



Pennsylvania Department of Human Services

CERTIFIED MAIL – RETURN RECEIPT
REQUESTED MAILING DATE: FEBRUARY 27, 2026

[REDACTED]
President
KayMarie Briddell
[REDACTED]

RE: Vine Street Manor
230 North 65th Street
Philadelphia, Pennsylvania 19139
License #: 142341

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on December 10, 2025, January 13, 14, and 15, 2026, January 22, 2026, January 30, 2026, and February 4, 2026 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

As a result of violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby **REVOKES** your certificate of compliance 142341, dated January 14, 2026 to July 14, 2026 to operate the above facility. The Department's decision to **REVOKE** your license is based on the violations attached to this notice, that the personal care home sold the interest in the business and the property on September 18, 2025, and your failure to comply with the Department's regulations, gross incompetence, negligence and misconduct in operating the facility(s) and failure to submit an acceptable plan to correct noncompliance items and is made pursuant to 62 P.S. § 1026 (b)(1);(4) and 55 Pa. Code § 20.71(a)(2);(3);(4);(5);(6) (relating to conditions for denial, nonrenewal or revocation).

In accordance with 55 Pa. Code § 2600.269(b) (relating to ban on admissions), no new resident admissions are permitted after the date of this letter.

If you disagree with the decision to **REVOKE** your license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. Your appeal must indicate the reasons for the appeal, and you must be as specific as possible regarding your areas of disagreement with the Department's decision. If you decide to appeal, a written request for an appeal must be received within 10 days of the date of this letter by:

[REDACTED]

[REDACTED]
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
[REDACTED]

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

The enclosed violation report specifies plans of correction and dates by which corrections must be made. If you choose to appeal, an acceptable plan of correction must be followed during your operation pending your appeal. Vine Street Manor is required to remain in full compliance with all applicable statutes and regulations, including but not limited to Article X of the Human Services Code, 62 P.S. §§ 1001 et seq., and 55 Pa. Code Ch. 2600 (relating to Personal Care Homes).

Sincerely,

[REDACTED]

[REDACTED]

Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc: [REDACTED]

Facility Information

Name: VINE STREET MANOR License #: 14234 License Expiration: 04/18/2026
 Address: 230 NORTH 65TH STREET, PHILADELPHIA, PA 19139
 County: PHILADELPHIA Region: SOUTHEAST

Administrator

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

Legal Entity

Name: KAYMARIE BRIDDELL

Address: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Certificate(s) of Occupancy

Type: Other Date: 09/07/2018 Issued By: City of Philadelphia

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 66 Waking Staff: 50

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Incident Exit Conference Date: 12/10/2025

Inspection Dates and Department Representative

12/10/2025 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 84 Residents Served: 62

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 48 Are 60 Years of Age or Older: 44
 Diagnosed with Mental Illness: 32 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 4 Have Physical Disability: 0

Inspections / Reviews

12/10/2025 - Partial

Lead Inspector: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 02/01/2026

Inspections / Reviews *(continued)*

02/09/2026 - POC Submission

Submitted By: [REDACTED] Date Submitted: 02/16/2026
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/12/2026

02/17/2026 - POC Submission

Submitted By: [REDACTED] Date Submitted: 02/16/2026
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 03/31/2026

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

In mid-November 2025 resident [REDACTED] reported that resident [REDACTED] called [REDACTED] a [REDACTED] threw cold coffee and a metal cup at them. This incident was reported to staff person A by resident [REDACTED]. However, the incident was not reported in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse).

On [REDACTED] resident [REDACTED] punched resident [REDACTED] in the face. Resident [REDACTED] punched resident [REDACTED] in response to resident [REDACTED] pushing resident [REDACTED] and resident [REDACTED] to the ground. This incident was reported to an unknown staff person then reported to staff person B. However, the incident was not reported in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse).

On [REDACTED], resident [REDACTED] punched resident [REDACTED] in the face. This incident was observed by staff person C. However, this allegation of abuse was not reported until [REDACTED]

Plan of Correction

Directed [REDACTED] - 02/17/2026)

The administrator will ensure that all incidents are reported in a timely manner and according to the state regulation. All staff was immediately trained on incident management and what classifies as incident to assist in ensuring that incident will not be submitted late. Training was completed on 2/13/2026.

Proposed Overall Completion Date: 03/20/2026

Directed

The administrator will review all reported incidents and any allegations of abuse weekly to ensure any allegations of abuse and reportable incidents are reported in accordance with the Older Adult Protective Services Act and the Department of Human Services regulations.

By 3/15/26: The administrator will develop and implement a policy and procedures to ensure any allegations of abuse are reported in accordance with the Older Adult Protective Services Act. All staff will be trained on the new policy and procedures by 3/20/26. Documentation of training will kept. MJ

Directed Completion Date: 03/20/2026

16c - Written Incident Report

2. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

Resident [REDACTED] reported that resident [REDACTED] called [REDACTED] a [REDACTED] threw cold coffee and a metal cup at [REDACTED]. Resident [REDACTED] reported the incident to staff person A. The home did not report this incident to the Department.

16c Written Incident Report (continued)

On [REDACTED], resident [REDACTED] punched resident [REDACTED] in the face in response to [REDACTED] observing resident [REDACTED] and [REDACTED] being pushed to the ground. This incident was reported to unknown staff person then reported to staff person B. The home did not report this incident to the Department.

On [REDACTED], resident [REDACTED] punched resident [REDACTED] in the face and the physical altercation was initiated by resident [REDACTED]. This incident was observed by staff person C. However, this allegation of abuse was not reported until [REDACTED].

Plan of Correction

Directed [REDACTED] - 02/17/2026)

The administrator will ensure all incidents are documented and written and completed according to the department of health and regulation. Immediately staff was trained on incident management on 2/13/2026. Ongoing administrator will ensure they are completed according to 2600.15.

Proposed Overall Completion Date: 03/20/2026

Directed

By 3/20/26: The administrator or designee will develop and implement a policy and procedures for the reporting of reportable incidents and conditions in accordance with regulation 2600.16(c). All staff will be trained on the new policy and procedure. Documentation of training will kept. [REDACTED]

Directed Completion Date: 03/20/2026

42b - Abuse

3. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Resident [REDACTED] disclosed that resident [REDACTED] spit on [REDACTED], called [REDACTED] a [REDACTED], threw cold coffee and a metal cup at [REDACTED]. Resident [REDACTED] stated that the incident occurred the week of [REDACTED] while [REDACTED] was waiting to get into the elevator. The resident was unable to recall the specific date the incident occurred. The resident stated that staff did not observe the incident. However, [REDACTED] informed staff person A about the incident and stayed with the staff person until the police arrived. Resident [REDACTED] stated that the police officer arrived and spoke with both residents. Resident [REDACTED] stated that no other incidents have occurred.

On [REDACTED] resident [REDACTED] punched resident [REDACTED] in the face during dinner time. Resident [REDACTED] stated that [REDACTED] observed resident [REDACTED] pushing resident [REDACTED] and resident [REDACTED] to the ground. Resident [REDACTED] stated that [REDACTED] punched resident [REDACTED] in the face because [REDACTED] felt it was the right thing to do because the residents that resident [REDACTED] pushed were elderly people. Resident [REDACTED] resident assessment support plan dated [REDACTED] indicates the resident has a minimal problem with judgment and has basic decision making skills and supervision will be provided to ensure [REDACTED] choices are safe. Irritability, agitation, aggression are listed as no problem. Resident [REDACTED] stated that [REDACTED] walked [REDACTED] to the hospital because [REDACTED] thought they were going to hurt resident [REDACTED]. Resident [REDACTED] stated that staff did not observe the incident, but someone told an unknown staff person, and that staff told staff person B. Resident [REDACTED] stated that [REDACTED] also told staff person C about the incident after it occurred. The home documented in

42b - Abuse (continued)

resident [REDACTED] progress note dated [REDACTED] that [REDACTED] walked to the hospital because [REDACTED] thought they were going to get more aggressive with resident [REDACTED]. Resident [REDACTED] resident assessment support plan dated [REDACTED] indicates that the resident has a moderate problem with aggression with periods of profanity and attitude maybe present. The home's plan to meet the resident's needs is for staff to use caution upon approach and explain what they are planning to do. Resident [REDACTED] assessment does not address physical aggression.

On [REDACTED], resident [REDACTED] stated that [REDACTED] was standing in line waiting for [REDACTED] medication in the morning. Resident [REDACTED] asked resident [REDACTED] not to cut the line and, in return, resident [REDACTED] punched resident [REDACTED] in the face. Resident [REDACTED] stated that a bruise appeared on [REDACTED] two days later and [REDACTED] had a cut on the bridge of [REDACTED] nose. Resident [REDACTED] denied hitting resident [REDACTED] back. Staff interview disclosed that resident [REDACTED] put [REDACTED] hand out in front of resident [REDACTED] and asked [REDACTED] not to cut the line. Staff person C was administering medication at the time. Staff person C stated that resident [REDACTED] punched resident [REDACTED] in the face then they engaged in hitting and kicking each other. Staff person C stated that [REDACTED] asked the residents to "cut it out" and they stopped hitting each other while fighting. On [REDACTED], the agent of the Department observed resident [REDACTED]'s bruises that was slightly visible on the bridge on [REDACTED] and [REDACTED]. Resident [REDACTED] assessment and support plan dated [REDACTED] indicates that the resident does not have any behaviors and an assessment has not been completed following the incident. Resident # [REDACTED] assessment and support plan dated [REDACTED] indicates that the resident has minimal problems with [REDACTED], and [REDACTED]. However, it does not address how the resident's behavior is going to be met.

Repeat Violation [REDACTED]

Plan of Correction

Directed [REDACTED] - 02/17/2026)

The administrator will ensure all staff and resident are aware of what is classified as abuse. Staff was immediately trained on abuse and provided instruction on reporting in a timely manner and what classifies as abuse in 2/13/2026 and ensure during resident counsel meeting abuse will be discussed as well and ensure reviewing resident to resident abuse in the next resident counsel meeting and for the next 3 months following

Proposed Overall Completion Date: 03/20/2026

Directed

In addition to the above POC: The administrator will interview three residents a week for three months and monthly thereafter to ensure no residents are neglected, intimidated, physically or verbally abused, mistreated or disciplined in any way, at any time. Documentation of interviews will be kept. [REDACTED]

Directed Completion Date: 03/20/2026

42c - Treatment of Residents**4. Requirements**

2600.
42.c. A resident shall be treated with dignity and respect.

Description of Violation

Resident [REDACTED] disclosed that resident [REDACTED] called [REDACTED] a [REDACTED] and spit on [REDACTED] while waiting to get on the elevator at the home. Resident [REDACTED] was unable to recall the specific date but disclosed that it occurred the week of

42c Treatment of Residents (continued)

11/17/2025 at approximately 4:00 pm.

Plan of Correction

Accept [redacted] - 02/17/2026)

The administer will ensure all staff and resident are aware of what is classified as abuse and neglect. Discussed dignity Staff was immediately trained on abuse, neglect and provided instruction on reporting in a timely manner and what classifies as abuse or neglect on 2/13/2026 and ensure during resident counsel meeting abuse, neglect and dignity will be discussed as well and ensure reviewing resident to resident abuse in the next resident counsel meeting and for the next 3 months following

Proposed Overall Completion Date: 03/20/2026

Licensee's Proposed Overall Completion Date: 03/20/2026

63a - First Aid/CPR Training

5. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On [redacted] from 11:00 pm 7:00 am, 62 residents were present in the home. During this time 1 staff person was present in the home who was certified in CPR and First Aid.

On [redacted], from 11:00 pm 7:00 am, 62 residents were present in the home. During this time 1 staff person was present in the home who was certified in CPR and First Aid.

On [redacted], from 11:00 pm 7:00 am, 62 residents were present in the home. During this time 1 staff person was present in the home who was certified in CPR and First Aid.

Repeat Violation [redacted], et al

Plan of Correction

Directed [redacted] - 02/17/2026)

The administer completed a staff audit immediately and ensure all current staff was CPR certified and will review schedule weekly upon completion to ensure that each shift has a CPR certified staff present at all times. Audits will be done monthly for the next 3 months to ensure all new staff and CPR cards are current and active

Proposed Overall Completion Date: 03/20/2026

Directed

In addition to the above POC: The administrator or designee will review the schedule and staff working hours weekly to ensure at least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and cardiopulmonary resuscitation is present in the home at all times. MJ

Directed Completion Date: 03/20/2026

85a - Sanitary Conditions

6. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On [REDACTED], at 9:23 am, the ceiling fan and the smoke detector were filled with dust in resident room [REDACTED]

Plan of Correction

Accept [REDACTED] 02/17/2026)

The administer immediately had housekeeping clean fans and smoke detector from dust and dirt and will complete weekly audits on for the next 2 months to ensure they remain clean and will ensure house keeping is aware to clean during the room assigned cleaning day

Licensee's Proposed Overall Completion Date: 04/06/2026

85b - Infestation**7. Requirements**

2600.

