must be stored in their drawers the new addendum to follow.

Licensee's Proposed Overall Completion Date: 04/30/2025

Implemented (█ - 05/05/2025)

183e - Storing Medications

10. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

An over-the-counter medication Extra strength stool softener was on the resident's med cart with an expiration date of 9/2024. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Plan of Correction

Accept (█ - 04/16/2025)

After the inspection the administrator provided a copy of the proper disposal of medication to the assistant administrator to read and understand. On 3/31/2025 all medication staff received additional training regarding

183e - Storing Medications (continued)

proper storage of medication checking for expired dates and the proper way to safely dispose of each medication. Copies of the policy were provided to all medication staff. The administrator will be responsible for ensuring continued compliance. The administrator will also complete weekly checks.

Licensee's Proposed Overall Completion Date: 04/30/2025

Implemented (█) - 05/05/2025

183f - Discontinued Medications

11. Requirements

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

An over-the-counter medication Extra-strength stool softener was found on the resident's med cart with an expiration date of 9/2024. Staff person A took the medication and threw it in the main kitchen trash can. This is not an approved method of destroying medications according to the Department of Environmental Protection and federal and state regulations.

Plan of Correction

Accept (█) - 04/16/2025

On 3/11/2025 Staff A improperly disposed of the expired OTC medication, so a copy of the proper disposal procedures was handed to the staff after the inspection for said staff to study and understand the requirement. On 3/31/2025 all medication staff were retrained and, in this medication, training the administrator stressed the policy on proper disposal of medications. Going forward the administrator will do weekly spot checks of the medication cabinet to ensure that all medications are in proper compliance. This new schedule of medication checking will begin on 04/15/2025.

Licensee's Proposed Overall Completion Date: 04/30/2025

Implemented (█) - 05/05/2025

185a - Implement Storage Procedures

12. 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 3/11/2025, resident 3's glucometer was unlocked, unattended, and accessible on top of the refrigerator in the main kitchen.

Plan of Correction

Accept (█) - 04/16/2025

After the inspection on 3/11/2025 the glucometer and supplies were given to resident number 3 to be locked away safely in that resident's room in █ dresser. Thus ensuring that the medication will be secure and safely placed away from others. On 3/31/2025 staff training was done for all medication staff where safe storage, access, security, distribution and use of medications and medical equipment was covered. The policy was given out again to all staff to reinforce the training. The administrator will be responsible for ensuring compliance and documenting any error

185a - Implement Storage Procedures (continued)

or breach of this policy, these violations will be kept.

Licensee's Proposed Overall Completion Date: 04/30/2025

Implemented (█ - 05/05/2025)