

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to RESOURCES FOR HUMAN DEVELOPMENT, INC.  
LEGAL ENTITY

To operate NEW OPTIONS I  
NAME OF FACILITY OR AGENCY

Located at 1419-21 POWELL STREET, NORRISTOWN, PA 19401  
(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 \_\_\_\_\_ ADDRESS OF SATELLITE SITE \_\_\_\_\_

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 12  
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 May 27, 2010 until May 27, 2011,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 128040

*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

MAY 25 2010

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

Mr. Robert Fishman, Executive Director  
Resources for Human Development, Inc.  
ATTN: Loretta Mooney  
4700 Wissahickon Avenue, Suite 126  
Philadelphia, Pennsylvania 19144

RE: New Options I  
1419-21 Powell Street  
Norristown, Pennsylvania 19401

Dear Mr. Fishman:

As a result of the Department of Public Welfare's licensing inspection on April 19, 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.

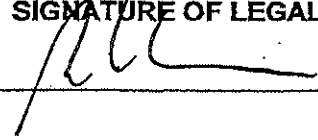
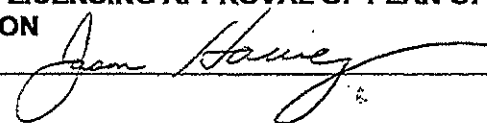
Sincerely,

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**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> New Options I 1419-21 Powell Street, Norristown, PA 19401		<b>CURRENT LICENSE NUMBER</b> 128040	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> April 19, 2010		<b>REGIONAL REPRESENTATIVE</b> Christine McHale and Patricia Adams	
<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> Robert Fishman, CEO			
<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> 	<b>DATE</b> 5/5/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 	<b>DATE</b> 5-11-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	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
16b The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.	The home's reportable incident policy did not include procedures on prevention, investigation, and management of reportable incidents.	4/29/10	A revised Incident Reporting Procedure was written (see Attachment #1) which includes procedures on prevention, investigation, and management of reportable incidents. The new Incident Reporting Procedure was explained at the monthly Staff meetings on 4/26/10 and 4/29/10 (see Attachments # 2, # 3 & # 4). Administrator shall ensure compliance through annual review of Incident Reporting Procedure.	5-11-10 JH

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

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NEW OPTIONS

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**NAME AND ADDRESS OF PERSONAL CARE HOME**  
New Options I  
1419-21 Powell Street, Norristown, PA 19401

**CURRENT LICENSE NUMBER**  
128040

**INSPECTION DATE(S)** (Include all dates of the inspection)  
April 19, 2010

**REGIONAL REPRESENTATIVE**  
Christine McHale and Patricia Adams

**PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION** (Required on FIRST PAGE only unless multiple representatives produce the plan)

*Rachel Talley, MA - Administrator*

<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> <i>R. Talley, MA</i>	<b>DATE</b> 5/11/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Jason Hawley</i>	<b>DATE</b> 5-11-10
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1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	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
<p>22a5, 25a</p> <p>22a5 The following admission document shall be completed for each resident - Resident-home contract completed prior to admission or within 24 hours after admission.</p> <p>25a Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.</p>	<p>Resident #1 was admitted to the home on 1/21/10. The resident signed the contract on 1/27/10.</p>	<p>4/28/10</p>	<p>Administrator created a Contract Completion Reminders document indicating, among other things, the procedure for documenting when a resident refuses to sign the resident-home contract within 24 hours of Admission. All staff involved in presenting the resident-home contract to new admissions have read and signed the Contract Completion Reminders document. (see Attachment #5). Administrator will ensure compliance by reviewing each contract before signing.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date 5-11-10 Initials (DPW) <i>AT</i></p>


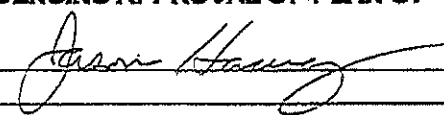
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**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

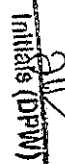
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NEW OPTIONS

