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

August 18, 2026

[redacted]
ABI Opco LLC
[redacted]

RE: Broad Street Residence
5224-26 NORTH BROAD STREET
PHILADELPHIA, PA, 19141
LICENSE/COC#: 15514

[redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/02/2026 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[redacted]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *Broad Street Residence* **License #**: *15514* **License Expiration**:

Address: *5224 26 NORTH BROAD STREET, PHILADELPHIA, PA 19141*

County: *PHILADELPHIA* **Region**: *SOUTHEAST*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *ABI Opco LLC*

Address: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *I-1* **Date**: *08/02/1991* **Issued By**: *City of Philadelphia*

Staffing Hours

Resident Support Staff: **Total Daily Staff**: *23* **Waking Staff**: *17*

Inspection Information

Type: *Partial* **Notice**: *Announced* **BHA Docket #**:

Reason: *Change Legal Entity* **Exit Conference Date**: *07/02/2026*

Inspection Dates and Department Representative

07/02/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: **Residents Served**: *23*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *14* **Are 60 Years of Age or Older**: *17*

Diagnosed with Mental Illness: *23* **Diagnosed with Intellectual Disability**: *4*

Have Mobility Need: *0* **Have Physical Disability**: *0*

Inspections / Reviews

07/02/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/01/2026*

08/14/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *08/18/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/17/2026*

Inspections / Reviews *(continued)*

08/18/2026 POC Submission

Submitted By: [redacted]
Date Submitted: *08/18/2026*
Reviewer: [redacted]
Follow Up Type: *Bypass Document Submission*

08/18/2026 Bypass Document Submission

Submitted By: [redacted]
Date Submitted: *08/18/2026*
Reviewer: [redacted]
Follow Up Type: *Not Required*

17 - Record Confidentiality

1. Requirements

2600.
17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On [redacted] at 9:00 AM, orange binders containing resident assessment and support plans (RASPs) were unlocked, unattended, and accessible in the main office.

At 10:51 AM empty medication blister packs containing residents names and names of the medications, in a reusable grocery bag, were unlocked, unattended, and accessible hanging on the open door of the medication room.

Plan of Correction ***Accept [redacted] - 08/17/2026)***

Immediately following the inspection, all resident assessment and support plan (RASP) binders were secured in a locked location accessible only to authorized personnel. Empty medication blister packs containing resident-identifying information were immediately removed from the medication room door and disposed of in a manner that protected resident confidentiality.

The Administrator conducted staff retraining on August 6, 2026, regarding resident confidentiality requirements under 55 Pa. Code §2600.17, including the secure storage of resident records and the proper handling and disposal of documents containing protected resident information. The facility's confidentiality policy was reviewed with staff, and expectations for maintaining resident privacy were reinforced. The training was one (1) hour in length and was documented on the facility's Staff In-Service Attendance Sheet.

Beginning August 14, 2026, the Administrator will conduct and document weekly audits of resident records and confidential documents for four (4) weeks and monthly thereafter to ensure resident information remains secured and inaccessible to unauthorized individuals. Any deficiencies identified will be corrected immediately, with additional staff education provided as necessary.

Licensee's Proposed Overall Completion Date: *08/17/2026*

Implemented [redacted] - 08/18/2026)

82b - Poisonous Material Storage

2. Requirements

2600.
82.b. Poisonous materials shall be stored separately from food, food preparation surfaces and dining surfaces.

Description of Violation

Fabuloso cleaning liquid and Clorox bleach spray with manufacturer's label indicating "if ingested contact poison control", was stored in the staff bathroom behind the kitchen along side a case of gatorade, spices, and v8 splash.

Plan of Correction ***Accept [redacted] - 08/17/2026)***

Immediately following the inspection, all poisonous and hazardous cleaning products were removed from the staff bathroom and relocated to a designated storage area separate from food, beverages, food preparation surfaces, and dining surfaces.

82b - Poisonous Material Storage (continued)

The Administrator conducted staff retraining on August 6, 2026, regarding the proper storage of poisonous and hazardous materials in accordance with 55 Pa. Code §2600.82(b). Staff were instructed that cleaning products and other poisonous materials must be stored only in designated areas separate from food, beverages, food preparation surfaces, and dining surfaces. The training was one (1) hour in length and was documented on the facility's Staff In-Service Attendance Sheet.

Beginning August 14, 2026, the Administrator will conduct and document weekly environmental audits for four (4) weeks and monthly thereafter to verify that poisonous and hazardous materials remain properly stored and separated from food and food-related areas. Any deficiencies identified will be corrected immediately, and additional staff education will be provided as necessary.

Licensee's Proposed Overall Completion Date: *08/17/2026*

Implemented ([redacted] - 08/18/2026)

85a - Sanitary Conditions

3. Requirements

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

Description of Violation

On [redacted] at 9:25 AM, multiple food items, containers of spices, a case of Gatorade, and a case of v8 splash, stored in the bathroom stall of the staff bathroom behind the kitchen.