85.b. There may be no evidence of infestation of insects or rodents in the home.

Description of Violation

On [REDACTED] at approximately 9:30 am, there were fruit flies hovering over a brown substance on the floor in room C13.

Repeat Violation [REDACTED] et al

Plan of Correction

Accept [REDACTED] - 02/17/2026)

The administer now immediately checked this resident room because current admin was not present during inspection to ensure there were no fruit flies present there will weekly room checks from the administer to ensure resident room are clean and free from unsanitary condition. Staff was trained and instructed that rounding on resident rooms should occur several times during the shift, all trash and substance removed during each shift. Training was complete on 2/13/2026

Licensee's Proposed Overall Completion Date: 03/27/2026

88a - Surfaces**8. 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

There were two ceiling tiles hanging in the entryway of the men's bathroom and missing floor tiles.

Plan of Correction

Accept [REDACTED] - 02/17/2026)

Administer will address and organize any repairs that is needed and get repairs for any loose and damaged floors, surfaces. Immediately administer assessed the ceiling fans to ensure they were safe and not hanging and checked for any loose tiles and had repaired. For the next 2 months administer will check weekly to ensure floors, fans et are in good working order as the POC and ongoing on facility checks. Staff was trained on 2-13-2026 on reporting repairs and ensuring and following through to make sure facility is safe and repairs are done and reported in a timely manner

Licensee's Proposed Overall Completion Date: 03/31/2026

101j3 - Bed/Linens/Pillows/Blankets

9. Requirements

2600.

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

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

Description of Violation

The bed for resident [REDACTED] did not have a pillow and blankets.

Repeat Violation [REDACTED], et al

Plan of Correction

Accept [REDACTED] - 02/17/2026)

This administer is new and upon receiving this POC administer went an purchased new bed covers an linens and mattress covers for all residents. administer will discuss on the next counsel meeting on how to request if new covers and sheets etc is needed since everyone was provided new ones if they were to becomes damaged or warn to and how to request new new

Licensee's Proposed Overall Completion Date: 03/20/2026

101j7 - Lighting/Operable Lamp

10. 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

Resident [REDACTED] does not have access to a source of light that can be turned on/off at bedside.

Repeat Violation [REDACTED], et al

Plan of Correction

Accept [REDACTED] - 02/17/2026)

The administer immediately completed a room check and ordered lamps for all resident room and some extras for backup. Lamp inspection will be completed with part of the room inspection for the POC for the next 2 months and ongoing with room checks

Licensee's Proposed Overall Completion Date: 04/01/2026

101o - Walls, Floors, Ceilings

11. Requirements

2600.

101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

On [REDACTED], at approximately 9:23 am, two ceiling tiles in resident room [REDACTED] were hanging from the ceiling and one ceiling tile was water stained.

101o - Walls, Floors, Ceilings (continued)

Plan of Correction

Accept [REDACTED] - 02/17/2026)

Immediate upon receiving POC completed an inspection and made a list of repairs and Administer will complete a walk through biweekly to ensure all floors and ceiling etc are in good condition On 2/13/2026 training was completed and address with house keeping to ensure floors are mopped and cleaned daily, and more for those that needs more assist or incontinent and as needed

Licensee's Proposed Overall Completion Date: 03/24/2026

225a - Assessment 15 Days

12. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident [REDACTED] was admitted on [REDACTED]; however, the resident's assessment was not completed until [REDACTED]

Resident [REDACTED] was admitted on [REDACTED] however, the resident's assessment was not completed until [REDACTED].

Repeat Violation: [REDACTED] et al

Plan of Correction

Accept [REDACTED] - 02/17/2026)

The administer will complete an immediate audit to ensure all assessment are complete and will complete and audit monthly for the next 3 months to ensure they remain in compliance.

Licensee's Proposed Overall Completion Date: 03/27/2026

225c - Additional Assessment

13. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident [REDACTED] most recent assessment was completed on [REDACTED] indicates the resident has a minimal problem with judgement. On [REDACTED] resident [REDACTED] was involved in a physical altercation with another resident and was the [REDACTED]. Behaviors such as [REDACTED] are listed as no problem. The home has not completed an additional assessment to address [REDACTED] behavioral needs.

Resident [REDACTED] most recent assessment was completed on [REDACTED] indicates the resident's behaviors are not a problem. Resident [REDACTED] had a physical altercation with another resident on [REDACTED] and was the [REDACTED]. The home has not completed an additional assessment to address [REDACTED] behavioral needs.

Repeat Violation [REDACTED]

Plan of Correction

Directed [REDACTED] - 02/17/2026)

The administer will complete an immediate audit to ensure all assessment are complete and will complete and

225c Additional Assessment (continued)

audit monthly for the next 3 months to ensure they remain in compliance. audit will be completed to all assessment to ensure that all support plans are completed and if any changes of condition be completed. Administer will ensure that anyone who completes RASP is aware when a change of condition is needed

Proposed Overall Completion Date: 03/31/2026

Directed

In addition to the above POC: The administrator or designee will develop and implement a process and procedure to ensure all resident assessments are immediately updated as resident care needs change. All direct care staff will be trained on the new process and procedure by 3/20/26. The administrator or designee will review assessments for accuracy and completion within 10 days of admission to ensure the proper supervision and needs of the residents have been assessed for each individual resident. Documentation of training will be kept in the staff records.

Directed Completion Date: 03/31/2026

227d - Support Plan Medical/Dental

14. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for resident [redacted] dated [redacted], indicates the resident has a need for behavior support for [redacted] and [redacted] support plan dated [redacted] does not document how this need will be met.

The assessment for resident [redacted] dated [redacted], indicates the resident has a need for behavior support for [redacted], and [redacted]. The resident's support plan dated [redacted] does not document how this need will be met.

Plan of Correction

Directed ([redacted] 02/17/2026)

The administer will complete an immediate audit to ensure all assessment are complete and will complete and audit monthly for the next 3 months to ensure they remain in compliance. audit will be completed to all assessment to ensure that all support plans are completed and if any changes of condition be completed. Administer will ensure that anyone who completes RASP is aware when a change of condition is needed

Proposed Overall Completion Date: 03/31/2026

Directed

The administrator or designee will review all current completed support plans for accuracy and completion including dangerous behaviors, behavioral problems, proper level of supervision, care and services the home and any other agency will provide to protect the resident and other residents in the home. The home will develop and implement a policy and procedures for completing resident support plans including the documentation of dangerous behaviors, behavioral care and services, positive interventions and the proper level of supervision to protect residents in the home and other residents in the home. All staff persons completing or reviewing support plans will be trained on

227d - Support Plan Medical/Dental (continued)

the policy and procedures. [REDACTED]

Directed Completion Date: 03/31/2026

251c - Standardized Forms

15. Requirements

2600.

251.c. The home shall use standardized forms to record information in the resident's record.

Description of Violation

Resident [REDACTED] medical evaluation, dated [REDACTED] was not completed on the Department's current standardized form.

Resident [REDACTED] medical evaluation dated [REDACTED] was not completed on the Department's current standardized form.

Resident [REDACTED]'s medical evaluation dated [REDACTED] was not completed on the Department's current standardized form.

Resident [REDACTED] medical evaluation dated [REDACTED] was not completed on the Department's current standardized form.

Plan of Correction

Accept [REDACTED] 02/17/2026)

Administer immediately upon this POC completed an audit pulled all resident from July and requested from the PCP to complete DME on new form.. Ongoing the new DME will be completed and provided for annuals and new admission

Proposed Overall Completion Date: 03/28/2026

Licensee's Proposed Overall Completion Date: 03/28/2026

Facility Information

Name: VINE STREET MANOR License #: 14234 License Expiration: 04/18/2026
 Address: 230 NORTH 65TH STREET, PHILADELPHIA, PA 19139
 County: PHILADELPHIA Region: SOUTHEAST

Administrator

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

Legal Entity

Name: KAYMARIE BRIDDELL
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: Other Date: 09/07/2018 Issued By: City of Philadelphia

Staffing Hours

Resident Support Staff: Total Daily Staff: 66 Waking Staff: 50

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Incident Exit Conference Date: 01/15/2026

Inspection Dates and Department Representative

01/13/2026 - On-Site: [REDACTED]
 01/14/2026 - On-Site: [REDACTED]
 01/15/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 84 Residents Served: 62

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 48 Are 60 Years of Age or Older: 47
 Diagnosed with Mental Illness: 32 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 4 Have Physical Disability: 0

Inspections / Reviews

01/13/2026 Partial

Lead Inspector: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 03/02/2026

3c - Post Current License

1. Requirements

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On [REDACTED] the home's most recent licensing inspection summary, dated [REDACTED] was not posted in a conspicuous and public place in the home.

Plan of Correction

Directed ([REDACTED] - 02/17/2026)

Immediately: The administrator or designee shall check the home at least weekly to ensure the current license, a copy of the current license inspection summary issued by the Department and a copy of Chapter 2600 regulations are posted in a public and conspicuous place in the home.

Within 10 days of receipt of the plan of correction: All staff persons shall be educated on all of the requirements of regulation 2600.3(c). Documentation of education shall be kept in accordance with 2600.65i.

Directed Completion Date: 02/28/2026

5a1 - DHS Access

2. Requirements

2600.

- 5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

1. Agents of the Department.

Description of Violation

On [REDACTED], agents of the Department requested access to staffing schedules prior to 1/5/26, fire safety inspection letters showing areas of refuge in the home and fire drill records for the home. Staff Person A could not provide access to this documentation.

Repeat Violation: [REDACTED] et al

Plan of Correction

Directed ([REDACTED] - 02/17/2026)

Immediately: The administrator shall develop a system of record keeping that ensures the agents of the Department, upon request, have immediate access to records.

Within 10 days of receipt of the plan of correction: The administrator or designee shall provide, upon request, immediate access to the home, the residents and records to agents of the Department.

Directed Completion Date: 02/28/2026

16c - Written Incident Report

3. Requirements

2600.

- 16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED] Resident [REDACTED] cut themselves with scissors was sent to the hospital for treatment. This incident was not

16c - Written Incident Report (continued)

reported to the Department.

Plan of Correction

Directed [REDACTED] - 02/17/2026)

Immediately: The administrator or designee shall develop a policy and procedures for the reporting of reportable incidents and conditions in accordance with regulation 2600.16(c).

Within 10 days of the receipt of the plan of correction: The administrator or designee shall review all reportable incidents and conditions at least weekly to ensure all reportable incidents and conditions are reported to the Department in accordance with regulation 2600.16c. Documentation of reviews shall be kept.

Directed Completion Date: 02/28/2026

20b1 - Financial Records

4. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 1. The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

Description of Violation

The home could not provide financial records for Residents [REDACTED] and [REDACTED] for any transactions after [REDACTED]

Repeat Violation Date: [REDACTED] et al

Plan of Correction

Directed [REDACTED] - 02/17/2026)

Immediately: The home shall complete a record of financial transactions for residents 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28 and 29 that shall include all components of regulations 2600.20(b)(1), 2600.20(b)(3), and 2600.20(b)(8).

Within 10 days of receipt of the accepted plan of correction: The administrator or designee shall conduct an initial and monthly audit of financial records and finances for all residents who the home is providing financial management, to ensure the requirements of regulations 2600.20(b)(1) through 2600.20(b)(10) are met. Documentation shall be kept.

Within 10 days of receipt of the plan of correction: The administrator or designee shall reconcile all resident accounts, for whom the home is providing financial management for 2024 to the present including accountability of all resident funds and proper documentation in accordance with regulation 2600.20(b)(1). Any funds owed to residents shall be immediately refunded. Documentation shall be kept.

Directed Completion Date: 02/28/2026

20b3 - Written Receipts

5. Requirements

20b3 - Written Receipts (*continued*)

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

3. The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

Description of Violation

Staff Person A indicated during an interview that all residents received their [REDACTED] personal needs allowance for January 2026. However, the home did not obtain any residents' signatures for the receipt of the disbursement.