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<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> New Options I 1419-21 Powell Street, Norristown, PA 19401		<b>CURRENT LICENSE NUMBER</b> 128040
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> April 19, 2010	<b>REGIONAL REPRESENTATIVE</b> Christine McHale and Patricia Adams	
<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> <p align="center">Rachel Talley, MA - Administrator</p>		
<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> 	<b>DATE</b> 5/11/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 
		<b>DATE</b> 5-11-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	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
25c4 The contract shall specify the party responsible for payment.	- Resident #1's contract dated 1/27/10 does not specify who is responsible for payment.  - Resident #2's contract dated 1/25/10 does not specify who is responsible for payment.	4/29/10	All resident contracts for which the residents are their own payee (excluding Resident #1 who has been hospitalized since 4/14/10) have been updated to include that the resident is responsible for payment. (see attachments #6, #7 & #8) Residents have initialed and dated to indicate knowledge of change/update. Administrator developed a Contract	Steps have been taken to correct violation; full compliance is not verifiable 5-11-10 Date Initials (DPW) 

Completion Reminders document indicating both resident and payee lines shall be filled in. (see Attachment #5) Administrator to monitor compliance.

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

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<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> New Options I 1419-21 Powell Street, Norristown, PA 19401	<b>CURRENT LICENSE NUMBER</b> 128040
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<b>INSPECTION DATE(S)</b> (Include all dates of the inspection) April 19, 2010	<b>REGIONAL REPRESENTATIVE</b> Christine McHale and Patricia Adams
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**PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION** (Required on FIRST PAGE only unless multiple representatives produce the plan)

*Rachel Talley, MA - Administrator*

<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> <i>R. Talley, MA</i>	<b>DATE</b> 5/11/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Jan Hawes</i>	<b>DATE</b> 5-11-10
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NEW OPTIONS

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25c12 The contract shall specify the charges to the resident, if any, for holding a bed during hospitalization or other extended absence from the home.	<ul style="list-style-type: none"> <li>- Resident #1's contract dated 1/27/10 does not specify the charges for a bed hold.</li> <li>- Resident #2's contract dated 1/25/10 does not specify the charges for a bed hold.</li> <li>- Resident #3's contract dated 4/10/09 does not specify the charges for a bed hold.</li> </ul>	5/7/10	<p>Contracts for Residents #2 &amp; #3 have been updated with a bed hold fee and initiated by the residents (see Attachments #6 &amp; #7)</p> <p>Resident #1's contract was updated but [redacted] is unable to initial due to hospitalization since 4/14/10 (see Attachment #9). All residents's contracts will be updated and initiated by 5/7/10. Future compliance</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p align="center">5-11-10 Date Initials (DPW)</p>

*will be ensured through reviewing the Contract Completion Reminders (Attachment #5) annually and Administrator monitoring for compliance.*

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

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NAME AND ADDRESS OF PERSONAL CARE HOME New Options I 1419-21 Powell Street, Norristown, PA 19401		CURRENT LICENSE NUMBER 128040	
INSPECTION DATE(S) (include all dates of the inspection) April 19, 2010		REGIONAL REPRESENTATIVE Christine McHale and Patricia Adams	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Rachel Talley, MA - Administrator</i>			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>R Talley, MA</i>		DATE 5/11/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jana Hanning</i>
			DATE 5-11-10

NEW OPTIONS

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	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
85a Sanitary conditions shall be maintained.	The mask to Resident #4's nebulizer located on the windowsill in the home's dining room was covered with a cloudy residue on the inside of the mask.	5/5/10 and 4/19/10	Resident #4's nebulizer mask was cleaned on day of inspection and will be cleaned daily in the future. On 5/5/10 the Daily Task sheets for staff duties were updated to include the cleaning of Resident #1's nebulizer unit and mask as part of 3rd shift duties. (see Attachment #10) Staff initial upon completion of task and site supervisor checks for completion on 1st shift. Administrator to monitor compliance.	5-11-10 <i>94</i>

