



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to MARJORIE CARASQUERO  
LEGAL ENTITY

To operate CLARKE PERSONAL CARE HOME  
NAME OF FACILITY OR AGENCY

Located at 4701 NORTH 13TH STREET, PHILADELPHIA, PA 19141  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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To provide Personal Care Homes  
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 12  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from January 20, 2026 until January 20, 2027,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **114060**

*Janette Biderup*  
ISSUING OFFICER

*Juliet Marsala*  
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



# Pennsylvania Department of Human Services

Emailing Date: January 20, 2026

[REDACTED]  
[REDACTED]  
Marjorie Carasquero  
4701 North 13th Street  
Philadelphia, Pennsylvania 19141

RE: Clarke Personal Care Home  
License #: 114060

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing (Department), licensing inspections on September 3, 2025, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala".

Juliet Marsala  
Deputy Secretary  
Office of Long-term Living

Enclosures  
License  
Licensing Inspection Summary

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

October 20, 2025

[REDACTED]  
MARJORIE CARASQUERO  
4701 NORTH 13TH STREET  
PHILADELPHIA, PA, 19141

RE: CLARKE PERSONAL CARE HOME  
4701 NORTH 13TH STREET  
PHILADELPHIA, PA, 19141  
LICENSE/COC#: 11406

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/03/2025 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: CLARKE PERSONAL CARE HOME License #: 11406 License Expiration: 12/06/2025  
 Address: 4701 NORTH 13TH STREET, PHILADELPHIA, PA 19141  
 County: PHILADELPHIA Region: SOUTHEAST

**Administrator**

Name: [REDACTED]

**Legal Entity**

Name: MARJORIE CARASQUERO  
 Address: 4701 NORTH 13TH STREET, PHILADELPHIA, PA, 19141  
 Phone: [REDACTED]

**Certificate(s) of Occupancy**

Type: Other Date: 03/15/2012 Issued By: City of Philadelphia, L&I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 9 Waking Staff: 7

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Provisional, Incident Exit Conference Date: 09/03/2025

**Inspection Dates and Department Representative**

09/03/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 12 Residents Served: 9  
 Secured Dementia Care Unit  
 In Home: No Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 0  
 Number of Residents Who:  
 Receive Supplemental Security Income: 9 Are 60 Years of Age or Older: 8  
 Diagnosed with Mental Illness: 9 Diagnosed with Intellectual Disability: 1  
 Have Mobility Need: 0 Have Physical Disability: 0

**Inspections / Reviews**

09/03/2025 - Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/19/2025

Inspections / Reviews *(continued)*

10/01/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/10/2025

Reviewer: [REDACTED]

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

10/20/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/10/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

63d - Certified CPR Staff

1. Requirements

2600.

63.d. A staff person who is trained in first aid or certified in obstructed airway techniques or CPR shall provide those services in accordance with his training, unless the resident has a do not resuscitate order.

Description of Violation

On [REDACTED] 2025, resident #1 was found unresponsive in [REDACTED] bedroom on the bed by staff person A at 8:15 AM. Staff person A was present and on duty at the time and failed to render assistance to the resident in accordance with [REDACTED] training. Resident #1 was pronounced deceased at 8:45 AM.

Plan of Correction

Accept [REDACTED] - 10/01/2025)

The administrator takes full responsibility for [REDACTED] administering CPR to a resident with a do not resuscitate order until the paramedics or help arrived to take over. My immediate action at that time was to check for breathing, pulse and assess the scene and call 911 and staff. On 9/5/25, my proposed action plan was to meet with staff to discuss and review CPR and resuscitation procedures, the 7 steps of resuscitation /CPR; step 1. call 911, 2. assess the scene of the emergency, 3. open the airways, 4. check for breathing, 5. chest compressions, 6. rescue breaths, and 7. repeat the cycle., until help arrives to take over. This is implemented and reviewed with staff and administrator. An audit will be completed monthly for the next three months and there after. this will also be documented on the enclosed chart by administrator. ,

Licensee's Proposed Overall Completion Date: 12/05/2025

Evidence of Completion

Implemented [REDACTED] - 10/20/2025)

See attached.

