

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to WHITEMARSH HOUSE, INC.

LEGAL ENTITY

To operate WHITEMARSH HOUSE

NAME OF FACILITY OR AGENCY

Located at 31 WEST MILL ROAD, FLOURTOWN, PA 19031

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

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To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 26
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from March 5, 2010 until March 5, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 127860

Robert E. Robinson

ISSUING OFFICER

Kevin T. Casey

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

MAR 04 2010

PHONE: (717) 783-3670
FAX: (717) 783-5662

Mr. Michael P. Donlevy, Chairman
Whitemarsh House, Inc.
Whitemarsh House
P.O. Box 301, 31 West Mill Road
Flourtown, Pennsylvania 19031

Dear Mr. Donlevy:

As a result of the Department of Public Welfare's licensing inspection on September 28, 2009 and January 29, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.



Sincerely;

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey
Deputy Secretary



Enclosures
License
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Whitemarsh House 31 West Mill Road, Flourtown, PA 19031		CURRENT LICENSE NUMBER 127860	
INSPECTION DATE(S) (Include all dates of the inspection) September 28, 2009		REGIONAL REPRESENTATIVE Patricia Adams and Leslie Erhardt	
SIGNATURE OF LEGAL ENTITY 	DATE 11-12-09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12/10/09



1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
and 6 Pa.Code Chapter 15 (protective services for older adults) and other applicable regulations.		Immediate	Effective immediately, if the website is unresponsive, the Controller will revisit the site daily until the background goes through.	

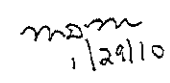
VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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54a Direct care staff persons shall have the following qualifications: (2) Have a high school diploma, GED diploma or active registry status on the Pennsylvania nurse aide registry.	- Staff person C, hired 8/19/09, did not have a high school diploma, GED diploma, or an active registry status on the Pennsylvania nurse aide registry. - Staff person A, hired 3/19/09, did not have a high school diploma, GED diploma, or an active registry status on the Pennsylvania nurse aide registry. - Staff person B, hired 6/28/09, did not have a high school diploma, GED diploma, or an active registry status on the Pennsylvania nurse aide registry.	Immediate	All direct care staff at Whitemarsh House are high school graduates. Upon interview the applicant indicates what high school he/she went to and if a graduate. Effective immediately, all direct care staff are required to provide a copy of their diploma, a GED or a CNA. The required documents for each direct care staff person are in place.	<i>MDM</i> 12/9/10

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65d 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) ADL's and IADL's.	The following direct care staff persons did not have this initial direct care staff training prior to providing unsupervised ADL services: <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Direct Care Staff Person</th> <th>Hire Date</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>3/19/09</td> </tr> <tr> <td>B</td> <td>6/28/09</td> </tr> <tr> <td>C</td> <td>8/19/09</td> </tr> </tbody> </table>	Direct Care Staff Person	Hire Date	A	3/19/09	B	6/28/09	C	8/19/09	Immediate	Whitemarsh House direct care staff receive comprehensive training prior to providing unsupervised ADL services. Effective immediately, all staff must complete the online training and print the certificate their first day of work. All new hires and all current direct care staff are now certified	 1/29/10
Direct Care Staff Person	Hire Date											
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B	6/28/09											
C	8/19/09											

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(iii) Personal hygiene. (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation 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. (x) Staff person supervision.				

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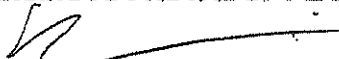
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if applicable. (xi) Care and needs of residents with special emphasis on the residents being served in the home. (xii) Safety management and hazard prevention. (xiii) Universal precautions. (xiv) These regulations. (xv) Infection control. (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.				