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

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<b>INSPECTION DATE(S) (include all dates of the inspection)</b> April 19, 2010	<b>REGIONAL REPRESENTATIVE</b> Christine McHale and Patricia Adams
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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 medicine cabinet in the common bathroom on the second floor next to resident room #4.	4/19/10 and 5/5/10	The unlabeled bar of soap was removed at time of inspection on 4/19/10. To ensure future compliance the Daily Task sheet for 1st shift was updated to include checking all bathrooms for unlabeled items or hazards. (See Attachment #11) Staff initial upon completion of task and site supervisor checks for completion daily. Administrator to monitor compliance.	5-11-10 JH

NEW OPTIONS

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

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NEW OPTIONS

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<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> <i>R. Talley, MA</i>	<b>DATE</b> 5/11/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Joan Harvey</i>	<b>DATE</b> 5-11-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	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
141a The medical evaluation shall include the following:  (2) Medical diagnosis including physical or mental disabilities of the resident, if any.  (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.	Resident #2's medical evaluation dated 3/24/10 did not include medical diagnoses or the resident's medication regimen.	4/27/10	Resident #2's Medical Eval. from 3/24/10 indicated to "see faxed records" (note Attachment # 12) which were attached but not initiated at time of inspection by completing doctor. Faxed records from 3/24/10 were re-submitted by staff to signing doctor on 4/27/10. Doctor initiated and dated attachments which included medical diagnosis, and med. regimen. (see attachments #12a, 12b, and 12c). To ensure	Steps have been taken to correct violation; full compliance is not verifiable Date 5-11-10 Initials (DPW) JKH

future compliance when required forms such as a Med Eval are needed, the PCF Required Forms Completion Checklist (ATTACHMENT # 1.3) will be sent. Administrator will ensure compliance.

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> New Options I 1419-21 Powell Street, Norristown, PA 19401	<b>CURRENT LICENSE NUMBER</b> 128040
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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 contain scissors.	4/19/10	Scissors were placed in the vehicle's first aid kit on day of inspection. To ensure future compliance a First Aid Kit checklist was developed to monitor and ensure contents of first aid kits are complete and not expired on a monthly basis. (see Attachment # 14) Medical Coordinator or Coordinator's Assistant will complete checklist	5-11-10 <i>AT</i>


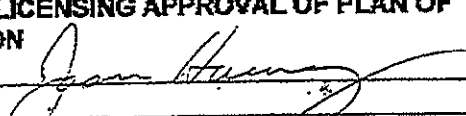
monthly and replace or refill items as needed.

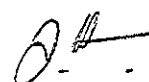
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		<b>DATE</b> 5-11-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	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
183f Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.	A tube of antibiotic ointment that expired 12/02 was in the car's first aid kit.	4/19/10	Tube of antibiotic ointment that was expired was removed on day of inspection and replaced with appropriately dated antibiotic ointment. To ensure future compliance, the Medical Coordinator or Coordinator's Assistant will check contents of first aid kits on a monthly basis using the First Aid Checklist (see Attachment #14). Expired items will be removed and replaced.	5-11-10 <i>QW</i>

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

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		<b>DATE</b> 5-11-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	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
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	-Resident #2's medication administration record did not include frequency of administration for Ranitidine 150 mg, Haldol 5 mg, Ativan 1 mg, Seroquel 100 mg, Cogentin 1 mg, Colace, Aspirin EC 325 mg, or Artificial tears.  -Resident #2's takes Nitroglycerin 0.4 mg as needed and Bisacodyl 5 mg as needed. These medications were not listed on the medication administration record.	4/22/10          4/19/10	Resident #2's MAR was previously hand written by Medical Coord. and will now be generated electronically by the pharmacy to include frequency of administration. (see Attachment #20, 20a, 20b). Medical Coord. to ensure compliance.  -Resident #2's PCP ordered the Nitroglycerin be kept on resident's person on 3/19/10, therefore med. was not on MAR. PCP note was in file at time of inspection. (see attachment #21).	5-11-10 

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

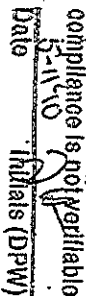
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			<b>DATE</b> 5-11-10