86b - Bathroom

2. Requirements

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

The bathroom on the 1st floor near resident room #1, does not have an operable window or ventilation fan.

Plan of Correction

Accept [REDACTED] - 10/01/2025)

On 9/19/25, an exhaust fan was installed in the 1st floor bathroom ceiling and is fully operational and functional. The administrator will be responsible for ensuring the bathroom is fully ventilated, and will be checked once monthly for the next three months and there after by administrator and staff.

Licensee's Proposed Overall Completion Date: 09/28/2025

Evidence of Completion

Implemented [REDACTED] - 10/20/2025)

See attached.

101j2 - Bedroom Chairs

3. Requirements

2600.

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

101j2 - Bedroom Chairs (continued)

2. A chair for each resident that meets the resident's needs.

**Description of Violation**

*Bedroom 5 is occupied by 2 residents; however, there was only one chair in this room.*

**Plan of Correction**

**Accept** [redacted] - 10/01/2025)

*The administrator takes full responsibility for the chair not being in the bedroom and to avoid this repeat. The administrator will conduct weekly checks for the next three months to ensure the chair is in place and when removed for any reason it will be replaced immediately by administrator or staff. On 9/4/25, the chair was put back in the bedroom and will be kept there.*

**Licensee's Proposed Overall Completion Date:** 09/28/2025

**Evidence of Completion**

**Implemented** [redacted] - 10/20/2025)

*See attached.*

132e - Fire Drill Sleeping Hours

**4. Requirements**

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

**Description of Violation**

*The last fire drill conducted during sleeping hours was on 1/9/2025 at 4:40 AM. The previous sleeping hours fire drill was conducted on 11/6/2024 at 11:08 PM.*

**Plan of Correction**

**Directed** [redacted] - 10/01/2025)

*The administrator will take responsibility for this violation and will continue closely monitoring fire drills and documentation of the fire drills. The fire drills will be completed monthly and once every six months on the overnight and documented upon completion on the fire drill log and chart. An audit will be done monthly and every six months by the administrator and recorded,*

*Directed Plan of Correction (slw 10/1/25):*

*1. In addition to the plan of correction submitted the administrator will conduct an overnight drill within the next 30 days. Documentation of the drill will be maintained for the Departments review.*

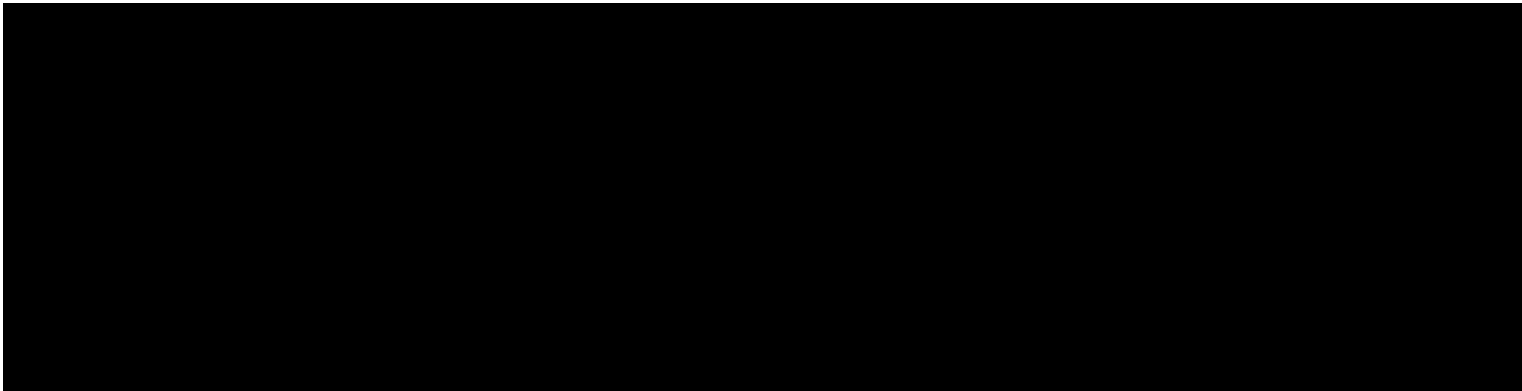
*Proposed Overall Completion Date:* 09/28/2025