Plan of Correction**Directed [REDACTED] - 02/17/2026)**

Immediately: The home shall complete a record of financial transactions for residents 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28 and 29 that shall include all components of regulations 2600.20(b)(1), 2600.20(b)(3), and 2600.20(b)(8).

Within 10 days of receipt of the accepted plan of correction: The administrator shall develop and implement a policy and procedures for the financial management of resident funds including obtaining a written receipt from the resident at the time of disbursement.

Within 10 days of receipt of the plan of correction: The administrator or designee shall conduct an initial and monthly audit of financial records and finances for all residents who the home is providing financial management, to ensure the requirements of regulations 2600.20(b)(1) through 2600.20(b)(10) are met. Documentation shall be kept.

Within 10 days of receipt of the plan of correction: All staff persons managing or handling resident funds shall be educated on the home's financial management policy and procedures and the requirements of regulations 2600.20(b)(1) through 2600.20(b)(10). Documentation of education shall be kept in accordance with 2600.65i.

Directed Completion Date: 02/28/2026

23a - Activities of Daily Living Assistance

6. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

The assessment and support plan, dated [REDACTED], for Resident [REDACTED] indicates that the resident requires assistance with bladder management and may need assistance with their incontinence briefs. On [REDACTED], the resident did not receive this assistance as required. Resident [REDACTED] was observed sitting on the corner of their bed in only an incontinence brief and a t-shirt. Their brief was noticeably full of urine. Resident [REDACTED] mattress was inspected by the Department. It was observed to be soaked through with urine and had an infestation of gnats seemingly attracted to the [REDACTED] present in the mattress.

Plan of Correction**Directed ([REDACTED] 02/17/2026)**

Immediately: The administrator or designee shall monitor the care and services of for residents whom require incontinence care and services for at least two residents a week for three months and biannually thereafter to ensure the residents are receiving the care and services indicated in the resident's support plans. Documentation of

23a - Activities of Daily Living Assistance (continued)

monitoring shall be kept.

Within 10 days of receipt of the plan of correction: The administrator or designated staff person will educate all direct care staff on resident specific support plans and positive interventions for residents whom require incontinence care and services. Documentation education shall be kept.

Directed Completion Date: 02/28/2026

24 - Personal Hygiene**7. Requirements**

2600.

24. Personal Hygiene - A home shall provide the resident with assistance with personal hygiene as indicated in the resident's assessment and support plan. Personal hygiene includes one or more of the following:

1. Bathing.
2. Oral hygiene.
3. Hair grooming and shampooing.
4. Dressing, undressing and care of clothes.
5. Shaving.
6. Nail care.
7. Foot care.
8. Skin care.

Description of Violation

The assessment and support plan, dated [REDACTED] for resident [REDACTED] indicates the resident requires supervision and assistance with personal hygiene. On [REDACTED] the resident did not receive assistance as required. Resident [REDACTED] was observed to have unkempt facial hair and the hair on their head was not brushed.

Plan of Correction

Directed ([REDACTED] - 02/17/2026)

Immediately: Staff shall check residents throughout their shift, during regular duties; to ensure all residents' personal hygiene needs are met.

Within 10 days of the receipt of the plan of correction: The administrator shall monitor all residents weekly to ensure residents personal hygiene needs are met. Documentation shall be kept.

Within 10 days of the receipt of the plan of correction: All direct care staff shall be educated concerning the daily ongoing care of residents including assisting residents with personal hygiene as needed. The education shall include the need for the documentation of staff attempts to provide these services even if the resident refuses.

Documentation of education shall be kept in accordance with 2600.65i.

Directed Completion Date: 02/28/2026

42b - Abuse**8. Requirements**

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [REDACTED] Resident [REDACTED] was observed sitting on the corner of their bed in only an incontinence brief and a t-shirt. Their brief was noticeably full of [REDACTED] Resident [REDACTED]'s mattress was inspected by the Department. It was observed to be

42b - Abuse (continued)

soaked through with urine and had an infestation of gnats seemingly attracted to the urine present in the mattress. The assessment and support plan, dated [REDACTED], for Resident [REDACTED] indicates that the resident requires assistance with bladder management and may need assistance with their incontinence briefs. In an interview with the Department, Resident [REDACTED] indicated that they have a problem with bed wetting and the home does not provide them with any type of assistance to rectify this problem. Resident [REDACTED] also stated that they have trouble fastening the sides of their incontinence briefs and does not receive assistance with this task. On [REDACTED], there were extra mattresses in the home. In an interview with the Department, Staff Member A indicated that they are in the process of replacing all mattresses in the home but have not yet replaced them for all residents due to not having bedbug covers for the mattresses yet. The home allowed Resident # [REDACTED] to sleep on a urine soaked, gnat infested mattress for an indeterminate amount of time and failed to provide them with any assistance for their incontinence.

Repeat Violation Date: [REDACTED]

Plan of Correction

Directed [REDACTED] - 02/17/2026)

Immediately: Resident [REDACTED] shall be provided a retardant mattress that is in good repair, clean and supports the resident.

Immediately: The administrator shall conduct an initial and daily check-in with resident [REDACTED]s to ensure direct care staff are providing assistance with incontinence care.

Within 10 days of receipt of the accepted plan of correction: All direct care staff, ancillary staff persons, substitute personnel, volunteers and management staff including the administrator shall receive training in abuse reporting and prevention and resident rights from a Department-approved outside source. Documentation of training shall be kept in accordance with 2600.65i.

Within 10 days of receipt of the accepted plan of correction: The administrator shall interview at least three residents a week three months and biannually thereafter to ensure no residents are neglected, intimidated, physically or verbally abused, mistreated or disciplined in any way, at any time. Documentation of interviews shall be kept.

Directed Completion Date: 02/28/2026

42q - Compensation

9. Requirements

2600.

42.q. A resident shall be compensated in accordance with State and Federal labor laws for labor performed on behalf of the home. Residents may voluntarily and without coercion perform tasks related directly to the resident's personal space or common areas of the home.

Description of Violation

Resident [REDACTED] performs maintenance tasks in the home, which include unclogging toilets, repairing the elevator and electrical work. On [REDACTED], resident [REDACTED] was observed to be in possession of the key to the sprinkler room. The home does not compensate the resident for this work.

Plan of Correction

Directed [REDACTED] 02/17/2026)

Immediately: Resident 30 shall no longer perform labor on behalf of the home without compensation in

42q - Compensation (continued)

accordance with State and Federal labor laws. If any resident performs labor on behalf of the home, including any task that would otherwise have to be completed by a staff person, such labor will be voluntary and the resident will be compensated in accordance with State and Federal labor laws.

Within 10 days of receipt of the plan of correction: The administrator shall interview at least two different residents on a weekly basis for three months to ensure no residents are performing labor on behalf of the home or if residents are performing labor on behalf of the home the residents are compensated in accordance with State and Federal labor laws. Documentation shall be kept.

Directed Completion Date: 02/28/2026

42s - Privacy**10. Requirements**

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On [REDACTED] multiple surveillance cameras were observed throughout the home. There are no signs posted indicating video surveillance/video recording posted on site.

Plan of Correction

Directed [REDACTED] **02/17/2026)**

Immediately: The home shall not video record any areas with the exception of the home's entrance and exits and the interior corridors leading to the entrances and exits. These areas may be recorded if residents are informed at admission that these areas are subject to video recording and signs indicating that images are being recorded are posted in the areas that are being recorded.

Directed Completion Date: 02/28/2026

54a - Direct Care Staff**11. Requirements**

2600.

54.a. Direct care staff persons shall have the following qualifications:

1. Be 18 years of age or older, except as permitted in subsection (b).
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

Direct care staff persons B, C, D, E and F do not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Staff person B's file included a high school diploma from American Worldwide Academy- graduation date [REDACTED]. Staff person C's file included the exact same diploma with only the staff member's name changed. In an interview with the Department, Staff person C stated they did not attend American Worldwide Academy and did not know how that diploma was placed in their file.

54a - Direct Care Staff (continued)

Plan of Correction**Directed** [REDACTED] - 02/17/2026)

Immediately: Staff persons B, C, D, E and F shall not be permitted to provide direct care services in the home until they have met the educational qualifications.

Within 10 days of the receipt of the plan of correction: The administrator or designee shall review all current direct care staff records to ensure all direct care staff persons meet the qualifications in accordance with regulation 2600.54(a) to include a Diploma issued by the Pennsylvania Department of Education or Department of Education in another state. Documentation shall be kept in the staff records. Only those staff persons who meet the direct care staff qualifications will provide direct care services.

Directed Completion Date: 02/28/2026

57c - 2 Hours/Day

12. Requirements

2600.

57.c. Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

Description of Violation

On [REDACTED] there were 62 residents in the home, including 4 residents with mobility needs, requiring a total minimum of 66 of hours of direct care service. On this date, only 43 hours of direct care staffing was provided. On [REDACTED], there were 62 residents in the home, including 4 residents with mobility needs, requiring a total minimum of 66 of hours of direct care service. On this date, only 65 hours of direct care staffing was provided.

Plan of Correction**Directed** [REDACTED] 02/17/2026)

Immediately: The administrator or designated staff person shall develop and implement a schedule that includes the availability of providing at least one hour per day of personal care services for each mobile resident and two hours per day of personal care services for each resident who has mobility needs. At least 75% of the required personal care service hours will be available during waking hours and additional personal care service staffing hours will be scheduled to meet the needs of the residents as specified in the resident's assessments, support plans and as needed to safely evacuate the residents in the event of an emergency.

Directed Completion Date: 02/28/2026

57d - Waking Hours

13. Requirements

2600.

57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

Description of Violation

On [REDACTED] a total of 66 hours of direct care were required; however, only 32 of the required hours were provided during waking hours. On [REDACTED], a total of 66 hours of direct care were required; however, only 49 of the required hours were provided during waking hours.

57d - Waking Hours (continued)

Plan of Correction

Directed [REDACTED] 02/17/2026)

Immediately: The administrator or designated staff person shall develop and implement a schedule that includes the availability of providing at least one hour per day of personal care services for each mobile resident and two hours per day of personal care services for each resident who has mobility needs. At least 75% of the required personal care service hours will be available during waking hours and additional personal care service staffing hours will be scheduled to meet the needs of the residents as specified in the resident's assessments, support plans and as needed to safely evacuate the residents in the event of an emergency.

Directed Completion Date: 02/28/2026

62 - Contact List

14. Requirements

2600.

- 62. List of Staff Persons - The administrator shall maintain a current list of the names, addresses and telephone numbers of staff persons including substitute personnel and volunteers.

Description of Violation

Staff person A, the administrator, does not maintain a current list of the names, addresses and telephone numbers of staff persons including substitute personnel and volunteers.

Plan of Correction

Directed [REDACTED] - 02/17/2026)

Immediately: The administrator shall maintain a current list of the names, addresses and telephone numbers of staff persons including substitute personnel and volunteers.

Within 10 days of the receipt of the plan of correction: The administrator shall develop and implement a procedure to ensure that the staff list is updated as the names, addresses and telephone numbers of staff persons including substitute personnel and volunteers change.

Directed Completion Date: 02/28/2026

63a - First Aid/CPR Training

15. Requirements

2600.

- 63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On [REDACTED], 62 residents were present in the home. From 4:00 pm to 5:20 pm and from 8:10 pm to 11:00 pm, no staff persons were present in the home who were trained in first aid and certified in obstructed airway techniques and CPR

On [REDACTED] 62 residents were present in the home. From 8:04 am to 10:01 am, only 1 staff person was present in the home who was trained in first aid and certified in obstructed airway techniques and CPR. From 7:43 pm until 8:00 am [REDACTED], there were no staff persons present in the home who were trained in first aid and certified in obstructed airway techniques and CPR.

On [REDACTED], 62 residents were present in the home. From 8:29am until 3:01pm, only 1 staff person was present in the home who was trained in first aid and certified in obstructed airway techniques and CPR.

63a First Aid/CPR Training (continued)

Repeat Violation Date: [REDACTED] et al

Plan of Correction

Directed [REDACTED] 02/17/2026)

Immediately: The administrator or designee who schedules staff shall ensure at least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and cardiopulmonary resuscitation will be present in the home at all times.