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82c Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.	<p>- A tube of Balmex was in resident #3's room. The label stated, "If swallowed get medical help or contact a Poison Control Center immediately." Resident #3 has not been assessed to safely use or avoid poisonous materials.</p> <p>- A bottle of medicated Calamine lotion was in Resident #5's room. The label stated, "If swallowed get medical help or contact a Poison Control Center right away." Resident #5 has not been assessed to safely use or avoid poisonous materials.</p> <p>- A bottle of Mouth Rinse labeled, "If more than used for rinsing is accidentally swallowed, get</p>	Immediate	<p>The house rules of Whitemarsh House state that all medications, including over-the-counter must be kept in the locked medication cart.</p> <p>Effective immediately, the direct care staff and housekeeping will check resident rooms daily to assure no medications are in rooms.</p> <p align="right">Continued next pg.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>11/21/10 Date</p> <p>Initials (DPW)</p>


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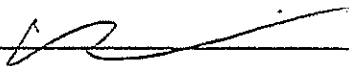
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82c – continued	<p>medical help or contact poison control right away,” and a bottle of Listerine labeled, “in case of accidental ingestion, seek professional assistance or contact Poison Control Center immediately,” were in resident #7’s bathroom. Resident #7 has not been assessed to safely use or avoid poisonous materials.</p> <p>- A bottle of Listerine labeled, “in case of accidental ingestion, seek professional assistance or contact Poison Control Center immediately,” was in resident #8’s room. Resident #8 has not been assessed to safely use or avoid poisonous materials.</p>	Immediate	Additionally, residents will not be permitted to have mouthwash unless it is not poisonous.	

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85a Sanitary conditions shall be maintained.	Black mold was observed on one ceiling tile in the emergency food and water supply closet.	Immediate Monthly beginning January 2010	This ceiling tile was removed prior to the surveyors exiting. The home will conduct weekly inspections to ensure that sanitary conditions are maintained.  2/10/10	1/29/10 mrm

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85d Trash in kitchens and bathrooms shall be kept in covered trash receptacles.	The trash receptacle in the 2 nd floor common bathroom was uncovered.	Immediate	This bathroom was designated for one resident at the time of the survey. He did have a covered trash can in this bathroom. He brought an additional uncovered trash can from his room because he was feeling nauseous. Bathrooms are checked daily by direct care staff and housekeeping to be certain only trash cans with covers are in use.	mdr 1/29/10


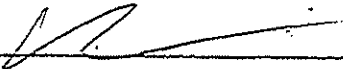
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88a Floors, walls, ceilings, windows, doors and other surfaces shall be clean, in good repair, and free of hazards	<ul style="list-style-type: none"> - The rug on the 2nd story landing was heavily soiled with black spotted stains. - Three linoleum tiles on the dining room floor were broken and missing large pieces presenting a tripping hazard for residents. - The wall near the bottom of the bathtub in the second floor common bathroom had an area of approximately 12" in height, which was soft, damp and covered with black mold. 	<p>Immediate</p> <p>11/30/09</p> <p>Disputed</p> <p>1/15/10</p> <p>Monthly</p>	<p>All carpets are vacuumed daily and shampooed when needed.</p> <p>The coffee on the 2nd floor landing carpet has been cleaned.</p> <p>The dining room linoleum will be professionally replaced by 11/30/09.</p> <p>There is not black mold in any 2nd floor bathroom.</p> <p>The identified bathroom will be cleaned.</p> <p>The home will inspect all</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>11/24/10 Date</p> <p><i>[Signature]</i> Initials (DPW)</p>


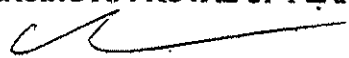
beginning January 2010
 are clean, in good repair, and free of hazards.
[Signature]

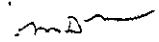
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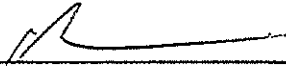
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92 Windows, including windows in doors, shall be in good repair and securely screened when doors or windows are open.	- The frame around the screen in the dining room window had 2" holes on each side. - The window in the entryway alcove of resident #5's room was missing a screen. - The air conditioner in resident #3 and resident #6's window had a 3" gap along the bottom. Two towels were used to close the opening. Repeat Violation- 7/22/08	12/15/09 12/15/09 Immediate	The frame around the screen in the dining room will be professionally repaired or replaced. The window in the entryway alcove outside resident #5's room will be fitted with a screen. The air conditioner was removed for winter. There was a small 1-2 inch gap at the bottom of the air conditioner. When installed next spring, it will be installed to fit tightly.	Steps have been taken to correct violation; full compliance is not verifiable 12/10/09 Date Initials (DPW) mjm