1. REGULATION 55 Pa.Code § 2600.	2. VIOLATION	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
applicable. (11) Special precautions, if applicable. (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.		4/27/10	-Resident # 2's MAR did not include Bisacodyl 5mg as needed as a result of human error. Hand writing of the MAR lead to the exclusion of this med. In the future, all MAR's will be generated electronically by the pharmacy to reduce/eliminate human error. (see Attachments # 20, 20a and # 20b)	5-11-10 <i>JH</i>

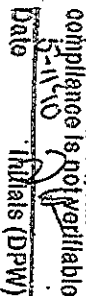
Medical coordinator to monitor compliance monthly.

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> New Options I 1419-21 Powell Street, Norristown, PA 19401		<b>CURRENT LICENSE NUMBER</b> 128040	
<b>INSPECTION DATE(S) (include all dates of the inspection)</b> April 19, 2010		<b>REGIONAL REPRESENTATIVE</b> Christine McHale and Patricia Adams	
<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> <p align="center">Rachel Talley, MA - Administrator</p>			
<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> 		<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 	
<b>DATE</b> 5/11/10		<b>DATE</b> 5-11-10	

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	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
187b The information in subsections 187a13 and 187a14 shall be recorded at the time the medication is administered.	2's Resident #1's medication administration record was not initiated by staff indicating that the resident received prescribed medication Ambien 10 mg on 4/1/10 at 9:00 pm.	4/26/10 & 4/29/10	- Resident #2 consistently requests to take █████ Ambien at different times in the evenings. Despite many requests, █████ doctor will not make the Ambien PRN. On this particular evening, Resident #2 said █████ wanted the Ambien at a time out of med window. Staff did not know to mark that as a refusal. At staff meeting on 4/26/10	Date 5-11-10 Initials (DPW) 

and 4/29/10 the med refusal policy was reviewed. Medical Coordinator to monitor MARS weekly for errors. (see Attachment #22)

Date  
 5-11-10  
 Initials (DPW)  


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

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NEW OPTIONS

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NAME AND ADDRESS OF PERSONAL CARE HOME New Options I 1419-21 Powell Street, Norristown, PA 19401		CURRENT LICENSE NUMBER 128040	
INSPECTION DATE(S) (Include all dates of the inspection) April 19, 2010		REGIONAL REPRESENTATIVE Christine McHale and Patricia Adams	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Rachel Talley, MA - Administrator</i>			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>R Talley, MA</i>		DATE 5/11/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jan Hamer</i>
			DATE 5-11-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	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
187d The home shall follow the directions of the prescriber.	#2's Resident #1's prescription orders from 3/24/10 list Haloperidol 5 mg tablet, take one tablet by mouth twice a day and take two tablets at bedtime. The resident's medication administration record for 3/29/10, 3/30/10, and 3/31/10 states Haldol 5 mg, 2 tabs at 8:00pm and Haldol 5mg, 2 tabs at 8:00am, 4:00pm, and 8:00pm. All of these medications are initialed by staff as having been administered at the specified times.	4/20/10  4/20/10  4/26/10 & 4/29/10	- PA State Incident Reporting Form was completed and sent in to licensing offices. (see attachments #23 & 23a). - Medical Coordinator called Dr. [redacted] (prescribing physician) and reported the incident, indicating the medication was given as prescribed but the old orders were not D/C'd. - At all staff meeting on 4/26/10 & 4/29/10 the procedure	5-11-10 <i>ab</i>

for discontinuing medications was reviewed along with the "5 Rights" of med administration. (See Attachments #2, 3 & #4) \*cont. on separate sheet\*

