

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

October 8, 2025

[REDACTED]
SIMPSON HOUSE INC
[REDACTED]
[REDACTED]

RE: SIMPSON HOUSE
BELMONT AVENUE & MONUMENT
ROAD
PHILADELPHIA, PA, 19131
LICENSE/COC#: 18921

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/28/2025 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: SIMPSON HOUSE License #: 18921 License Expiration: 06/14/2026
 Address: BELMONT AVENUE & MONUMENT ROAD, PHILADELPHIA, PA 19131
 County: PHILADELPHIA Region: SOUTHEAST

Administrator

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

Legal Entity

Name: SIMPSON HOUSE INC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: I-2 Date: 06/17/1996 Issued By: Philadelphia L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 46 Waking Staff: 35

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint Exit Conference Date: 08/28/2025

Inspection Dates and Department Representative

08/28/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 84 Residents Served: 33
 Secured Dementia Care Unit
 In Home: Yes Area: Comfort Heaven Capacity: 10 Residents Served: 6
 Hospice
 Current Residents: 0
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 39
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 13 Have Physical Disability: 0

Inspections / Reviews

08/28/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/20/2025

09/19/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 10/08/2025
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/24/2025

Inspections / Reviews *(continued)*

09/24/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/08/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/09/2025

10/08/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/08/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

88a - Surfaces

1. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On [REDACTED] Stairway Tower #4, which connects the second floor to the first floor, has a step that is damaged at the edge and poses a tripping hazard.

Plan of Correction

Accept [REDACTED] - 09/24/2025)

The stairway tripping hazard identified on the day of survey was corrected immediately. Facility manager was in-serviced on this regulation Beginning September 16, 2025. Facility Manager/ Designee will monitor for compliance weekly times one month and spot check monthly. The results will be reviewed quarterly during Quality Improvement (QI) meetings. The QI Committee will evaluate whether continued audits are necessary based on achieving three consecutive months of compliance. 10/7/2025

Licensee's Proposed Overall Completion Date: 10/07/2025

Implemented [REDACTED] 10/08/2025)

121a - Unobstructed Egress

2. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On [REDACTED] at 10:12 am, a cloth STOP sign covering the door blocked egress from resident room [REDACTED]. The resident was in the room at the time.

Plan of Correction

Directed [REDACTED] 09/24/2025)

Immediately after the survey visit, the stop sign was removed from the resident's door. On 9/4/2025, The personal care administrator inspected of all PC rooms and there were no other stop signs present. During weekly rounds, the administrator or designee will spot check to ensure there are no stop signs in use. The personal care administrator will educate all PC nurses not to use stop signs in SDCU, and if a resident in Personal care is determined to need it, a cognitive assessment and OT assessment must be completed prior to its use ensure the resident understands the sign and is able to remove it at will. Any resident using a stop sign will be reassessed quarterly for appropriateness. 10/7/2025-Not acceptable [REDACTED] 9/24/25

Proposed Overall Completion Date: 10/07/2025

Directed steps of POC:

Immediately: All stairways, hallways, doorways, passageways and egress routes from rooms and from the building shall remain unlocked and unobstructed. Staff shall use positive interventions in SDCU to address residents wandering into rooms that do not belong to them.

Directed Completion Date: 10/07/2025

121a Unobstructed Egress (*continued*)

Implemented [REDACTED] 10/08/2025)

141a 1 10 Medical Evaluation Information

3. 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. The evaluation must include the following:

1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Resident [REDACTED] medical evaluation dated [REDACTED] did not include the resident's temperature at the moment of the medical evaluation, the medication regimen, contraindicated medications, medication side effects, the ability to self-administer medications, or the body positioning and movement stimulation for residents, if appropriate.

Plan of Correction

Accepted [REDACTED] 09/24/2025)

A request was made to the resident’s PCP to complete a new DME in its entirety. Beginning September 16, 2025, the Administrator or designee will audit the Documentation of Medical Evaluation for four residents the first week and 10 residents a week until all current residents’ DME have been reviewed and corrected with the physician’s consent. Any new admission and their DME will be completed in its entirety and audited for completion 30 days after admission. Audit results will be reviewed during quarterly Quality Improvement (QI) meetings. The QI Committee will evaluate whether continued audits are necessary based on achieving compliance. Completion date 10/7/2025

Licensee's Proposed Overall Completion Date: 10/07/2025

Implemented [REDACTED] - 10/08/2025)