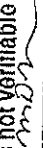
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93a Each ramp, interior stairway and outside steps shall have a well-secured handrail.	The step at the first floor exit to the front porch did not have a handrail.	12/15/09	A handrail will be affixed to this door frame by maintenance.	 1/29/10

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93b Each porch shall have a well-secured railing.	The second story roof, accessed by residents to reach the fire escape during an emergency evacuation, had railings that were rotted and missing several slats presenting an unsafe condition for residents.	12/15/09 1/31/10	New slats will be installed. The area will be inspected by a qualified professional to ensure that it is safe for resident use.	Steps have been taken to correct violation; full compliance is not verifiable 12/10 Date Initials (DPW) 

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96a The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.	The first aid kit at the first floor nursing desk did not have a breathing shield.	Immediate	During the survey this breathing shield was right next to the first aid kit. A larger first aid kit is in place.	MDM 1/29/10

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101j1 Each resident shall have the following in the bedroom: A bed with a solid foundation and fire retardant mattress that is in good repair, clean and supports the resident.	The cloth frame cover for resident #6's box spring was detached and hanging onto the floor.	Immediate Monthly beginning January 2010	Box spring was replaced. The home's physical site inspections will include an inspection of residents' beds and other furniture. R 2/10/10	mdm 11/29/10

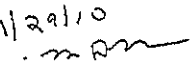
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102i A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.	An unlabeled bar of soap was found in the common 2 nd floor bathroom. Repeat Violation – 7/22/08	Immediate	There are no bars of soap in any shared bathrooms. This bathroom is used by one resident only. Effective immediately, direct care staff and housekeeping will check daily to assure no bar soap is used in common areas. Some of our residents prefer bar soap. We have made them aware at Residents meeting that bar soap is not permitted in shared bathrooms unless it is in a labeled container. A letter will advise the families that no bars of soap are allowed unless they are in labeled containers.	Steps have been taken to correct violation; full compliance is not verifiable 11/24/10 Date: _____ Initials (DPW): _____

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PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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INSPECTION DATE(S) (Include all dates of the inspection) September 28, 2009		REGIONAL REPRESENTATIVE Patricia Adams and Leslie Erhardt	
SIGNATURE OF LEGAL ENTITY 	DATE 11-12-09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12/10/09


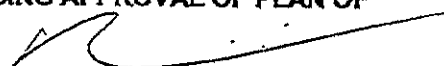
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132b A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.	There home did not have an annual fire drill conducted by a fire safety expert.	Immediate	Whitemarsh House has an annual fire drill conducted by a fire safety expert. It was done on 10/7/08. The surveyor reviewed this and suggested the fire safety expert provide documentation on his annual inspections. Following the fire safety expert's annual visit 10/6/09 he did this. It is attached. <i>Future inspections will be documented.</i>	11/29/10 

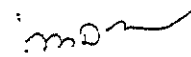
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132f Alternate exit routes shall be used during fire drills.	The home used the front and side exit doors during each fire drill from 7/25/08 through 8/7/09.	Immediate	Effective immediately, the fire and safety manager will conduct the fire drills using alternating exits and document this on the fire drill form.	MDM 12/10

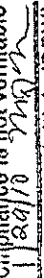
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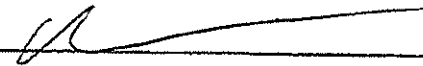
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171b5 If staff persons or volunteers of the home provide transportation for the residents, the vehicle shall have a first aid kit with the contents in 96.	The home's vehicle's first aid kit did not have a thermometer, breathing shield, and eye coverings.	Immediate	At the time of the survey the Whitemarsh House car had a store bought first aid kit. These items are not listed on the cover list. A thermometer, breathing shield and eye coverings have been attached to the car first aid kit.	 1/29/10