Directed Completion Date: 02/28/2026

65a - FS Orientation 1st Day**16. Requirements**

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff persons E and G, whose first day of work was [REDACTED] did not receive orientation on the following topics: Evacuation procedures; Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable; The designated meeting place outside the building or within the fire safe area in the event of an actual fire; Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable; The location and use of fire extinguishers; Smoke detectors and fire alarms; Telephone use and notification of emergency services

Repeat Violation Date: [REDACTED] et al

Plan of Correction

Directed [REDACTED] - 02/17/2026)

Immediately: The administrator or designee shall review all training records for staff hired within the past year to ensure all direct care staff persons including ancillary staff persons, substitute personnel and volunteers have completed an orientation in general fire safety and emergency preparedness in accordance with regulation 2600.65(a) including, evacuation procedure; staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable. Documentation of the training shall be kept in the employee's record.

Within 10 days of the receipt of the plan of correction: The administrator shall create a tracking system for new hires to ensure that newly hired staff persons receive the training required by this regulation on or before the first work day and the documentation of training is kept in the staff person's record.

Directed Completion Date: 02/28/2026

65b - Rights/Abuse 40 Hours

17. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

Staff persons E and G completed their 40th scheduled work hour on [REDACTED] however, these staff persons did not complete training in the following topics: Resident rights; Emergency medical plan; Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102); Reporting of reportable incidents and conditions

Repeat Violation Date: [REDACTED] et al

Plan of Correction**Directed [REDACTED] - 02/17/2026)**

Immediately: The administrator or designee shall review all training records for staff hired within the past year to ensure all direct care staff persons including ancillary staff persons, substitute personnel and volunteers have completed an orientation in resident rights, emergency medical plan, mandatory reporting of abuse and neglect and reporting of reportable incidents and conditions in accordance with regulation 2600.65(b). Documentation of the training shall be placed in the employee's record.

Within 10 days of the receipt of the plan of correction: The administrator shall create a tracking system for new hires to ensure that newly-hired staff persons receive the training required by this regulation within 40 scheduled working hours and the documentation of training is kept in the staff person's record.

Directed Completion Date: 02/28/2026

65d Initial Direct Care Training**18. Requirements**

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department approved direct care training course and passing of the competency test.
3. Initial direct care staff person training to include the following:
 - i. Safe management techniques.
 - ii. ADLs and IADLs
 - iii. Personal hygiene.
 - iv. Care of residents with dementia, mental illness, cognitive impairments, an intellectual disability and other mental disabilities.
 - v. The normal aging cognitive, psychological and functional abilities of individuals who are older.
 - vi. Implementation of the initial assessment, annual assessment and support plan.
 - vii. Nutrition, food handling and sanitation.
 - viii. Recreation, socialization, community resources, social services and activities in the community.
 - ix. Gerontology.

65d - Initial Direct Care Training (*continued*)

- x. Staff person supervision, if applicable.
- xi. Care and needs of residents with special emphasis on the residents being served in the home.
- xii. Safety management and hazard prevention.
- xiii. Universal precautions.
- xiv. The requirements of this chapter.
- xv. Infection control.
- xvi. Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

Description of Violation

Direct care staff person D, hired on [REDACTED] began providing unsupervised ADL services on [REDACTED]; however, the staff person did not complete training that included a demonstration of job duties, followed by supervised practice.

Direct care staff persons E, F, H and I, hired on [REDACTED] began providing unsupervised ADL services on [REDACTED]; however, the staff persons did not complete training that included a demonstration of job duties, followed by supervised practice.

Direct care staff person J, hired on [REDACTED] began providing unsupervised ADL services on [REDACTED] however, the staff person did not complete training that included a demonstration of job duties, followed by supervised practice.

Plan of Correction

Directed [REDACTED] - 02/17/2026)

Immediately: The administrator or designee shall review all current direct care staff records to ensure all direct care staff persons meet the qualifications in accordance with regulation 2600.65(d) and the documentation is in the staff records. If direct care staff qualifications are not met, staff will be assigned a position which does not include providing direct care services. Only those staff persons whom meet the direct care staff qualifications will provide direct care services.

Within 10 days of the receipt of the plan of correction: The administrator shall develop and implement a policy and procedures to ensure all direct care staff persons have met all of the requirements of regulation 2600.65d prior to providing unsupervised direct care services.

Directed Completion Date: 02/28/2026

19. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
3. Initial direct care staff person training to include the following:
 - i. Safe management techniques.
 - ii. ADLs and IADLs
 - iii. Personal hygiene.
 - iv. Care of residents with dementia, mental illness, cognitive impairments, an intellectual disability and other mental disabilities.
 - v. The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - vi. Implementation of the initial assessment, annual assessment and support plan.
 - vii. Nutrition, food handling and sanitation.

65d - Initial Direct Care Training (continued)

- viii. Recreation, socialization, community resources, social services and activities in the community.
- ix. Gerontology.
- x. Staff person supervision, if applicable.
- xi. Care and needs of residents with special emphasis on the residents being served in the home.
- xii. Safety management and hazard prevention.
- xiii. Universal precautions.
- xiv. The requirements of this chapter.
- xv. Infection control.
- xvi. Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

Description of Violation

Direct care staff person D, hired on [REDACTED], began providing unsupervised ADL services on [REDACTED] however, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test.

Plan of Correction

Directed ([REDACTED] 02/17/2026)

Immediately: The administrator or designee shall review all current direct care staff records to ensure all direct care staff persons meet the qualifications in accordance with regulation 2600.65(d) and the documentation is in the staff records. If direct care staff qualifications are not met, staff will be assigned a position which does not include providing direct care services. Only those staff persons whom meet the direct care staff qualifications will provide direct care services.

Within 10 days of the receipt of the plan of correction: The administrator shall develop and implement a policy and procedures to ensure all direct care staff persons have met all of the requirements of regulation 2600.65d prior to providing unsupervised direct care services.

Directed Completion Date: 02/28/2026

65e - 12 Hours Annual Training

21. Requirements

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

Description of Violation

Direct care staff person B and C received 0 hours of annual training in training year [REDACTED] to [REDACTED].

65e 12 Hours Annual Training (continued)

Plan of Correction

Directed [REDACTED] - 02/17/2026)

Immediately: The administrator or designated staff person will monitor all direct care staff training through the quality management review process to ensure all staff persons receive the required 12 hours of annual training during each established training year.

Directed Completion Date: 02/28/2026

85a - Sanitary Conditions

22. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On [REDACTED] at 9:30am, Staff Member K failed to sanitize their hands before and after passing medications to multiple residents.

On [REDACTED], there was a strong odor of urine present throughout the home.

On [REDACTED], there was a large puddle of urine in the hallway on the 3rd floor between rooms [REDACTED] and [REDACTED].

Plan of Correction

Directed [REDACTED] - 02/17/2026)

Immediately: All staff persons qualified to administer medications shall be educated on maintaining sanitary conditions during medication passes. Documentation of education shall be kept in accordance with 2600.65i.

Immediately: A designated staff person shall monitor the home at least daily to ensure sanitary conditions are maintained. Documentation shall be kept.

Directed Completion Date: 02/28/2026

85b - Infestation

23. Requirements

2600.

85.b. There may be no evidence of infestation of insects or rodents in the home.

Description of Violation

On [REDACTED], gnats were observed flying throughout home as well as infesting the mattress of Resident [REDACTED].

On [REDACTED], bed bug nests were observed on the bed frames of the resident beds in rooms [REDACTED] and [REDACTED].

On [REDACTED] at 9:12am, there was a large cockroach crawling on the outside of the second floor staff bathroom on the doorframe.

Repeat Violation Date: [REDACTED] et al.

85b Infestation (continued)

Plan of Correction**Directed** [REDACTED] - 02/17/2026)

Immediately: The administrator or designee shall monitor the home weekly for potential causes of infestation and signs of infestation. If any signs of infestation are found, the administrator or designee shall arrange for more frequent pest control. Documentation of monitoring shall be kept.

Directed Completion Date: 02/28/2026

85d - Trash Receptacles

24. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On [REDACTED] at 10:36 am, there was an uncovered, unattended trash can in the 2nd floor shared bathroom.

Plan of Correction**Directed** [REDACTED] - 02/17/2026)

Immediately: The administrator shall check all trash receptacles in the kitchen and bathrooms on a weekly basis to ensure each trash receptacle is covered. Documentation of checks shall be kept.

Directed Completion Date: 02/28/2026

85e - Trash Outside Home

25. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

On [REDACTED] at 9:00 am, a large pile of discarded belongings including a lamp shade, backpack, sneakers and stained pillows and sheets was observed outside of the home to the left of the designated smoking area.

Plan of Correction**Directed** [REDACTED] - 02/17/2026)

Immediately: The administrator shall check the home weekly to ensure sanitary conditions are maintained, including that trash outside the home is kept in covered receptacles. Documentation shall be kept.

Directed Completion Date: 02/28/2026

88a - Surfaces

26. 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], there appeared to be evidence of a water leak in resident room [REDACTED]. Two ceiling tiles were observed with brown water stains.

88a - Surfaces (continued)

Plan of Correction

Directed (████) - 02/17/2026

Immediately: The administrator or designee shall check all areas of the home at least weekly to ensure floors, walls, ceilings, windows, doors and other surfaces are clean, in good repair and free of hazards. Hazardous conditions will be corrected immediately. Documentation of checks shall be kept.

Directed Completion Date: 02/28/2026

90b - Staff Communication

27. Requirements

2600.

90.b. For a home serving 9 or more residents, there shall be a system or method of communication that enables staff persons to immediately contact other staff persons in the home for assistance in an emergency.

Description of Violation

The home does not have a system that allows staff in different parts of the home to communicate with each other in an emergency. On ██████ the home served 62 residents.

Plan of Correction

Directed ██████ - 02/17/2026

Immediately: The administrator shall provide a system or method of communication that enables staff persons to immediately contact other staff persons in the home for assistance in an emergency.

Within 10 days of the receipt of the plan of correction: All staff shall be educated regarding the use of the home's staff communication method. Documentation of education shall be kept in accordance with 2600.65i.

Directed Completion Date: 02/28/2026

95 - Furniture and Equipment

28. Requirements

2600.

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

Description of Violation

On ██████, several broken doorknobs were observed throughout the home. Including the top of the main stairs to second floor (fire door), Resident ██████'s closet door, single bathroom doorknob on the second floor.

Plan of Correction

Directed ██████ - 02/17/2026

Immediately: The administrator shall check the home at least weekly to ensure furniture and equipment is in good repair, clean and free of hazards. Any hazards will be immediately corrected. If furniture or equipment is in disrepair and cannot be repaired immediately, it will be immediately removed from service.

Directed Completion Date: 02/28/2026

101j1 - Mattress Fire Retardant

29. 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.

101j1 - Mattress Fire Retardant (continued)

Description of Violation

On [REDACTED], the mattress for Resident [REDACTED] was soaked through with urine and infested with gnats. The mattresses found on site for Resident [REDACTED], Resident [REDACTED], Resident [REDACTED] and Resident [REDACTED] were observed to have burn holes in them. The mattress for Resident [REDACTED] was observed to be tattered and had a mattress spring protruding out of the center of the mattress.

Plan of Correction

Directed [REDACTED] 02/17/2026)

Immediately: Mattresses for residents 3, 9, 13, 31, 32 and 33 shall be replaced.

Immediately: A designated staff person on each shift shall check resident beds/mattresses to ensure the bed/mattress are clean and in good repair. Documentation of checks shall be kept.

Directed Completion Date: 02/28/2026

101j2 - Bedroom Chairs

30. Requirements

2600.

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

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

Description of Violation

Bedroom [REDACTED] is occupied by [REDACTED] resident; however, there is no chair in this room.

Plan of Correction

Directed [REDACTED] - 02/17/2026)

Immediately: The administrator or designee shall ensure a chair which meets the residents' needs is provided for each resident in their bedroom. If the home is providing a folding chair, the administrator shall ensure and document: the chair is sturdy and safe, it is requested/approved by the resident and it is easily set up and accessible by the resident. Documentation of checks shall be kept.

Directed Completion Date: 02/28/2026

101j3 - Bed/Linens/Pillows/Blankets

31. Requirements

2600.

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

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

Description of Violation

The bedding for Resident [REDACTED], Resident [REDACTED], Resident [REDACTED] and Resident [REDACTED] were observed to have multiple burn holes in the bedding and pillow cases. The bedding for Resident [REDACTED] was observed to have blood stains present.

Repeat Violation Date: [REDACTED] et al

Plan of Correction

Directed [REDACTED] - 02/17/2026)

Immediately: Any pillows, bed linens and blankets that are not clean or not in good repair shall be immediately replaced.

