

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

April 1, 2026

[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 12/29/2025 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

Staffing Hours

Resident Support Staff: Total Daily Staff: 44 Waking Staff: 33

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Monitoring Exit Conference Date: 12/29/2025

Inspection Dates and Department Representative

12/29/2025 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: 84 Residents Served: 29
Secured Dementia Care Unit
In Home: Yes Area: Comfort Haven Capacity: 10 Residents Served: 3
Hospice
Current Residents: 0
Number of Residents Who:
Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 29
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 15 Have Physical Disability: 0

Inspections / Reviews

12/29/2025 Partial
Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 01/22/2026

01/29/2026 - POC Submission
Submitted By: [Redacted] Date Submitted: 02/17/2026
Reviewer: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 02/03/2026

Inspections / Reviews (*continued*)

## 02/04/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/17/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 02/18/2026

## 04/01/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/17/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

141b1 - Annual Medical Evaluation

1. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident [redacted] initial medical evaluation was completed on [redacted]. A current medical evaluation was not present.

Repeat Violation: [redacted] et al.

Plan of Correction

Accept [redacted] - 02/04/2026)

An updated DME has been completed for resident [redacted]

A comprehensive audit of all resident charts was completed on 11/18/2025 by the Regional Director of Staff Development and reviewed with the PCHA.

The PCHA will audit DME completion monthly for 3 months and will be reviewed by NHA at quarterly QI meetings to determine a continued need based on compliance. NHA reviewed the DME Audits during QI on 1/16/2026 and determined monthly audits should continue. Next QI 4/2026.

Education related to this regulation has been completed with LPN supervisors.

Licensee's Proposed Overall Completion Date: 02/16/2026

Implemented [redacted] - 04/01/2026)

183d - Prescription Current

2. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On [redacted], a glucometer belonging to resident [redacted] was in the home's Carson medication cart; however, the resident [redacted] away on [redacted].

Plan of Correction

Accept [redacted] - 02/04/2026)

The glucometer was removed by the PCHA from the med cart immediately following the survey 12/29/25.

A comprehensive med cart audit was conducted by PCHA/designee 1/5/2026 to ensure compliance.

LPN supervisors or PCHA will complete a med cart audit weekly on an ongoing basis to maintain compliance. The audit results will be reviewed by NHA during quarterly QI meetings to ensure continued compliance. Next QI meeting 4/2026.

Education related to this regulation has been completed with Med Techs and nurses.

Licensee's Proposed Overall Completion Date: 02/16/2026

Implemented [redacted] - 04/01/2026)

184b - Labeling OTC/CAM

3. Requirements

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On [redacted] a bottle of Vitamin D belonging to resident [redacted] in the home's Carson medication cart and was

184b Labeling OTC/CAM (continued)

not labeled with the resident's name.

Plan of Correction

Directed [redacted] 02/04/2026)

On the day of survey, the OTC bottle was labeled appropriately. The administrator or designee will perform medication carts weekly. Pre made resident labels have been added to each cart to ensure all OTC/ sample medications are labeled. Cart audits will be ongoing process. Audits will be reviewed during quarterly Quality improvement meetings. The QI committee will evaluate whether continued audits are necessary based on achieving three consecutive months of compliance.

Proposed Overall Completion Date: 02/16/2026

Directed Plan of Correction [redacted] - 2/4/26):

To clarify, and in addition to the above plan of correction, within 5 days of the receipt of the acceptable plan of correction, the administrator or designee shall perform weekly medication cart audits for two months, then monthly for three months.

Directed Completion Date: 02/09/2026

Implemented [redacted] - 04/01/2026)

185a - Implement Storage Procedures

4. 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 [redacted] is prescribed blood sugar check three times a week on Mondays, Wednesdays, and Fridays at 06:30 AM.

The resident's glucometer and log do not match:

[redacted] 05:57 AM reading on the glucometer was [redacted] but log says [redacted] reading not on the glucometer but log says [redacted] [redacted] 05:31 AM reading on the glucometer was [redacted] but log says [redacted] [redacted] 06:30 AM reading on the glucometer was [redacted] but log says [redacted] [redacted] 06:41 AM reading on the glucometer was [redacted] but log says [redacted]

Plan of Correction

Directed [redacted] - 02/04/2026)

Effective 12/30/2025, a daily audit of glucometer readings and Emar documentation will be completed by LPN supervisors or PCHA and will continue to be monitored daily x 3 months.

Education regarding glucose monitoring and recording competency as well as EMAR amendments was provided to all diabetic certified med techs by on or before 1/16/2026. Next Diabetic Competency to be completed on 3/2026.

Recertifications by 5/2026

NHA will review the audits during quarterly QI meetings and determine need for further monitoring. Next QI meeting 4/2026.

Proposed Overall Completion Date: 02/16/2026

**185a - Implement Storage Procedures (continued)****Directed Plan of Correction [REDACTED] - 2/4/26):**

*To clarify, and in addition to the above plan of correction, within 5 days of the receipt of the acceptable plan of correction, the administrator or designee shall perform weekly glucometer/Medication administration record audits for two months, then monthly for three months.*

**Directed Completion Date:** 02/16/2026

**Implemented [REDACTED] - 04/01/2026)**