Plan of Correction ***Accept[redacted] - 08/17/2026)***

.Immediately following the inspection, all food items, beverages, and spices were removed from the staff bathroom and relocated to an approved food storage area. The staff bathroom was cleaned and inspected to ensure it was maintained in a sanitary condition.

On August 6, 2026, the Administrator conducted one (1) hour of staff retraining regarding proper food storage and sanitary practices. Staff were instructed that food, beverages, and related items are prohibited from being stored in bathrooms or other unsanitary areas. The training was documented on the facility's Staff In-Service Attendance Sheet.

Beginning August 14, 2026, the Administrator will conduct and document weekly environmental sanitation audits for four (4) weeks and monthly thereafter to verify that food items are stored only in approved locations and that all areas of the facility are maintained in a clean and sanitary condition. Any deficiencies identified will be corrected immediately, and additional staff education will be provided as necessary.

Licensee's Proposed Overall Completion Date: *08/17/2026*

Implemented[redacted] - 08/18/2026)

86a - Ventilation

4. Requirements

2600.
86.a. All areas of the home that are used by the resident shall be ventilated. Ventilation includes an operable window, air conditioner, fan or mechanical ventilation that ensures airflow.

86a - Ventilation *(continued)*

Description of Violation

The 3rd floor bathroom on the 26-side of the building, has no operable window, fan, air conditioner or other mechanical ventilation to ensure airflow. The window has a screw drilled through it so it will not open.

Plan of Correction ***Accept [redacted] - 08/17/2026)***

Immediately following the inspection, the screw preventing the third-floor bathroom window from opening was removed. The window was tested and confirmed to be operable, providing ventilation and airflow in accordance with 55 Pa. Code §2600.86(a).

On August 6, 2026, the Administrator conducted one (1) hour of staff retraining regarding ventilation requirements and environmental safety. Staff were instructed to promptly report any inoperable windows, fans, air conditioners, or other ventilation concerns to the Administrator. The training was documented on the facility's Staff In-Service Attendance Sheet.

Beginning August 14, 2026, the Administrator will conduct and document weekly environmental audits for four (4) weeks and monthly thereafter to verify that resident-use areas have proper ventilation and that operable windows and other ventilation equipment remain functional. Any deficiencies identified will be corrected immediately, and maintenance will be contacted as necessary.

Licensee's Proposed Overall Completion Date: *08/17/2026*

Implemented ([redacted] - 08/18/2026)

87 - Lighting

5. Requirements

2600.
87. Lighting - The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

Description of Violation

The light outside of bedrooms [redacted] and [redacted] on the second floor was not operational. There was no light in the hall outside rooms [redacted] and [redacted]. The light on the wall in room 15 was out.

Repeated Violation [redacted] et al.

Plan of Correction ***Accept [redacted] - 08/17/2026)***

Immediately following the inspection, all identified lighting deficiencies were corrected. The non-operational lights outside bedrooms [redacted] and [redacted] on the second floor, the hallway lighting outside rooms [redacted] and [redacted] and the wall light in room 15 were repaired or replaced and checked to ensure proper operation.

On August 6, 2026, the Administrator conducted one (1) hour of staff retraining regarding lighting and environmental safety requirements. Staff were instructed to promptly report any non-operational lights or other lighting deficiencies to the Administrator so corrective action can be taken. The training was documented on the facility's Staff In-Service Attendance Sheet.

Beginning August 14, 2026, the Administrator will conduct and document weekly environmental audits for four (4) weeks and monthly thereafter to ensure all rooms, hallways, stairs, doorways, walkways, evacuation routes, and

87 - Lighting (continued)

other required areas are adequately lighted and maintained in accordance with 55 Pa. Code §2600.87. Any lighting deficiencies identified will be corrected immediately, and maintenance will be contacted as necessary.

Licensee's Proposed Overall Completion Date: *08/17/2026*

Implemented [redacted] 08/18/2026)

95 - Furniture and Equipment

6. Requirements

2600.
95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The bathroom shower curtains in both of the 3rd floor bathrooms are torn at the top.

Plan of Correction ***Accept [redacted] - 08/17/2026)***

On August 14, 2026, the clear shower curtains in both third-floor resident bathrooms were removed and replaced with shower curtains that provide appropriate resident privacy. The replacement shower curtains were inspected to ensure they were properly installed, clean, in good repair, and free of hazards.

On August 6, 2026, the Administrator conducted one (1) hour of staff retraining regarding routine environmental inspections and the requirement to promptly report furniture, equipment, fixtures, or other environmental conditions requiring correction. The training was documented on the facility's Staff In-Service Attendance Sheet.

