



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
Norristown State Hospital  
1001 Sterigere Street  
Bldg 2 Rm. 161  
Norristown, Pennsylvania 19401

ADULT RESIDENTIAL LICENSING

1-866-711-4115  
610-270-1137

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**Mailing Date: November 9, 2010**

Mr. Michael P. Donlevy, Chairman  
Whitemarsh House, Inc  
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 May 4, 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.


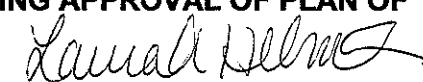
Sincerely,

A handwritten signature in cursive script, appearing to read "Laura Helmuth".

Laura Helmuth  
Regional Licensing Administrator


Enclosure(s)  
Violation Report

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

|  |                        |   |                        |
|--|------------------------|---|------------------------|
| <b>NAME AND ADDRESS OF PERSONAL CARE HOME</b><br>Whitemarsh House<br>31 West Mill Road, Flourtown, PA 19031  |                        | <b>CURRENT LICENSE NUMBER</b><br>127860   |                        |
| <b>INSPECTION DATE(S) (Include all dates of the inspection)</b><br>May 4, 2010   |                        | <b>REGIONAL REPRESENTATIVE</b><br>Justin Trupp, Jason Harvey  |                        |
| <b>PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)</b><br><i>Lawrence Anastasi, M.S., PCHA</i> |                        |   |                        |
| <b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b><br>   | <b>DATE</b><br>5-27-10 | <b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b><br> | <b>DATE</b><br>7/23/10 |

| 1<br>REGULATION<br>55 Pa.Code § 2600.   | 2<br>VIOLATION   | 3<br>DATE BY WHICH<br>CORRECTION<br>WILL BE<br>COMPLETED | 4<br>PLAN OF CORRECTION<br>(include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)   | 5<br>DATE<br>COMPLIANCE<br>VERIFIED<br>BY DPW |
|---|--|--|--|---|
| 20b1<br>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. | The home provides financial management services to Resident #1, 2, and 3.<br><br>The financial records for the residents do not include deposit amounts. | 6/1/10   | A record of financial transactions with each resident are kept, including the dates, amounts of deposits, amounts of withdrawals and the current balance.<br><br>The Controller will assure that the financial record the resident signs will now include the deposit amounts. |   |

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| <b>INSPECTION DATE(S) (Include all dates of the inspection)</b><br>May 4, 2010   |             | <b>REGIONAL REPRESENTATIVE</b><br>Justin Trupp, Jason Harvey  |                        |
| <b>PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)</b> |             |   |                        |
| <b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b>  | <b>DATE</b> | <b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b><br> | <b>DATE</b><br>7/23/10 |

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|--|--|--|--|---|
| 20b8<br>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. | <p>The home provides financial management services to Resident #1, 2, and 3.</p> <ul style="list-style-type: none"> <li>The home does not provide quarterly statements to any of the residents.</li> <li>The quarterly statements for the residents do not include all of the financial transactions made on the residents' behalf (i.e. room and board).</li> <li>The dates of the transactions on the quarterly statements for Resident #1 and Resident #2 do not include the year.</li> </ul> | 6/30/10  | <p>Statements for all financial management services to the residents are maintained and mailed to the payer each month. <i>The statements will also be given to the resident at least quarterly.</i></p> <p>For Resident #1, payment for care and services, including room and board is going directly to the home. The payer sends a separate check for the resident cash fund. The Controller will provide a quarterly statement of the resident cash fund to Resident #1.</p> <p>The Controller will provide a quarterly statement which will include all of the financial transactions (excluding third party payments) made on the residents' behalf to Residents #2 &amp; #3.</p> <p>For <input type="checkbox"/> safety, the family of Resident#2 will be asked to pursue guardianship in hopes that funds can be restricted, as access to excess cash has presented a serious health risk in the past.</p> | <i>7/23/10</i>                                |

Effective immediately all quarterly statements include the year in the date





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| <b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b>  | <b>DATE</b> | <b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b><br><i>Ramona</i> | <b>DATE</b><br>10/22/10 |

| 1<br>REGULATION<br>55 Pa.Code § 2600.  | 2<br>VIOLATION   | 3<br>DATE BY WHICH<br>CORRECTION<br>WILL BE<br>COMPLETED | 4<br>PLAN OF CORRECTION<br>(include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)  | 5<br>DATE<br>COMPLIANCE<br>VERIFIED<br>BY DPW |
|--|--|--|---|---|
| 421<br>A resident has the right to furnish his room and purchase, receive, use and retain personal clothing and possessions. | The home provides financial management services for Resident #2.<br><br>The home will disperse a limit of \$1 per day to the resident. The resident may receive an extra \$2 per week if the resident complies with house rules and attends therapy. | 6/1/10   | The resident transaction sheets for the resident will show the current balance. These funds will be given to Resident #2 for possession, if requests.<br>will continue to be counseled about the dangers of acquiring and ingesting large quantities of over-the-counter medications. For safety, family will be asked to pursue guardianship in hopes that funds can be restricted as access to excess cash has presented a serious health risk in the past. |   |