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

Immediately: A designated staff person on each shift shall check residents' pillow, bed linens and blankets to ensure the pillow, bed linens and blankets are clean and in good repair. Documentation of checks shall be kept.

Directed Completion Date: 02/28/2026

101j7 - Lighting/Operable Lamp**32. 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

Residents [REDACTED] and [REDACTED] do not have access to a source of light that can be turned on/off at bedside.

Repeat Violation Date: [REDACTED] et al

Plan of Correction

Directed [REDACTED] 02/17/2026)

Immediately: A source of light that can be turned on/off at bedside shall be provided to residents 31 and 34.

Immediately: A designated staff person shall check the home at least weekly to ensure all resident beds have an operable bedside lamp or source of lighting that can be turned on/off from bedside. Documentation of checks shall be kept.

Directed Completion Date: 02/28/2026

101o - Walls, Floors, Ceilings**33. Requirements**

2600.

101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

On [REDACTED] the floor in resident room [REDACTED] was covered in smeared dirt, grime and chip crumbs.

Plan of Correction

Directed [REDACTED] - 02/17/2026)

Immediately: A designated staff person shall check the home on a daily basis to ensure all bedroom walls, floors and ceilings, which are finished, are clean and in good repair. Documentation of checks shall be kept.

Directed Completion Date: 02/28/2026

121a - Unobstructed Egress**34. 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 9:40 am, there were two basketball hoops located less than two feet from the home's main fire escape impeding egress and creating a potential choke point from the fire escape.

121a - Unobstructed Egress (*continued*)**Plan of Correction****Directed** [REDACTED] - 02/17/2026)

Immediately: A designated staff person shall check the home daily on each shift to ensure all stairways, hallways, doorways, passageways and egress routes from rooms and from the building are unlocked and unobstructed. Documentation of checks shall be kept.

Within 10 days of receipt of the plan of correction: All staff persons shall be educated on maintaining stairways, hallways, doorways, passageways and egress routes from rooms and from the building unlocked and unobstructed. This includes maintaining outside walkways clear of snow, ice or any other obstructions. Documentation of education shall be kept in accordance with 2600.65i.

Directed Completion Date: 02/28/2026

131f - Fire Extinguisher Inspection

35. Requirements

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

The fire extinguisher in basement has not been inspected by a fire safety expert since February 2024. The fire extinguisher on the home's 3rd floor did not have an inspection tag present.

Repeat Violation Date: [REDACTED] *et al*

Plan of Correction**Directed** [REDACTED] - 02/17/2026)

Immediately: All fire extinguishers in the home shall be inspected and approved by a fire safety expert.

Directed Completion Date: 02/28/2026

132h - Designated Meeting Place

36. Requirements

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

In an interview with the Department, Resident #6 indicated that they are moved to the common area during fire drills. The home could not provide proof that the common area of the home is considered a designated meeting place or fire safe area.

Plan of Correction**Directed** [REDACTED] - 02/17/2026)

Immediately: An unannounced fire drill shall be conducted at least monthly and all residents shall evacuate to the designated safe area outside of the home. Documentation of fire drills shall be kept in accordance with regulation 2600.132(c).

Immediately: All staff persons shall be educated on the requirement that all residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during a fire drill. Documentation of education

132h - Designated Meeting Place (continued)

shall be kept in accordance with 2600.65i.

Directed Completion Date: 02/28/2026

132j - Elevators**37. Requirements**

2600.

132.j. Elevators may not be used during a fire drill or a fire.

Description of Violation

According to resident interviews, during fire drills residents are evacuated with the use of the home's elevator.

Plan of Correction

Directed [REDACTED] 02/17/2026)

Immediately: the home shall discontinue using the elevator during fire drills.

Immediately: All staff persons shall be educated on the requirement that elevators may not be used during a fire drill.

Documentation of education shall be kept in accordance with 2600.65i.

Directed Completion Date: 02/28/2026

141a - Medical Evaluation**38. 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.

Description of Violation

Resident [REDACTED] did not have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department. The home has an electronic Documentation of Medical Evaluation (DME) form version HS 2136 7/25 for resident #37 with a "Date of In Person Evaluation" and "Date Form Completed" both listed as [REDACTED]. This version of the form was not available on the date listed and the physician did not sign the form.

Plan of Correction

Directed [REDACTED] 02/17/2026)

Immediately: Resident 37 shall have an in-person medical evaluation completed by a physician, physician's assistant or certified registered nurse practitioner and documented on the Department's form.

Directed Completion Date: 02/28/2026

142a - Secure Medical Care**39. Requirements**

2600.

142.a. The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

142a Secure Medical Care (continued)

Description of Violation

Resident [REDACTED] had a physical altercation in the home with Resident [REDACTED] observed by the Department. Resident [REDACTED] stated to the Department that [REDACTED] has [REDACTED] and cannot control [REDACTED] reactions. Resident [REDACTED] has not been seeing a mental health professional, nor has the home attempted to assist the resident in securing additional psychiatric help.

Plan of Correction**Directed [REDACTED] - 02/17/2026)**

Immediately: The administrator shall conduct a weekly review of all reports of injury, illness or when a resident's health care status declines to determine if the proper medical care was provided to the resident and the proper notifications were made. Documentation shall be kept.

Within 10 days of receipt of the plan of correction: The administrator shall develop and implement a policy and procedures to ensure all residents receive proper medical care in a timely manner. The policy and procedure shall include seeking the proper medical care through the resident's physician or emergency medical care. This shall include recognition and response to emergency situations and a decline in the resident's health status and the proper notification to the resident's physician and designated person when a resident's health status declines.

Directed Completion Date: 02/28/2026

144d - Smoking Outside

40. Requirements

2600.

144.d. Smoking outside of the smoking room is prohibited.

Description of Violation

The designated smoking area for Vine Street Manor is located in the main courtyard outside of the home.

On [REDACTED], a strong odor of cigarette smoke was present throughout home. Burn holes were observed in residents' bedding and mattresses in rooms [REDACTED] and [REDACTED] and evidence of smoking (cigarette butts) was found in resident room [REDACTED]. Interviews with residents and staff members at the home determined that residents are smoking in their rooms and this has been an ongoing issue.

On [REDACTED] at 11:00 am, Resident [REDACTED] was observed smoking behind the second building on the property that is not the home's designated smoking area.

Plan of Correction**Directed [REDACTED] - 02/17/2026)**

Immediately: All residents and staff shall be educated regarding the home's policy and procedures regarding smoking and smoking safety. Documentation shall be kept.

Directed Completion Date: 02/28/2026

182c - Medication Administration

41. Requirements

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

1. Identify the correct resident.

182c - Medication Administration (continued)

2. If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
3. Remove the medication from the original container.
4. Crush or split the medication as ordered by the prescriber.
5. Place the medication in a medication cup or other appropriate container, or in the resident's hand.
6. Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4).
7. Complete documentation in accordance with § 2600.187 (relating to medication records).

Description of Violation

On [redacted] Staff Member K placed Resident [redacted] medications into a cup and allowed them to walk away with the medications. Staff Member K did not consult Resident [redacted] medication administration record (MAR) before dispensing the medications to the resident. Staff Member K was observed by the Department to not be consulting the individual residents' MARs at any time while dispensing medications to multiple residents on [redacted] and [redacted]

Plan of Correction

Directed [redacted] - 02/18/2026)

Immediately: All staff persons qualified to administer medications shall be educated by a medication train the trainer on the proper procedures for medication administration. Documentation of education shall be kept in accordance with 2600.65i.

Directed Completion Date: 02/28/2026

183e - Storing Medications

42. 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

On [redacted], a [redacted] for Resident [redacted] was observed opened and undated in the home's medication cart. Per manufacturer's instructions, this medication should be discarded 28 days after opening. [redacted] for Resident [redacted] were observed in the medication cart with an opened date of [redacted]. Per manufacturer's instructions, these drops should be discarded six weeks after opening and were still present in the cart on [redacted]. [redacted] belonging to Resident [redacted] was also observed in the medication cart. The bottle indicated that this medication expired [redacted]

Plan of Correction

Directed [redacted] 02/18/2026)

Immediately: A designated staff person qualified to administer medications shall check the medication cart at least daily to ensure all medications are properly packaged and stored including that there are no unpackaged or loose medications in the medication cart. Documentation of checks shall be kept.

Immediately: All staff persons administering medication shall be reeducated on medication administration and

183e - Storing Medications (continued)

storage practices including dating of insulin and eye drops. Documentation of the training shall be kept in accordance with 2600.65i.

Directed Completion Date: 02/28/2026

183f - Discontinued Medications

43. 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 [redacted] at 9:43am, roll pack medications belonging to Resident [redacted] and Resident [redacted] were observed in the trashcan in the home's medication room. This is not an approved method of destroying medications according to the Department of Environmental Protection and Federal and State regulation.

Plan of Correction

Directed [redacted] 02/18/2026)

Immediately: All staff persons qualified to administer medications shall be educated that medications shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations and the requirements of regulation 2600.183(f). Documentation of education shall be kept in accordance with 2600.65i.

Directed Completion Date: 02/28/2026

185a - Implement Storage Procedures

44. 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

According to the home's medication policy, controlled substances must be counted by two medication personnel by the end of each shift and "must be documented properly." On [redacted], in an interview with the Department, Staff Member K admitted that they administered narcotics to several residents earlier in the day but did not sign them out as required on the narcotics logbook:

- [redacted]
- [redacted]
- [redacted]

On [redacted], the glucometer for Resident [redacted] was not calibrated to the correct time- the glucometer showed 11:52 am when the actual time was 11:46 am. On [redacted] at 4:53pm, glucometer had a reading of [redacted] and this was not documented on the resident's MAR.

Plan of Correction

Directed [redacted] - 02/18/2026)

Immediately: A narcotic count shall be conducted by the administrator weekly. Documentation shall be kept.

Immediately: The administrator shall conduct an initial and monthly audit of all glucometers and medication

185a - Implement Storage Procedures (continued)

administration records (MAR) in the home to ensure all glucometers are calibrated to the correct date and time and the blood sugar readings match the information recorded on the MAR. Documentation of the audits shall be kept.

Directed Completion Date: 02/28/2026

45. 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 [REDACTED] use 1 vial via [REDACTED] every 6 hours as needed for wheezing and [REDACTED] - take one tablet by mouth twice daily as needed for constipation. On [REDACTED], these medications were not available in the home.

Resident [REDACTED] is prescribed [REDACTED] - insert 1 suppository rectally every 24 hours as needed for constipation. On [REDACTED], this medication was not available in the home.

Plan of Correction

Directed [REDACTED] - 02/18/2026)

Immediately: The administrator or designated staff person qualified to administer medications shall complete an initial and monthly audit of the medication cart, medication administration records and prescription orders to ensure all prescription medications are available for administration.

Directed Completion Date: 02/28/2026

186c - Change in Medications**46. Requirements**

2600.

186.c. Changes in medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.

Description of Violation

On [REDACTED], the home discontinued [REDACTED] and [REDACTED] for Resident [REDACTED]. The home had not received a written order from an authorized prescriber for the change and does not have registered nurses authorized to receive verbal orders.

Plan of Correction

Directed [REDACTED] - 02/18/2026)

Immediately: All staff persons qualified to administer medications shall be educated by a medication administration Train the Trainer, that changes in a medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State and the homes policy and procedures for changes in medications. Documentation of education shall be kept in accordance with 2600.65i.

Immediately: The administrator or a designated staff person qualified to administer medications shall conduct a

186c - Change in Medications (continued)

weekly audit of all medication change orders to ensure the home obtains a written medication change order within 48 hours of all verbal medication change orders received in accordance with regulation 2600.186(c). Documentation of the audit shall be kept.

Directed Completion Date: 02/28/2026

187a - Medication Record

47. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident [redacted] is prescribed [redacted] and [redacted]; however, Resident [redacted]'s medication administration record does not indicate the diagnoses or purposes for these medications.

Resident [redacted] is prescribed [redacted] and [redacted] however, Resident [redacted]'s medication administration record does not indicate the diagnoses or purposes for these medications.

Resident [redacted] is prescribed [redacted] and [redacted] however, Resident [redacted]'s medication administration record does not indicate the diagnoses or purposes for these medications.

Resident [redacted] is prescribed [redacted] and [redacted]; however, Resident [redacted]'s medication administration record does not indicate the diagnoses or purposes for these medications.