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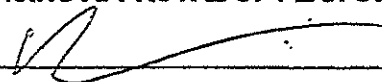
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183b Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.	<ul style="list-style-type: none"> - Two boxes of Imodium were on a shelf behind the bed in resident #2's room. Resident #2 does not self-administer medications. - The following Herbalife products were observed in resident #5's room: Cleansing Formula, Replenish Formula, Formula 2, a multi-vitamin, Formula 3, Cell Activator, and Thermojetics, for weight loss. Resident #5 does not self-administer medications. - Clotrimazole and Betamethasone Dipropionate cream USP 1%, 0.05% and Metrogel Vaginal, 0.75% was found in resident #8's bathroom. Resident #8 does not self-administer medications. 	Immediate	<p>The house rules of Whitemarsh House state that all medications, including over-the-counter must be kept in the locked medication cart.</p> <p>The mother of resident #2 was told to stop bringing in Imodium for!</p> <p>Resident #5 was a Herbalife rep and is no longer. All of this has been discarded</p> <p align="center">Resident #8)</p> <p>prefers to self administer her vaginal creams. Her RME and support plan will be updated accordingly (if and when prescribed again).</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>12/16/09  Initials (DPW)</p>

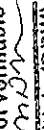
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183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.	Clotrimazole and Betamethasone Dipropionate cream USP 1%, 0.05%, in resident # 8's bathroom had an expiration date of 1/21/09.	Immediate	This cream was discarded. All creams will be checked by the Director of Operations who is a RN.	11/2/10 m.d.m.

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187a 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.	- Resident #3's medication administration record did not include staff initials indicating that Gabapentin 100mg was administered at 2:00pm on 9/16/09, 9/22/09, and 9/23/09. - Resident #4's medication administration record did not include staff initials indicating that Methyphenidate HCL 5mg was administered at 8:00am on 9/16/09 and at 12:00pm on 9/19/09, 9/22/09, 9/23/09, and 9/25/09. - Resident #2's medication administration record did not include a diagnosis for Depakote 500mg. - Resident #2's medication administration record does not include the strength, form, route and frequency of the Tylenol that was	Immediate 1/31/10	Our Director of Operations who is a RN, and her assistant, will do a comprehensive, daily check of the MAR. The Director of Operations/RN will also do a weekly monitor of all medications and train one on one to improve all aspects of medication administration. <i>Documentation of training will be retained.</i>	Steps have been taken to correct violation; full compliance is not verifiable 12/10/09  Initials (DPW)

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(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.	administered on 9/2/09, 9/4/09, 9/5/09, 9/6/09, 9/7/09, and 9/10/09. - Resident #3's medication administration record did not include a diagnosis for Cefuroxime Axetil 500mg, Abilify 2mg, Aspirin 325mg, Citalopram HBR 20mg, Dilantin 20mg, Ferrous Gluconate 324mg, Gabapentin 100mg and 400mg, Lamotrigine 200mg, Lisinopril 10mg, Metoprolol Tartrate 25mg, Omega-3 Fish Oil softgel, Omeprazole 20mg, Phenytoin sodium 100mg, and Vitamin D3 1000u. - Resident #4's medication administration record did not include a diagnosis for Methyphenidate HCL 5mg and Ibuprofen 60mg. Repeat Violation – 7/22/08			

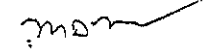
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191 The home shall educate the resident of his/her right to question or refuse a medication if he/she believes there may be a medication error. Documentation of this resident education shall be kept.	The home did not have documentation that residents #1, #2, #3, and #4 were educated on their right to refuse medication if they believe there has been an error.	Immediate	All residents were educated on their right to refuse medications if they believe there is an error. This has been documented for each resident This has been added to the Residents Rights.	11/20/10 mon

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252 Each resident's record shall include the following information: (2) Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks. (4) Language or means of communication spoken or used by the resident.	Resident records for residents #1, #2, #3, and #4 did not include color of hair and eyes, identifying marks, and language spoken.	11/30/09	Color of hair and eyes, identifying marks and language spoken will be added to the face sheet of each resident. These will be maintained for all current residents and for every new admission by the Director of Operations, RN	 1/29/10