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

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*Part #2*

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NEW OPTIONS

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NAME AND ADDRESS OF PERSONAL CARE HOME New Options I 1419-21 Powell Street, Norristown, PA 19401		CURRENT LICENSE NUMBER 128040
INSPECTION DATE(S) (Include all dates of the inspection) April 19, 2010	REGIONAL REPRESENTATIVE Christine McHale and Patricia Adams	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Rachel Talley, MA - Administrator</i>		
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>R. Talley, MA</i>	DATE 5/16/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jan Hanning</i>
		DATE 5-11-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	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
187d The home shall follow the directions of the prescriber.	Resident #1's prescription orders from 3/24/10 list Haloperidol 5 mg tablet; take one tablet by mouth twice a day and take two tablets at bedtime. The resident's medication administration record for 3/29/10, 3/30/10, and 3/31/10 states Haldol 5 mg, 2 tabs at 8:00pm and Haldol 5mg, 2 tabs at 8:00am, 4:00pm, and 8:00pm. All of these medications are initialed by staff as having been administered at the specified times.	Ongoing	* Continued from previous page * Weekly MAR checks for errors will be completed by the Medical Coordinator. Medical Coordinator or Coordinator's Assistant will review MAR's for errors on a monthly basis as well, before MAR's are filed in Resident's charts.  Administrator to monitor for compliance.	5-16-10 <i>JH</i>

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

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NEW OPTIONS

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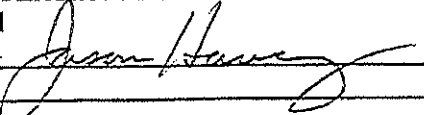
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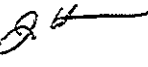
<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> New Options I 3419-21 Powell Street, Norristown, PA 19401		<b>CURRENT LICENSE NUMBER</b> 128040
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> April 19, 2010	<b>REGIONAL REPRESENTATIVE</b> Christine McHale and Patricia Adams	
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<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> <i>R. Talley, MA</i>	<b>DATE</b> 5/11/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>James Haug</i>
		<b>DATE</b> 5-11-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	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
224c The preadmission screening shall be completed by the administrator or designee.	Resident #2's preadmission screening dated 1/15/10 did not include the name, title, and signature of the person completing the form.  Repeated Violation – 4/1/09	4/28/10  (See attachment #15)	The social worker from the referring agency did not remember to sign the Pre-Admission screening for Resident #2. She reviewed and signed the Pre-Admission screening on 4/28/10. To ensure future compliance, the PCH Required Forms checklist will be forwarded to referring agencies to encourage comprehensive paperwork completion. (see attachment #13) Administrator to monitor required forms for completion.	Steps have been taken to correct violation; full compliance is not verifiable Date 5-11-10 Initials (DPW) <i>DPW</i>

Completion. (see attachment #13) Administrator to monitor required forms for completion.

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> New Options I 1419-2f Powell Street, Norristown, PA 19401		<b>CURRENT LICENSE NUMBER</b> 128040	
<b>INSPECTION DATE(S)</b> (Include all dates of the inspection) April 19, 2010		<b>REGIONAL REPRESENTATIVE</b> Christine McHale and Patricia Adams	
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<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> 		<b>DATE</b> 5/11/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 
			<b>DATE</b> 5-11-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	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
251b The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.	Resident #2's contract dated 1/25/10 had white-out in the refund policy of the contract.	4/28/10	Staff responsible for resident home contract completion reviewed and signed the Contract Completion Reminders form (see Attachment #5). Also, all staff reviewed document correction procedure at the all staff meeting in April 2010. (see Attachments #3, #4, and #16). Administrator to review and monitor contracts for compliance.	5-11-10 

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<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> <i>R. Talley, MA</i>	<b>DATE</b> 5/11/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Jean Haun</i>	<b>DATE</b> 5-11-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	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
252 Each resident's record shall include the following information:  (3) A photograph of the resident that is no more than 2 years old.  (18) An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.	- Resident #1's record did not contain an inventory of the resident's property.  - Resident #3's photograph was dated 2008 and it could not be determined if the photograph was more than 2 years old.	N/A  4/21/10	- Resident #1's record did contain an inventory of the resident's property (completed upon admission in January 2010. (See Attachment #17). - New photographs were taken for all residents with a date stamp on the photos (see Attachments #18 & #19) All photographs of the residents will be taken with a date stamp included from now on. Administrator to monitor.	5-11-10 JH

(NOTE: Resident #1's photo is not included due to current hospitalization)