Resident [redacted] is prescribed [redacted] and [redacted]; however, Resident [redacted]'s medication administration record does not indicate the diagnoses or purposes for these medications.

187a - Medication Record (continued)

Resident [REDACTED] is prescribed [REDACTED] and [REDACTED]; however, Resident [REDACTED]'s medication administration record does not indicate the diagnoses or purposes for these medications.

Resident [REDACTED] is prescribed [REDACTED] and [REDACTED]; however, Resident [REDACTED] medication administration record does not indicate the diagnoses or purposes for these medications.

Resident [REDACTED] is prescribed [REDACTED] and [REDACTED] mg; however, Resident [REDACTED] medication administration record does not indicate the diagnoses or purposes for these medications.

Resident [REDACTED] is prescribed [REDACTED] and [REDACTED] however, Resident [REDACTED]'s medication administration record does not indicate the diagnoses or purposes for these medications.

Resident [REDACTED] is prescribed [REDACTED] and [REDACTED]; however, Resident [REDACTED]'s medication administration record does not indicate the diagnoses or purposes for these medications.

Resident [REDACTED] is prescribe [REDACTED] and [REDACTED]; however, Resident [REDACTED]'s medication administration record does not indicate the diagnoses or purposes for these medications.

Resident [REDACTED] is prescribed [REDACTED] - take 1 pill for fluid retention daily for the next week and then as needed; however, Resident [REDACTED] medication administration record does not include this medication. On [REDACTED], 26 pills remained in the bottle.

Resident [REDACTED] is prescribed [REDACTED] and [REDACTED] however, Resident [REDACTED] medication administration record does not indicate the diagnoses or purposes for these medications.

Plan of Correction

Directed [REDACTED] - 02/18/2026)

Immediately: The administrator or a designee qualified to administer medications shall complete an initial and monthly audit of all resident MARs and prescription orders to ensure all prescribed medications are properly documented on the MARs including a diagnosis or purpose and dose for the medication in accordance with regulation 2600.187(a).

Directed Completion Date: 02/28/2026

187b - Date/Time of Medication Admin.

48. Requirements

2600.

187b - Date/Time of Medication Admin. (continued)

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

On [REDACTED], the Department observed Staff person K administer multiple medications to multiple residents. Staff person K did not enter their initials on any medication administration records at the time the medications were administered to the residents.

Plan of Correction

Directed [REDACTED] - 02/18/2026)

Immediately: All staff persons qualified to administer medications shall be re-educated on the proper procedures for medication administration including documentation of medication administration at the time of administration in accordance with regulation 2600.187(b). Documentation of education shall be kept in accordance with 2600.65i.

Directed Completion Date: 02/28/2026

49. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

On [REDACTED] at 1:53pm, Resident [REDACTED]'s morning medications ([REDACTED]) remained in the medication cart; however, they were initialed on the resident's medication administration record as administered by Staff person K.

Resident [REDACTED] is prescribed [REDACTED] every 24 hours as needed. On [REDACTED] at 5:00pm, this medication was administered to Resident [REDACTED] per the narcotic sign out sheet; however, it was not initialed as given on the resident's medication administration record.

Plan of Correction

Directed [REDACTED] - 02/18/2026)

Immediately: The administrator shall review all resident MARs at least weekly and observe at least two medication passes of each staff person qualified to administer medications for two months to ensure the proper documentation of medication administration at the time of administration. Documentation of reviews shall be kept.

Directed Completion Date: 02/28/2026

187c - Refusal of Medication**50. Requirements**

2600.

187c - Refusal of Medication (continued)

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

Resident [REDACTED] is prescribed blood glucose checks four times per day at 9:00am, 1:00pm, 5:00pm and 9:00pm. On [REDACTED], Staff Person K stated in an interview with the Department that Resident [REDACTED] refuses their 1:00pm blood glucose check daily. Resident [REDACTED] prescriber has never been notified of these refusals.

On [REDACTED], Staff Person K stated in an interview with the Department that Resident [REDACTED] refuses all of their medications daily ([REDACTED]; [REDACTED]) with the exception of their [REDACTED]. Resident [REDACTED] prescriber has never been notified of these refusals.

Plan of Correction**Directed [REDACTED] - 02/18/2026)**

Immediately: All staff persons administering medications shall be educated concerning the procedures that will be followed in the event a resident refuses any medication. Documentation shall be kept in accordance with 2600.65i.

Immediately: The administrator or designated staff person shall conduct a weekly audit of all resident MAR to ensure all resident medication refusals are documented accurately and the required procedures are followed. Documentation shall be kept.

Directed Completion Date: 02/28/2026**187d - Follow Prescriber's Orders****51. Requirements**

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] tab- take 1 tablet by mouth daily, [REDACTED] in 8oz juice or water and take by mouth daily, [REDACTED] 1 tablet by mouth daily, [REDACTED] - take 1 tab by mouth daily and [REDACTED] - dissolve 2 tablets by mouth every night; however, these medications could not be administered as they were not available in the home.

Plan of Correction**Directed [REDACTED] 02/18/2026)**

Immediately: All staff persons qualified to administer medications shall be re-educated on the proper procedure for medication administration, by a Department-approved medication administration Train-the-Trainer, including documentation of medication administration, following the orders of the prescriber and reporting medication errors. Documentation of education shall be kept in accordance with 2600.65i.

187d - Follow Prescriber's Orders (continued)

Directed Completion Date: 02/28/2026

52. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] take 1 tablet by mouth twice daily, [REDACTED] take one tablet by mouth twice daily, [REDACTED] take 1 tablet by mouth twice daily and [REDACTED] take 1 tablet by mouth daily; however, [REDACTED] was not administered these medication as required on [REDACTED] at 9:00am. The Department observed these medications still present in the medication cart but they were initialed as administered on Resident [REDACTED]'s medication administration record.

Resident [REDACTED] is prescribed [REDACTED] take 1 tablet by mouth three times daily; however, Resident [REDACTED] was not administered this medication as required on [REDACTED] at 9:00pm.

Resident [REDACTED] prescribed [REDACTED] take 1 tablet by mouth three times daily; however, Resident [REDACTED] was not administered this medication as required on [REDACTED] at 9:00am.

Plan of Correction

Directed [REDACTED] 02/18/2026)

Immediately: The administrator or designee qualified to administer medications shall complete an initial and monthly audit of all resident MARs to ensure all prescribed medications are available, administered as prescribed, and the administration of the medication is documented on the MARs in accordance with regulation 2600.187(b). Documentation shall be kept.

Immediately: The administrator shall review all resident MARs at least weekly and observe at least two medication passes of each staff person qualified to administer medications for two months to ensure the proper documentation of medication administration at the time of administration. Documentation of reviews shall be kept.

Directed Completion Date: 02/28/2026

190a - Completion Medication Course

53. Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person C, who has not successfully completed the Department-approved medications administration course, administered medications to residents to include the following:

- On [REDACTED] at 9:00 am, [REDACTED]
- On [REDACTED] at 9:00 am, [REDACTED]

190a - Completion Medication Course (continued)

This staff person's most recent annual practicum was completed [REDACTED] and included only one medication pass observation and one documented medication administration record review.

Repeat Violation Date: [REDACTED] et al

Plan of Correction**Directed [REDACTED] 02/18/2026)**

Immediately: Staff person C shall not administer medications until the completion of a medication administration course conducted by a Department-approved medication Train – the – Trainer. Documentation of training shall be kept in the staff record.

Immediately: The administrator shall review all staff person training records to ensure all staff persons administering medications are qualified to administer medications. Only staff persons who have met the requirements of regulation 2600.190(a) shall be permitted to administer medications and the required documentation of training is in the staff person's record. If no staff persons in the home are qualified to administer medications, the administrator shall arrange for medication administration by an outside agency or person whom meets the requirements of regulation 2600.182(b). Documentation of qualifications of any person administering medications in the home shall be kept.

Directed Completion Date: 02/28/2026

190c - Record of Training**54. Requirements**

2600.

190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Description of Violation

The home's medication administration training record for Staff Person L does not include documentation of successful completion of their initial online certification training. No user report summary is present in the record.

Repeat Violation Date: [REDACTED]

Plan of Correction**Directed [REDACTED] 02/18/2026)**

Immediately: Staff person L shall not administer medications until the home obtains the proper documentation indicating that the staff person is qualified to administer medications.

Immediately: The administrator shall review all staff person training records to ensure all staff persons administering medications are qualified to administer medications. Only staff persons who have met the requirements of regulation 2600.190(a) shall be permitted to administer medications and the required documentation of training is in the staff person's record. If no staff persons in the home are qualified to administer medications, the administrator shall arrange for medication administration by an outside agency or person whom meets the requirements of regulation

190c - Record of Training (continued)

2600.182(b). Documentation of qualifications of any person administering medications in the home shall be kept.

Directed Completion Date: 02/28/2026

201 - Positive Interventions**55. Requirements**

2600.

201. Safe Management Techniques - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

Description of Violation

Resident [REDACTED] and Resident [REDACTED] are both diagnosed with [REDACTED]. On [REDACTED] an argument was observed by the Department which turned violent between Resident [REDACTED] and Resident [REDACTED]. Upon entering the home at approximately 1:00 pm, Resident [REDACTED] could be heard screaming at Resident [REDACTED] on the main staircase of the home in front of medication room. Resident [REDACTED] screamed, "I told you to stay out of my face and not to play with me. I won't tell you again." Resident [REDACTED] had their body up against Resident [REDACTED] body on the staircase in an intimidating fashion. Staff Member A, was in their office with the door open speaking with another individual and did not come out to assess or deescalate the situation until the Department asked them to intervene though the heated interaction could be heard throughout the main floor of the home. When Staff Member A attempted to intervene, Resident [REDACTED] gripped Resident [REDACTED] by the throat and held them down on the stairs. Resident [REDACTED] removed themselves from Resident [REDACTED] yelled "I'm [REDACTED]. I can't control my reactions. I told them to get out of my face" and the two residents went their separate ways. During this incident, no other staff members were present nearby who could step in and deescalate the situation. All staff in the home with the exception of Staff Member A were in the home's basement assisting with lunch preparation/clean up. The Department was searching for other staff to assist during this incident as the home did not have an operational system for staff to communicate in the home at the time of the incident. The home has not implemented positive interventions to modify or eliminate the behaviors of Resident [REDACTED].

Repeat Violation Date: [REDACTED]

Plan of Correction

Directed [REDACTED] 02/18/2026)

Immediately: The administrator or designee shall monitor the care and services of for residents whom require mental health or behavioral care and services for at least two residents a week for three months and biannually thereafter to ensure the residents are receiving the care and services indicated in the resident's support plans and the use of positive interventions is implemented. Documentation of monitoring shall be kept.

Within 10 days of the receipt of the plan of correction: All staff persons shall receive training related to the provision of services to people with mental illness including behavioral management and positive behavioral modification techniques from a professional trainer or mental health professional approved by the Department. Documentation of education shall be kept in accordance with 2600.65i.

Directed Completion Date: 02/28/2026

221a - Program Activities**56. Requirements**

221a - Program Activities (continued)

2600.

221.a. The administrator shall develop a program of activities designed to promote each resident's active involvement with other residents, the resident's family and the community.

Description of Violation

The home does not have a program of activities designed to promote the active involvement of residents with families and the community.

Plan of Correction**Directed (██████ 02/18/2026)**

Immediately: The administrator shall develop a program of activities with input from residents designed to promote each resident's active involvement with other residents, the resident's family and the community. Activities shall be planned taking into consideration the residents likes, dislikes, and interests. At least two planned activities shall be offered each day.

Directed Completion Date: 02/28/2026

225a - Assessment 15 Days**58. Requirements**

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident ██████ assessment, dated ██████ indicates that Resident ██████ is independent with obtaining clean/seasonal clothing; however, Resident ██████ was observed by the Department outdoors wearing the same clothing (shorts and a jacket in winter weather) from ██████ through ██████

Repeat Violation Date; ██████ et al

Plan of Correction**Directed (██████ 02/18/2026)**

Immediately: The administrator or designee shall review all resident medical evaluations, assessments and support plans to ensure proper documentation of all resident diagnoses, needs, care and services including behavioral problems and the proper level of supervision to protect each resident. The review shall include a determination if

225a - Assessment 15 Days (continued)

the home can meet the needs of each resident based on the resident's diagnosis, needs and the care and services the home is capable of providing. Any inaccurate assessments shall be immediately updated. If there is a determination that the home cannot meet the needs of any resident, the resident shall be discharged in accordance with regulation 2600.228.