Beginning August 14, 2026, the Administrator will conduct and document weekly environmental audits for four (4) weeks and monthly thereafter to ensure furniture, equipment, fixtures, and resident bathroom privacy measures are maintained appropriately and in accordance with applicable Personal Care Home requirements. Any deficiencies identified will be corrected promptly.

Licensee's Proposed Overall Completion Date: *08/17/2026*

Implemented [redacted] - 08/18/2026)

101a - Bedroom Square Footage

7. Requirements

2600.
101.a. Each single bedroom must have at least 80 square feet of floor space measured wall to wall, including space occupied by furniture.

Description of Violation

Resident [redacted] single bedroom measures only 59 square feet.

Plan of Correction ***Accept [redacted] - 08/17/2026)***

Immediately following the inspection, Resident [redacted] was relocated to a bedroom that meets the minimum square footage requirements of 55 Pa. Code §2600.101(a). Room [redacted] was removed from resident occupancy, all resident furnishings were removed, and the room is no longer used as a resident bedroom. Documentation of the resident's relocation and removal of the furnishings is maintained as supporting documentation.

Staff education regarding resident room assignments and bedroom square footage requirements was completed on August 6, 2026, and documented on the facility's Staff In-Service Attendance Sheet. The Administrator reviewed the

101a - Bedroom Square Footage (continued)

facility's room assignment procedures with staff to ensure that only bedrooms meeting applicable square footage requirements are assigned for resident occupancy. Room 19 will remain unoccupied unless it is modified and approved to meet all applicable licensing requirements.

Beginning August 14, 2026, the Administrator will conduct and document weekly room assignment and bedroom compliance audits for four (4) weeks and monthly thereafter to verify that all occupied resident bedrooms meet applicable licensing requirements. Any deficiencies identified will be corrected immediately and documented.

Licensee's Proposed Overall Completion Date: *08/17/2026*

Implemented [redacted] 08/18/2026)

101j5 - Bedside Table/Shelf

8. Requirements

2600.
101.j. Each resident shall have the following in the bedroom:
5. A bedside table or a shelf.

Description of Violation

There is no bedside table or shelf beside resident[redacted] bed.

Repeated Violation[redacted] et al.

Plan of Correction ***Accept [redacted] - 08/17/2026)***

Immediately following the inspection, a bedside shelf was securely mounted beside Resident[redacted] bed to ensure compliance with 55 Pa. Code §2600.101(j)(5). The bedside shelf was inspected to verify that it was securely installed and readily accessible to the resident. Photographs documenting the completed correction have been maintained and are attached as supporting documentation.

Staff education regarding resident room requirements and routine environmental inspections was completed on August 6, 2026, and documented on the facility's Staff In-Service Attendance Sheet. Because this was a repeated violation, the Administrator reviewed the facility's room inspection procedures with staff and reinforced the importance of ensuring each resident bedroom contains all required furnishings in accordance with Chapter 2600 regulations.

Beginning August 14, 2026, the Administrator will conduct and document weekly environmental inspections for four (4) weeks and monthly thereafter to verify that each resident bedroom contains all required furnishings, including a bedside table or shelf. Any deficiencies identified will be corrected immediately, and additional staff education will be provided as necessary.

Licensee's Proposed Overall Completion Date: *08/17/2026*

Implemented [redacted] - 08/18/2026)

101o - Walls, Floors, Ceilings

9. Requirements

2600.
101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

101o - Walls, Floors, Ceilings *(continued)*

Description of Violation

The floor in bedroom [redacted] has a long gap in a floor plank in between the bed and the wall. The gap measures about 1/2 in at its widest point down to 1/4 inch at its narrowest, creating a hazardous condition.

Repeated Violation [redacted] et al.

Plan of Correction ***Accept [redacted] - 08/17/2026)***

Immediately following the inspection, the damaged wood floor plank in Bedroom [redacted] was repaired, eliminating the gap and restoring the floor to a safe condition. The repaired area was inspected to verify that the floor was secure, in good repair, and free of hazardous gaps. Photographs documenting the completed correction have been maintained and are attached as supporting documentation.

Staff education regarding routine environmental inspections, reporting maintenance concerns, and maintaining resident bedrooms in a safe condition was completed on August 6, 2026, and documented on the facility's Staff In-Service Attendance Sheet. Because this was a repeated violation, the Administrator reviewed the facility's preventive maintenance procedures with staff and reinforced the importance of promptly identifying and correcting maintenance issues.

Beginning August 14, 2026, the Administrator will conduct and document weekly environmental inspections for four (4) weeks and monthly thereafter to verify that all walls, floors, and ceilings remain in good repair and free of hazards. Any deficiencies identified will be corrected immediately, documented on the facility's environmental audit, and additional staff education will be provided as necessary.