*The home will provide adequate supervision for Resident #2 to meet the resident's needs + protect the resident from harm. (AM 10/22/10)*

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| <b>INSPECTION DATE(S) (Include all dates of the inspection)</b><br>May 4, 2010   |  | <b>REGIONAL REPRESENTATIVE</b><br>Justin Trupp, Jason Harvey |   |
| <b>PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)</b><br>GLEN MARELLO, JCTD |  |  |   |
| <b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b><br>  |  | <b>DATE</b><br>9/2/10  | <b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b><br> |
|  |  |  | <b>DATE</b><br>10/22/10   |

| 1<br>REGULATION<br>55 Pa.Code § 2600.  | 2<br>VIOLATION   | 3<br>DATE BY WHICH<br>CORRECTION<br>WILL BE<br>COMPLETED | 4<br>PLAN OF CORRECTION<br>(include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)  | 5<br>DATE<br>COMPLIANCE<br>VERIFIED<br>BY DPW |
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| 421<br>A resident has the right to furnish his room and purchase, receive, use and retain personal clothing and possessions. | The home provides financial management services for Resident #2.<br><br>The home will disperse a limit of \$1 per day to the resident. The resident may receive an extra \$2 per week if the resident complies with house rules and attends therapy. | 9/2/10   | WHEN A RESIDENTS SSI CHECK IS RECEIVED IT WILL BE DEPOSITED IN THE RESIDENTS CASH FUND, THEN, THE WHITEMARSH HOUSE PORTION WILL BE WITHDRAWN.<br><br>A SEPARATE LEDGER PAGE WILL BE MAINTAINED FOR EACH RESIDENT FOR WHICH WHITEMARSH HOUSE IS REPRESENTATIVE PAID, SEE PAGE #6 SAME PLAN |   |

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| <b>PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)</b><br>Alicia M. Keld |                       |  |                         |
| <b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b><br><i>Alicia M. Keld</i>   | <b>DATE</b><br>9/2/10 | <b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b><br><i>[Signature]</i> | <b>DATE</b><br>10/22/10 |

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|---|--|--|---|---|
| 43b<br>A resident's rights may not be used as a reward or sanction. | The home provides financial management services for Resident #2.<br><br>The home will disperse a limit of \$1 per day to the resident. The resident may receive an extra \$2 per week if the resident complies with house rules and attends therapy. | 9/9/10   | THE CLINICAL TEAM WILL MEET WITH [REDACTED] TO DISCUSS MONEY MANAGEMENT. TO ASSURE THAT [REDACTED] HAS ADEQUATE SPENDING MONEY. THE CLINICAL TEAM WILL ALSO PROVIDE ON-GOING COUNSELING AND COACHING TO REDUCE THE RISK OF TAKING UNPRESCRIBED MEDICATIONS. |   |

The resident's personal finances will not be withheld from the resident, or used as a reward or sanction. *10/22/10*

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| <b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b><br><i>[Signature]</i>  |  | <b>DATE</b><br>9/2/10  | <b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b><br><i>[Signature]</i> |
|  |  |  | <b>DATE</b><br>10/22/10  |

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|---|---|--|---|---|
| 88a<br>Floors, walls, ceilings, windows, doors and other surfaces shall be clean, in good repair and free of hazards. | <ul style="list-style-type: none"> <li>The ceiling directly above the shower head in Resident #4's bathroom had a 6 inch in diameter circle of dry paint bubbling ¼ inch away from the wall.</li> <li>The ceiling directly above the back end of the bathtub in Resident #4's bathroom had yellow and light brown half-circle with a 4 inch radius from previous water damage.</li> </ul> | 5/10/10  | <p>The ceiling above the shower head in Resident #4's bathroom has been professionally repaired.</p> <p>The ceiling above the back end of the bathroom of Resident #4 has been professionally repaired.</p> <p><i>Maintenance will check for stains on the walls and ceiling daily, also any notification by residents or staff will be addressed as quickly as possible, keep in mind that the stains must be dry.</i></p> <p><i>Maintenance will issue a written report weekly summarizing all work done the previous week.</i></p> | <i>C/M</i><br>10/22/10                        |