Directed Completion Date: 02/28/2026

225c - Additional Assessment

59. Requirements

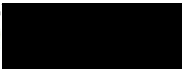
2600.

225.c. The resident shall have additional assessments as follows:


1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident #34's most recent assessment was completed on



Plan of Correction

Directed  02/18/2026)

Immediately: The administrator shall develop and implement a process and procedure to ensure all resident assessments are completed within the required time frame and are complete and accurate including all resident diagnoses.

Directed Completion Date: 02/28/2026

251b - Record Entries Legible

61. Requirements

2600.

251b - Record Entries Legible (*continued*)

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Resident [REDACTED] is prescribed the narcotic Lorazepam. The narcotics log sign out sheet for this medication was illegible, with the 11th and 12th entries scribbled over under the date and time administered and the 17th entry scribbled out under the amount left.

Plan of Correction

Directed [REDACTED] 02/18/2026)

Immediately: The administrator shall review the narcotic count sheets at least weekly to ensure that all entries are complete and legible and that no correction fluid is used on the document. Documentation shall be kept.

Directed Completion Date: 02/28/2026

251c - Standardized Forms

62. Requirements

2600.

251.c. The home shall use standardized forms to record information in the resident's record.

Description of Violation

Resident [REDACTED] medical evaluation, dated [REDACTED] was not completed on the Department's current standardized form.

Resident [REDACTED] medical evaluation, dated [REDACTED] was not completed on the Department's current standardized form.

Resident [REDACTED] medical evaluation, dated [REDACTED] was not completed on the Department's current standardized form.

Plan of Correction

Directed [REDACTED] 02/18/2026)

Immediately: The administrator shall review all resident records to ensure each resident's medical evaluation completed after 7/1/25 was completed on the Department's current standardized form. Documentation of the review shall be kept.

Directed Completion Date: 02/28/2026

252 - Record Content

63. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
6. The name, address and telephone number of the resident's physician or source of health care.
7. The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms.
8. A list of prescribed medications, OTC medications and CAM.
9. Dietary restrictions.

252 Record Content (continued)

- 10. A record of incident reports for the individual resident.
- 11. A list of allergies.
- 12. The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.
- 13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.
- 14. A support plan.
- 15. Applicable court order, if any.
- 16. The resident's medical insurance information.
- 17. The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
- 18. An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.
- 19. An inventory of the resident's property entrusted to the administrator for safekeeping.
- 20. The financial records of residents receiving assistance with financial management.
- 21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.
- 22. Copies of transfer and discharge summaries from hospitals, if available.
- 23. If the resident dies in the home, a copy of the official death certificate.
- 24. Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).
- 25. A copy of the resident-home contract.
- 26. A termination notice, if any.

Description of Violation

Resident [REDACTED] record does not include a photograph of the resident that is no more than 2 years old. Resident [REDACTED] photograph was taken [REDACTED]

Resident [REDACTED] record does not include a photograph of the resident that is no more than 2 years old. Resident [REDACTED] photograph was taken [REDACTED]

Resident [REDACTED] record does not include copies of transfer and discharge summaries from hospitals.

Plan of Correction

Directed [REDACTED] 02/18/2026)

Immediately: The administrator or designee shall conduct an initial and quarterly review of all resident records to ensure all required documentation in accordance with regulation 2600.252 is present in each resident's record. Documentation of the reviews shall be kept.

Directed Completion Date: 02/28/2026

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

Facility Information

Name: VINE STREET MANOR License #: 14234 License Expiration: 07/14/2026
Address: 230 NORTH 65TH STREET, PHILADELPHIA, PA 19139
County: PHILADELPHIA Region: SOUTHEAST

Administrator

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

Legal Entity

Name: KAYMARIE BRIDDELL
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: Other Date: 09/07/2018 Issued By: Philadelphia L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 68 Waking Staff: 51

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Monitoring Exit Conference Date: 01/22/2026

Inspection Dates and Department Representative

01/22/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 84 Residents Served: 64

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 42 Are 60 Years of Age or Older: 38
Diagnosed with Mental Illness: 38 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 4 Have Physical Disability: 1

Inspections / Reviews

01/22/2026 Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/17/2026

02/19/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/17/2026

Reviewer: [REDACTED]

Follow Up Type: *Enforcement*



85a - Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On [REDACTED] at 9:45 am, There were used gloves, a used mask, leaves, cigarette butts, ashes, and an empty bottle of a cleaner in the fire exit stairs.

Plan of Correction

Directed [REDACTED] 02/19/2026)

Immediately administer had housekeeping clean and address all trash and debris on stairs and fire exits. Administer will complete biweekly rounds herself in addition to training staff in expectation of the upkeep and cleanliness of the building to ensure good sanitary condition

Directed Plan of Correction:

Upon receipt of this plan of correction, a designated staff person shall monitor the home at least once per shift to ensure sanitary conditions are maintained throughout the home. Any areas of non-compliance observed shall be immediately corrected.

Documentation of the daily checks shall be kept and made available for Department review.

Directed Completion Date: 03/1/2026

121a - Unobstructed Egress

3. 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 9:45 am, 2nd floor fire escape inside of building has a hanging broken door closer, blocking the egress from the home's fire exit.

Plan of Correction

Directed [REDACTED] 02/19/2026)

Immediately administer assessed the fire escape an passageway and broken door closer. Administer has reached out to the fire department and maintenance team is has repaired what is capable to prevent any additional blockage.

121a - Unobstructed Egress (continued)

Will have it inspected to see if repair will hold or additional repairs or new door is needed

Directed Plan of Correction: *The administrator will have the identified door fully repaired or replaced by a qualified professional within 48 hours of the receipt of this plan of correction.*

The administrator or designee will then inspect all stairways, hallways, doorways, passageways and egress routes from rooms and from the building to ensure they are unlocked and unobstructed twice daily for one week and then weekly thereafter.

Documentation of the repairs and checks shall be kept and made available for Department review.

Directed Completion Date: 03/1/2026

123c - Evacuation Diagrams**4. Requirements**

2600.

123.c. For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

Description of Violation

The home currently serves 64 residents. However, there are no emergency evacuation diagram posted that show the line of travel to the nearest emergency exit.

Plan of Correction

Directed (██████) 02/19/2026)

Immediately the administer reviewed the diagram to see the concerns and accuracy of the diagram. Administer is currently working to update the diagram and will hang new diagram at the end of each hallway and fire escapes and exits

Directed Plan of Correction: *Upon the receipt of this plan of correction, the administrator will install emergency evacuation diagrams of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals, in a conspicuous and public place on each floor.*

The administrator or designee will then monitor evacuation diagrams weekly for 4 weeks and then monthly thereafter. Documentation of completed initial and on-going monitoring shall be kept and made available for Department review.

Directed Completion Date: 03/1/2026

127a - Portable Space Heaters**5. Requirements**

2600.

127.a. Portable space heaters are prohibited.

Description of Violation

On ████████ at 2:40 pm, a window unit portable space heater was in use in administrator's office.

On ████████ at 4:12 pm, a window unit portable space heater was in use in common television room.

127a - Portable Space Heaters (continued)

On [REDACTED] at 4:16 pm, a window unit portable space heater was in use in the second-floor area near the elevator.

Plan of Correction**Directed [REDACTED] 02/19/2026)**

Immediately the Administer hired a HVAC to come in per state and inspect and ensure that all heaters in place as well as window units are not a danger as well as cleaned and changed all filters. Administer has hired a electrician [REDACTED] to rewire and install new heating system

Directed Plan of Correction: Upon receipt of this plan of correction, the administrator will contract with a licensed contractor to fully repair or replace the home's primary heating system. The repair or replacement shall be fully completed within 30 calendar days of the receipt of this plan of correction. All portable space heaters will be removed from the home immediately upon completion of the repair of the primary heating system. Until the heating system is fully repaired and until all portable space heaters are removed from the facility, a fire watch inspection shall be conducted by designated staff of the home, in every area of the home every 30min fire watch. Documentation of the repairs, and documentation of the fire watch inspections shall be kept and made available for Department review.

Directed Completion Date: 03/1/2026

130g - Smoke Detector Repair

6. Requirements

2600.

130.g. If a smoke detector or fire alarm becomes inoperative, repair shall be completed within 48 hours of the time the detector or alarm was found to be inoperative.

Description of Violation

On [REDACTED] the home's fire alarms were found to be inoperative. The fire alarm pull station had a bar to prevent it from being pulled down in an actual fire emergency.

Plan of Correction**Directed [REDACTED] 02/19/2026)**

Immediately the alarm was tested and the bar was removed by maintenance. Administer is unsure why bar was present however bar was removed. All pull station and alarm will be checked monthly x 3 month to ensure there is no issues with functioning,

Directed Plan of Correction: Upon receipt of this plan of correction, a designated staff person shall check the fire alarm system and all fire alarm pull stations at least daily to ensure the fire alarm system is operational and that all pull stations are accessible and operational. If a pull station or the fire alarm system becomes inoperable or inaccessible the home shall immediately the home's emergency fire watch procedures until the fire alarm is operable. The administrator shall ensure repairs are completed by a qualified professional within 48 hours of the time system was found to be inoperative. Documentation of the daily checks shall be kept and made available for Department review.

Directed Completion Date: 03/1/2026

144d - Smoking Outside

7. Requirements

2600.

144.d. Smoking outside of the smoking room is prohibited.

Description of Violation

On [REDACTED] at 9:45 am, there was evidence of cigarette butts and ashes in the fire exit stairs. The home's designated smoking area is located at the back of the home near the benches.

Plan of Correction

Directed [REDACTED] 02/19/2026)

immediately the administer had the area cleaned, the contract is being updated concerning the smoking the policy and breaking house rules. That will include the repercussions of breaking house rules

Directed Plan of Correction: Within 48 hours of the receipt of this plan of correction, All residents and all staff will be educated regarding the home's policy and procedures regarding smoking and smoking safety including education regarding the updated home rules and consequences of breaking the home rules. Documentation of the education shall be kept and made available to the Department for review.

Additionally, upon receipt of this plan of correction, a designated staff person shall complete a walkthrough at least twice per shift, of all areas of the home including all stairwells and fire escapes, and the surrounding exterior areas of the home to monitor for residents or staff smoking outside of the designated smoking area. Documentation of non-compliance, re-education, or other correction shall be kept and made available to the Department.

Directed Completion Date: 03/1/2026

183d - Prescription Current

8. 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] medications prescribed for Resident [REDACTED] was in the administrator's office however, the medication was discontinued on [REDACTED] when the resident was discharged from the home.

On [REDACTED] medications prescribed for Resident [REDACTED] was in the administrator's office however, the medication was discontinued on [REDACTED] when the resident was discharged from the home.

On [REDACTED] medications prescribed for Resident [REDACTED] was in the administrator's office however, the medication was discontinued on [REDACTED] when the resident was discharged from the home.

On [REDACTED] medications prescribed for Resident [REDACTED] was in the administrator's office however, the medication was discontinued on [REDACTED] when the resident was discharged from the home.

183d - Prescription Current (*continued*)**Plan of Correction****Directed** [REDACTED] - 02/19/2026)

Immediately the medication was taken and destroyed by the administer and moving forward all medication will be removed from the building and destroyed immediately

Directed Plan of Correction: *Upon receipt of this plan of correction, a designated staff person who is qualified to administer medications, shall complete a full audit of all medication storage areas/carts and review of all resident's prescribed orders to ensure that only current prescription, OTC, sample and CAM for individuals living in the home are stored in the home. Any instances of non-compliance shall be corrected immediately upon discovery. A designated staff person qualified to administer medications shall then complete a weekly audit to check for proper storage of medications all medications. Documentation of the initial and ongoing audits shall be kept and made available for Department review.*

Directed Completion Date: 03/1/2026

Facility Information

Name: VINE STREET MANOR **License #:** 14234 **License Expiration:** 07/14/2026
Address: 230 NORTH 65TH STREET, PHILADELPHIA, PA 19139
County: PHILADELPHIA **Region:** SOUTHEAST

Administrator

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

Legal Entity

Name: KAYMARIE BRIDDELL

Address: [REDACTED]

Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: Other **Date:** 09/07/2018 **Issued By:** City of Philadelphia

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 66 **Waking Staff:** 50

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident, Fine **Exit Conference Date:** 01/30/2026

Inspection Dates and Department Representative

01/30/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 84 **Residents Served:** 62

Secured Dementia Care Unit

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

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 48 **Are 60 Years of Age or Older:** 44
Diagnosed with Mental Illness: 32 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 4 **Have Physical Disability:** 0

Inspections / Reviews

01/30/2026 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 02/23/2026

20b1 - Financial Records

1. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 1. The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

Description of Violation

The home manages the finances for resident [redacted] however the home does not maintain a record of financial transactions.