Licensee's Proposed Overall Completion Date: *08/17/2026*

Implemented ([redacted] - 08/18/2026)

102i - Soap Dispenser

10. Requirements

2600.
102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

There was an unlabeled used bar of soap in the staff bathroom behind the kitchen.

Plan of Correction ***Accept [redacted] - 08/17/2026)***

Immediately following the inspection, the unlabeled used bar of soap was removed from the staff bathroom, and a wall-mounted liquid soap dispenser was installed in accordance with 55 Pa. Code §2600.102(i). The soap dispenser was inspected to verify that it was properly installed and functioning. Photographs documenting the completed correction have been maintained and are attached as supporting documentation.

Staff education regarding infection control, hand hygiene, and bathroom soap requirements was completed on August 6, 2026, and documented on the facility's Staff In-Service Attendance Sheet. The Administrator reviewed the facility's procedures with staff and reinforced that shared or unlabeled bar soap is not permitted unless specifically permitted by regulation.

Beginning August 14, 2026, the Administrator will conduct and document weekly environmental inspections for

102i - Soap Dispenser (continued)

four (4) weeks and monthly thereafter to verify that required soap dispensers remain present, properly functioning, and in compliance with licensing requirements. Any deficiencies identified will be corrected immediately, documented on the facility's environmental audit, and additional staff education will be provided as necessary.

Licensee's Proposed Overall Completion Date: *08/17/2026*

Implemented (- 08/18/2026)

183b - Meds and Syringes Locked

11. Requirements

2600.
183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On at 9:00 AM, A large blister pack containing a months worth of multiple medications for resident was unlocked, unattended, and accessible in office.

At 9:43 AM, Refresh eye drops, , and an albuterol inhaler was unlocked, unattended, and accessible in resident s bedroom. Resident is not assessed as able to self-administer medications.

At 10:06 AM a gray unlabeled inhaler was unlocked, unattended, and accessible in resident bedroom. Resident is not assessed as able to self-administer medications.

At 10:24 AM a bottle of prescription deep sea nasal spray and a tube of prescription lidocaine ointment was unlocked, unattended, and accessible in resident bedroom. Resident is not assessed as able to self-administer medications.

Repeated Violation et al.

Plan of Correction ***Accept - 08/17/2026)***

Immediately following the inspection, all unsecured medications identified during the inspection, including the blister pack located in the office and medications found in residents' rooms, were immediately secured in locked medication storage. All medications were inventoried to ensure they were properly labeled and stored in accordance with 55 Pa. Code §2600.183(b). Residents who were not assessed as able to self-administer medications were no longer permitted to keep medications unsecured in their rooms.

Staff education regarding medication security, proper medication storage, resident self-administration requirements, and Chapter 2600 medication management requirements was completed on August 6, 2026, and documented on the facility's Staff In-Service Attendance Sheet. The Administrator reviewed medication storage procedures with staff and reinforced that prescription medications, OTC medications, CAM, and syringes must be maintained in a locked area or container as required by regulation.

Beginning August 14, 2026, the Administrator will conduct and document weekly medication-storage audits for four (4) weeks and monthly thereafter to verify that all medications are properly secured and that residents who have not been assessed as able to self-administer medications do not have unsecured medications in their rooms. Any deficiencies identified will be corrected immediately, documented on the audit, and followed by additional staff

183b - Meds and Syringes Locked (continued)

education as necessary.

Licensee's Proposed Overall Completion Date: *08/17/2026*

Implemented [redacted] - 08/18/2026)

183e - Storing Medications

12. 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] resident [redacted] had a tube of prescription lidocaine in [redacted] bedroom. According to the manufacturer's instructions this expired [redacted]

On [redacted] resident [redacted] had a bottle of prescription deep sea nasal spray in [redacted] bedroom. According to the manufacturer's instructions this expired [redacted]

Plan of Correction ***Accept [redacted] - 08/17/2026)***

Immediately following the inspection, the expired prescription lidocaine ointment and expired prescription Deep Sea nasal spray identified in Resident [redacted] bedroom were removed from service and properly discarded in accordance with the facility's medication disposal procedures. Resident [redacted] was assessed as not authorized to self-administer medications, and all medications were removed from the resident's room and secured in the locked medication storage area.

Staff education regarding proper medication storage, expiration date monitoring, medication disposal procedures, and Chapter 2600 medication management requirements was completed on August 6, 2026, and documented on the facility's Staff In-Service Attendance Sheet. Staff were instructed to routinely inspect medications for expiration dates and to immediately remove and properly dispose of expired medications.

Beginning August 14, 2026, the Administrator will conduct and document weekly medication storage and expiration date audits for four (4) weeks and monthly thereafter to verify that medications are properly stored, secured, and within their expiration dates. Any deficiencies identified will be corrected immediately and documented.

Licensee's Proposed Overall Completion Date: *08/17/2026*

Implemented ([redacted] - 08/18/2026)