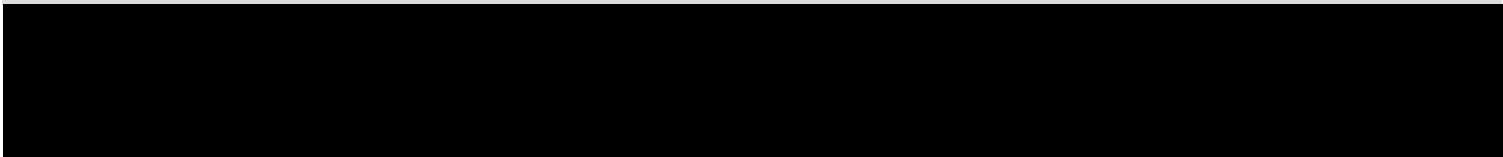
**Directed Completion Date:** 10/10/2025

**Evidence of Completion**

**Implemented** [redacted] - 10/20/2025)

*See attached.*





183e - Storing Medications

6. 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

Resident #3 is prescribed acetaminophen 325mg. During the medication cart audit, there was a tear in spot #8 with the pill stored in the blister pack.

Repeat Violation: 12/11/2024

Plan of Correction

Accept [redacted] - 10/01/2025)

The administrator takes full responsibility for this violation and will continue to closely monitoring this in the future. On 9/4/25, the medication was removed and replaced with a new blister. On 9/5/25, the blister pack was returned to the pharmacy by administrator. The administrator will conduct a monthly audit for the next three months and there after.

Licensee's Proposed Overall Completion Date: 09/28/2025

Evidence of Completion

Implemented [redacted] - 10/20/2025)

See attached.

183f - Discontinued Medications

7. 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

On 9/3/2025 at 2:54 PM, nicotine gum 2mg chew 1 piece by mouth every 1 to 4 hours as needed for cigarette cravings prescribed to resident #4 was in the home's medication cart; however, the medication expired on 3/13/25.

Repeat Violation: 12/11/2024

Plan of Correction

Accept [redacted] - 10/01/2025)

The administrator will be responsible for ensuring that the medication , safe storage security procedures are implemented and upheld. All discontinued and expired medication to be destroyed in a safe manner and no longer available at the home. On 9/5/25, the medication nicotine was returned to [redacted] e, and is no longer at the home. The administrator will be responsible to monthly check the medication and cart for the next three months and there after.

Licensee's Proposed Overall Completion Date: 09/28/2025

183f - Discontinued Medications (continued)

Evidence of Completion

Implemented [REDACTED] - 10/20/2025)

See attached.

185a - Implement Storage Procedures

8. 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

Resident #3 is prescribed to monitor [REDACTED]r blood glucose before breakfast at 9am and after dinner at 5pm. On 9/2/2025, after dinner the blood glucose readings were not documented on blood glucose monitoring sheet.

Repeat Violation: 12/11/2024

Plan of Correction

Accept [REDACTED] - 10/01/2025)

The administrator held a meeting with staff to review training of the procedure of safe storage of medication and documentation. This review will be conducted weekly for the next wo months and once monthly there after. Moving forward, safety, security of storage, and daily documentation will be maintained by staff. The equipment was replaced and in a good safe working condition. This was an unforeseen incident of water leaking from the ceiling unto the table where the the equipment was being charged..

Licensee's Proposed Overall Completion Date: 09/28/2025

Evidence of Completion

Implemented [REDACTED] - 10/20/2025)

See attached.