The home manages the finances for resident [redacted] however the home does not maintain a record of financial transactions.

The home manages the finances for resident [redacted] however the home does not maintain a record of financial transactions.

Repeat Violation: [redacted] et.al.

Plan of Correction

Licensee's Proposed Overall Completion Date

20b8 - Quarterly Account

2. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 8. The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

Description of Violation

Resident [redacted] has not received a quarterly account of financial transactions since December 2025.

Resident [redacted] has not received a quarterly account of financial transactions since December 2025.

Resident [redacted] has not received a quarterly account of financial transactions since December 2025.

Resident [redacted] has not received a quarterly account of financial transactions since December 2025.

20b8 - Quarterly Account (continued)

Plan of Correction

Licensee's Proposed Overall Completion Date

42b - Abuse

3. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [REDACTED] at approximately 2:00 am, resident [REDACTED] was involved in an altercation with resident [REDACTED] over a bag of money. Resident [REDACTED] stated that resident [REDACTED] had a bag of money belonging to [REDACTED]. Resident [REDACTED] went to resident [REDACTED] room to ask for their money. Resident [REDACTED] stated they did not have the money. Resident [REDACTED] then hit resident [REDACTED] on the head with a cross statue and pulled out [REDACTED]. Resident [REDACTED] was sent to the hospital for a head injury and to have the [REDACTED] re-inserted. Resident [REDACTED] required [REDACTED].

According to resident [REDACTED] medical evaluation, the resident has a diagnosis of [REDACTED]. The home failed to have a psychiatric evaluation completed to determine if the resident is suitable for the home. Resident [REDACTED] was admitted to a [REDACTED] after the incident. Resident [REDACTED] assessment and support plan dated [REDACTED] indicates the resident has [REDACTED] however it does not state how the home plans to meet the resident's psychological needs.

Repeat Violation: [REDACTED]

Plan of Correction

Licensee's Proposed Overall Completion Date

85a - Sanitary Conditions

4. Requirements

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

Description of Violation

On [redacted] at approximately 9:30 am, resident [redacted], who wears a [redacted] for [redacted] management, was waiting for staff to help [redacted]. The [redacted] was full.

Plan of Correction

[Redacted area for Plan of Correction]

Licensee's Proposed Overall Completion Date

144d - Smoking Outside

5. Requirements

2600.
144.d. Smoking outside of the smoking room is prohibited.

Description of Violation

On [redacted], at approximately 9:20 am, resident [redacted] was smoking in a non designated area behind the house. The home's designated smoking area is located at the back of the house.

Plan of Correction

[Redacted area for Plan of Correction]

Licensee's Proposed Overall Completion Date

187c Refusal of Medication

6. Requirements

2600.
187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

On [redacted] and [redacted] at approximately 5:00 pm, resident [redacted] refused to take a scheduled dose of [redacted], and [redacted]. The home did not report the refusal to the resident's doctor as required.

On [redacted] and [redacted] at 9:00 pm, resident [redacted] refused to take a scheduled dose of [redacted], and [redacted]. The home did not report the refusal to the resident's doctor

187c - Refusal of Medication (continued)

as required.

On [redacted] and [redacted] at approximately 9:00 am and 5:00 pm, resident [redacted] refused to take a scheduled dose of [redacted], and [redacted]. The home did not report the refusal to the resident's doctor as required.

On [redacted] and [redacted] at approximately 9:00 pm, resident [redacted] refused to take a scheduled dose of [redacted]. The home did not report the refusal to the resident's doctor as required.

Plan of Correction

[Redacted area for Plan of Correction]

Licensee's Proposed Overall Completion Date

225c - Additional Assessment

7. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.
- 2. If the condition of the resident significantly changes prior to the annual assessment.
- 3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident [redacted] is diagnosed with [redacted]. Resident [redacted] most recent assessment, dated [redacted], indicated that [redacted] had minimal problems with [redacted] and [redacted]. The home will monitor and report changes related to [redacted] and [redacted]. On [redacted], resident [redacted] struck resident [redacted] in the head with a cross statue, resulting in injury. The resident's assessment has not been updated to reflect behavioral change.

Repeat Violation: [redacted]

225c - Additional Assessment (continued)

Plan of Correction

Five horizontal lines for writing the Plan of Correction.

Licensee's Proposed Overall Completion Date

227d - Support Plan Medical/Dental

8. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for resident [redacted], dated [redacted], indicates the resident has a need for mental health diagnosis. The resident's support plan, dated [redacted] does not document how this need will be met.

Plan of Correction

Five horizontal lines for writing the Plan of Correction.

Licensee's Proposed Overall Completion Date

251c - Standardized Forms

9. Requirements

2600.

251.c. The home shall use standardized forms to record information in the resident's record.

Description of Violation

Resident [redacted] medical evaluation, dated [redacted], was not completed on the Department's current standardized form.

251c - Standardized Forms *(continued)*

Plan of Correction

Licensee's Proposed Overall Completion Date

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

Facility Information

Name: VINE STREET MANOR License #: 14234 License Expiration: 07/14/2026
Address: 230 NORTH 65TH STREET, PHILADELPHIA, PA 19139
County: PHILADELPHIA Region: SOUTHEAST

Administrator

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

Legal Entity

Name: KAYMARIE BRIDDELL
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: Other Date: 09/07/2018 Issued By: Philadelphia L & I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 66 Waking Staff: 50

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Monitoring Exit Conference Date: 02/06/2026

Inspection Dates and Department Representative

02/04/2026 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 84 Residents Served: 62

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 20 Are 60 Years of Age or Older: 45
Diagnosed with Mental Illness: 38 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 4 Have Physical Disability: 1

Inspections / Reviews

02/04/2026 - Partial

Lead Inspector: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 02/17/2026

Inspections / Reviews (*continued*)

02/19/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/17/2026

Reviewer: [REDACTED]

Follow Up Type: *Enforcement*

125a - Combustible Storage

2. Requirements

2600.

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

Description of Violation

A doily was stored on a heat pipe located in the dining room closet.

Plan of Correction

Directed [REDACTED] 02/19/2026)

Immediately upon notification Administrator removed the doily and will be including this closet in my weekly rounds to ensure nothings is in covering or near any combustible and flammable materials

Directed Plan of Correction: Upon receipt of this plan of correction, the home will remove all combustible items located near any heat source including water heaters, baseboard heaters, dryers, furnaces, stoves. A designated staff person shall check the area daily and ensure these areas remains clear of any combustible or flammable items. Documentation of the daily checks shall be kept and made available for Department review.

Directed Completion Date: 03/1/2026

127a - Portable Space Heaters

3. Requirements

2600.

127a Portable Space Heaters (continued)

127.a. Portable space heaters are prohibited.

Description of Violation

On [REDACTED] from 2:45 P.M. until 4:00 P.M. general electric portable space heaters were observed to be in use in the following areas: Resident Bedrooms: [REDACTED] and [REDACTED]. There were also observed in use in the Administrator's office, 2nd floor common area, 2nd floor tv room, and 3rd floor common area. The first floor common area has the same portable space heater present but not in use.

Plan of Correction

Directed [REDACTED] 02/19/2026)

On immediate POC administer hired, a license HVAC per the state to inspect and clean each window and any operative base board heat. Administer hired for the long term POC a Licensed Electrician Maurice to install new electric heat and rewire the building

Directed Plan of Correction: Upon receipt of this plan of correction, the administrator will contract with a licensed contractor to fully repair or replace the home's primary heating system. The repair or replacement shall be fully completed within 30 calendar days of the receipt of this plan of correction. All portable space heaters will be removed from the home immediately upon completion of the repair of the primary heating system. Until the heating system is fully repaired and until all portable space heaters are removed from the facility, a fire watch inspection shall be conducted by designated staff of the home, in every area of the home every 30min fire watch. Documentation of the repairs, and documentation of the fire watch inspections shall be kept and made available for Department review.

Directed Completion Date:03/1/2026

144d - Smoking Outside**4. Requirements**

2600.

144.d. Smoking outside of the smoking room is prohibited.

Description of Violation

On [REDACTED] at 12:27 A.M., Resident [REDACTED] was smoking in tv room which is not the home's designated smoking area. The home's designated smoking area is the back courtyard.

On [REDACTED] at 2:20 P.M., Resident [REDACTED] was smoking in Resident Bedroom [REDACTED] which is not the home's designated smoking area. The home's designated smoking area is the back courtyard.

Plan of Correction

Directed [REDACTED] - 02/19/2026)

Immediately Administrator addressed the resident smoking and reviewed house rules and contract indicating no smoking. Contract is in the process of being updated and will add new stipulation concerning breaking house rules when it comes to smoking. Written warning x3 and the 4th a 30 day notice will be provided

Directed Plan of Correction: Within 48 hours of the receipt of this plan of correction, all residents and all staff will be educated regarding the home's policy and procedures regarding smoking and smoking safety including education regarding the updated home rules and consequences of breaking the home rules. Documentation of the education shall be kept and made available to the Department for review.

Additionally, upon receipt of this plan of correction, a designated staff person shall complete a walkthrough at least twice per shift, of all areas of the home including all stairwells and fire escapes, and the surrounding exterior areas of the home to monitor for residents or staff smoking outside of the designated smoking area. Documentation of

144d - Smoking Outside (continued)

noncompliance, re-education, or other correction shall be kept and made available to the Department.

Directed Completion Date: 03/1/2026

187d - Follow Prescriber's Orders**5. Requirements**

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] tablet by mouth twice daily at 9:00 A.M. and 5:00P.M. However, this medication was not administered to Resident # [REDACTED] on the below listed times:

1. [REDACTED] and [REDACTED] at 9:00 A.M.
2. [REDACTED] and [REDACTED] at 5:00P.M. , because the medication was not available in the home.

Resident [REDACTED] is prescribed [REDACTED] instill 1 drop into the left eye four times daily. However, this medication was not administered to Resident [REDACTED] from [REDACTED] to [REDACTED] because the medication was not available in the home.

Plan of Correction

Directed ([REDACTED] 02/19/2026)

Immediately the administer scheduled a meeting with med techs and reviewed ordering medication policy, what classifies as a medication error. Training was completed on 2/9/2026 and a bi-weekly audit will be completed for the 3 months to ensure med tech are following regulatory guidelines

Directed Plan of Correction: Upon receipt of this plan of correction, the administrator or a designee qualified to administer medications shall complete an initial audit of all resident MARs to ensure all prescribed medications are available, administered as prescribed, and the administration of the medication is documented on the MARs in accordance with regulation 2600.187(b).

Following the initial audit, the administrator or a designee qualified to administer medications shall complete a weekly audit of all resident MARs to ensure all prescribed medications are available, administered as prescribed, and the administration of the medication is documented on the MARs in accordance with regulation 2600.187(b).

Documentation of audits shall be kept and made available for Department review.

Directed Completion Date: 03/1/2026

6. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [REDACTED] is prescribed ear wax removal drops instill 5-10 drops in affected ears twice daily for 5 days at the start of the month. However, Resident [REDACTED] was administered ear wax removal drops on [REDACTED] to [REDACTED] at 9:00 A.M. and 5:00 P.M.

Plan of Correction

Directed [REDACTED] - 02/19/2026)

Immediately the administer scheduled a meeting with med techs and reviewed ordering medication policy, what classifies as a medication error. Training was completed on 2/9/2026 and a bi-weekly audit will be completed for the 3 months to ensure med tech are following regulatory guidelines

187d - Follow Prescriber's Orders (continued)

Directed Plan of Correction: Upon receipt of this plan of correction, the administrator or a designee qualified to administer medications shall complete an initial audit of all resident MARs to ensure all prescribed medications are available, administered as prescribed, and the administration of the medication is documented on the MARs in accordance with regulation 2600.187(b).

Following the initial audit, the administrator or a designee qualified to administer medications shall complete a weekly audit of all resident MARs to ensure all prescribed medications are available, administered as prescribed, and the administration of the medication is documented on the MARs in accordance with regulation 2600.187(b). Documentation of audits shall be kept and made available for Department review.

Directed Completion Date:03/1/2026