



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 23, 2010**

Mr. Robert Fishman  
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 August 5, 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 that reads "Chevon Mitchell" followed by a stylized flourish.

Chevon Mitchell  
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> 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> August 5, 2010		<b>REGIONAL REPRESENTATIVE</b> Christine McHale and Jacob Herzing	
<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> 9/28/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> Chevon Mitchell	<b>DATE</b> 11/19/10

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
15a The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with its requirements regarding restrictions on staff persons.	On 7/10/10 Resident #1 called the police department to report feeling threatened by direct care staff member A. The incident was documented on the home's internal incident report form and later investigated by the home. The home did not report the allegation of abuse to the local Area Agency on Aging.	Immediately 8/6/10	On 8/6/10 Administrator revised the New Options Incident Reporting Procedure to be more clear and comprehensive, including an explanation of how/when to report suspected abuse or neglect. See attachment # 1. Revised Incident Reporting procedure was presented and reviewed at the August 2010	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>_____ Date _____ Initials (DPW)</p>

Staff meetings. See attachments # 2, # 3 & #4. Administrator to ensure compliance.


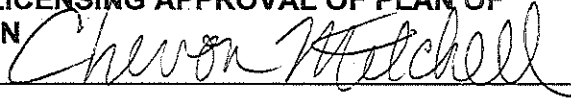
**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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15b If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.	On 7/10/10 Resident #1 called the police department to report feeling threatened by direct care staff member A. The incident was documented on the home's internal incident report form and later investigated by the home. The home did not implement a plan of supervision or suspend direct care staff member A.	Immediately	As discussed with the Regional Representative [redacted] at the time of inspection, the accused staff member was suspended from work pending New Options Administrator's investigation. Staff member A was again suspended from work on 8/5/10 pending the outcome of ARL's	<div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p style="font-size: small; margin: 0;">Steps have been taken to correct violation; full compliance is <input checked="" type="checkbox"/> verifiable</p> <p style="margin: 0;">Date: 11/19/10</p> <p style="margin: 0;">Initials (DPW): [initials]</p> </div>

investigation. Administrator will continue to suspend staff members accused of abuse, pending outcomes of ARL investigations.



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<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> <i>R. Talley, MA</i>	<b>DATE</b> 9/28/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Cherion Mitchell</i>	<b>DATE</b> 11/19/10

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16c The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow 15 (relating to abuse reporting covered by law).	On 7/10/10 Resident #1 called the police department to report feeling threatened by direct care staff member A. The incident was documented on the home's internal incident report form and later investigated by the home. The home did not report the incident to the Department until 8/5/10.	Immediately 8/6/10	On 8/6/10 the Administrator revised the New Options Incident Reporting Procedure to be more clear and comprehensive, including an explanation of how/when to report suspected abuse or neglect. See attachment #1. The Revised Incident Reporting Procedure was presented and reviewed at the August 2010 Staff meetings. See attachments #2, #3 & #4. Administrator to ensure compliance.	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>[Signature]</i> Date Initials (DPW)</p>

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91 Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control center, municipal emergency management agency and personal care home complaint hotline shall be posted on or by each telephone with an outside line.	The required telephone numbers were not posted by cordless phone in the home's kitchen.	8/6/10	The required telephone numbers were posted next to the charger base of the cordless phone in the home's kitchen immediately. New Options Facilities Mgr. will check postings next to all the home's phones during his monthly site inspection. Administrator to ensure compliance.	11/19/10 <i>Crew</i>