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

October 14, 2026

[redacted]
EVADNEY SCOGGINS
[redacted]

RE: SCOGGINS PERSONAL CARE
BOARDING HOME
1245 WEST TIOGA STREET
PHILADELPHIA, PA, 19140
LICENSE/COC#: 14015

[redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/27/2026 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: *SCOGGINS PERSONAL CARE BOARDING HOME* **License #**: *14015* **License Expiration**: *02/12/2027*

Address: *1245 WEST TIOGA STREET, PHILADELPHIA, PA 19140*

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

Administrator

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

Legal Entity

Name: *EVADNEY SCOGGINS*

Address: [redacted]

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

Certificate(s) of Occupancy

Type: *Other* **Date**: *03/14/2024* **Issued By**: *City of Philadelphia*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *12* **Waking Staff**: *9*

Inspection Information

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

Reason: *Fine* **Exit Conference Date**: *08/27/2026*

Inspection Dates and Department Representative

08/27/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *26* **Residents Served**: *12*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *10* **Are 60 Years of Age or Older**: *10*

Diagnosed with Mental Illness: *12* **Diagnosed with Intellectual Disability**: *1*

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

Inspections / Reviews

08/27/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *09/24/2026*

10/08/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *10/12/2026*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *10/13/2026*

Inspections / Reviews *(continued)*

10/14/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *10/12/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

101j3 Bed/Linens/Pillows/Blankets

1. 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 pillowcase on [redacted] pillow.

Repeat Violation- [redacted], et al.

Plan of Correction ***Accepted - 10/08/2026)***

Violation- Missing pillowcase

Immediate response was to replace the pillowcase while the inspector was at the home.

Future Plans:
1. We have purchased pillow shams (with and without zipper) to cover the pillows instead of ordinary pillowcase.
2. We have been educating both staff and residents on the need to have items/furniture remain the way management place them to fulfill 2600 regulations.
3. Following checklist and audits previously started daily, weekly, monthly and quarterly audits with documentation kept.

Administrator and designee are responsible for ensuring continued compliance

Licensee's Proposed Overall Completion Date: *09/24/2026*

Implemented [redacted] - 10/14/2026)