

Department of Human Services
Bureau of Human Service Licensing

August 18, 2021

[REDACTED], ADMINISTRATOR
ROXBOROUGH HOME FOR WOMEN INC
601 EAST LEVERINGTON AVENUE
PHILADELPHIA, PA 19128

RE: ROXBOROUGH HOME FOR WOMEN
601 EAST LEVERINGTON AVENUE
PHILADELPHIA, PA, 19128
LICENSE/COC#: 14156

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/12/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *ROXBOROUGH HOME FOR WOMEN* License #: *14156* License Expiration Date: *12/21/2021*
Address: *601 EAST LEVERINGTON AVENUE, PHILADELPHIA, PA 19128*
County: *PHILADELPHIA* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: *2154826615* Email: [REDACTED]

Legal Entity

Name: *ROXBOROUGH HOME FOR WOMEN INC*
Address: *601 EAST LEVERINGTON AVENUE, PHILADELPHIA, PA, 19128*
Phone: *2154826615* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *Other* Date: *04/05/1978* Issued By: *City of Philadelphia*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *18* Waking Staff: *14*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *07/12/2021*

Inspection Dates and Department Representative

07/12/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *30* Residents Served: *18*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *16*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *2*
Have Mobility Need: *0* Have Physical Disability: *1*

Inspections / Reviews

07/12/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/05/2021*

8/10/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *08/17/2021*

8/18/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Not Required*

42s - Privacy

1. 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 Repeat Violation

On 7/12/21, video cameras that record were observed throughout the home near exit doors. The posted sign did not indicate that images are being recorded.

Repeat violation et al 02/27/2020

Plan of Correction**Accept**

1. The violation on 2/27/2020 was for RHW cameras actually recording in the common areas, which we corrected by stopping those cameras from recording.

2. This violation is for our signs not stating there is recording. The signs have been changed to alert the residents/public that RHW is recording for safety reasons only areas that are common areas leading to an exit.

Completion Date: 08/02/2021

Document Submission**Implemented**

See attached RHW POC 42s

88a - Surfaces

1. Requirements

2600.

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

Description of Violation

The bathroom ceiling across from the dining room is in disrepair.

- by window - There is a large hole over the sink that is covered with a large plastic bag or tarp.*
- by the shower - There are two pieces of ceiling tiles or plaster missing over the sink exposing pipes.*

Plan of Correction**Accept**

There was a leak from the 2nd floor bathroom to this bathroom that the plumbers were working on. The leak has been repaired, and the two exposed ceiling areas have been covered with plaster board, taped, and painted.

Completion Date: 08/02/2021

Document Submission**Implemented**

See attached RHW POC 2600.88a

107c - Food/Water 3 Day Supply

1. Requirements

2600.

- 107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

107c - Food/Water 3 Day Supply (continued)

Description of Violation

On 7/12/21, the home served 18 residents, requiring 54 gallons of emergency drinking water. However, the home had only 6 gallons onsite. The home does not have a current contract with a local bottled water supplier at this time. Additionally, the home did not have a 3 day supply of nonperishable emergency food onsite.

Plan of Correction

Accept

Emergency Food: The kitchen staff had just tossed the food that was near its expiration date prior to a new order being placed. The kitchen supervisor has placed and received an order. The Emergency Food has been replenished in the area designated "Emergency Food." We will no longer toss the EF w/o having received the replenishment order.

Emergency Drinking Water: 1. An order for 45 5-gallon bottles of water was placed on top of our regular water order. We will keep this order separate (in the area designated for Emergency Food) from our regular drinking water so that we have an actual count for the EF drinking water. It will be rotated on a monthly basis. In addition, an email was sent to Nestle Waters requesting a renewal of a 2015 Emergency Water Agreement stating they will supply us water in an emergency situation.

Completion Date: 08/02/2021

Document Submission

Implemented

See attached RHW POC 2600.107c

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

- 141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician's assistant or nurse practitioner.
 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 4. Special health or dietary needs of the resident.
 5. Allergies.
 6. Immunization history.
 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 8. Body positioning and movement stimulation for residents, if appropriate.
 9. Health status.
 10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #1's medical evaluation was incomplete and did not include completion of the medication addendum. The form documented, "see attached," but there was no attachment.

141a 1-10 Medical Evaluation Information (continued)

Plan of Correction

Accept

All the necessary paperwork was in the resident's folder. Unfortunately, the medication addendum was separated from the top sheet and placed in the file labeled Scripts.

The personal care attendants have been reminded that all paperwork for residents being admitted stay together, and to be especially aware when paperwork states "See attached" that the item is actually attached.

Completion Date: 08/02/2021

Document Submission

Implemented

See attached RHW POC 2600.141a

183d - Prescription Current

1. 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], [redacted] still in resident #3's medication bin, however the medication was discontinued on [redacted]

Plan of Correction

Accept

Discontinued medication will be removed upon a D?C script being received. Medication cabinets will be checked weekly to avoid oversight.

Completion Date: 08/02/2021

Document Submission

Implemented

See attached RHW POC 2600.183d

225a - Assessment 15 Days

1. 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 #1 was admitted on [redacted]; however, the resident's assessment was not completed until [redacted].

Plan of Correction

Accept

A "New Resident Checklist" has been created and will be used to check that all necessary documents, dates, and misc. items are accounted for and entered in the required timeframe.

Completion Date: 08/02/2021

Document Submission

Implemented

See attached RHW POC 2600.225a

2. Requirements

2600.

225a - Assessment 15 Days (continued)

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

An assessment was not completed for resident #2, who was admitted to the home on [REDACTED]

Plan of Correction

Accept

A "New Resident Checklist" has been created and will be used to check that all necessary documents, dates, and misc. items are accounted for and entered in the required timeframe.

An assessment has been completed and placed in the resident's folder.

Completion Date: 08/02/2021

Document Submission

Implemented

See attached RHW POC 2600.252

252 - Record Content

1. 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.
10. A record of incident reports for the individual resident.

Description of Violation

Resident #1 and #2's record does not include a photograph that is no more than 2 years old.

Plan of Correction

Accept

A "New Resident Checklist" has been created and will be used to check that all necessary documents, dates, and misc. items are accounted for and entered in the required timeframe.

Current photos have been taken and placed in the two residents' folders.

Completion Date: 08/02/2021

Document Submission

Implemented

See attached RHW POC 2600.252