



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: January 6, 2011

Ms. Mary Anne Parisse, Administrator
Philadelphia Protestant Home
Midway Manor
6500 Tabor Road, Midway Manor
Philadelphia, Pennsylvania 19111

Dear Ms. Parisse:

As a result of the Department of Public Welfare's licensing inspection on December 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,

Laura Helmuth
Acting Regional Licensing Administrator

Enclosure(s)
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME PHILADELPHIA PROTESTANT HOME, 6500 TABOR ROAD MIDWAY MANOR PHILADELPHIA, PA 19111		CURRENT LICENSE NUMBER 144500	
INSPECTION DATES (Include all dates of the inspection) 08/17/2010		REGIONAL REPRESENTATIVE Michelle Morton	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION: (Required on FIRST PAGE only unless multiple representatives produce the plan) Philadelphia Protestant Home <i>Mary Ann Parisse, Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Mary Ann Parisse</i>	DATE <i>11/10/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>12/30/10</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
225c The resident shall have additional assessments as follows: (1) Annually. (2) If the condition of the resident significantly changes prior to the annual assessment. (3) At the request of the Department upon cause to believe that an update is required.	Resident #1's record and interview of the home's administrator revealed that the resident is incontinent of bowel and bladder, wears TED stockings and ambulates independently without an assistive device. However, the resident's assessment dated 2/4/10 indicates the resident is continent. The assessment is not clear regarding the resident's mobility. The mobility portion indicates the resident is independently mobile with ambulatory device-wheelchair but there is a handwritten note on the assessment that says the resident needs assistance with a wheelchair. The assessment does not include the need for the TED stockings. The assessment also indicates the resident needs an alternate mode of communication but does not specify what that mode of communication is.	8/17/10	<p>The Resident was admitted to the hospital on 7/9/10 and returned to her PC room on 8/3/10. At that time, her Assessment and Support Plan should have been updated to reflect changes. This was an oversight. The PC Assessment and support plans were revised to reflect changes on 8/17/10.</p> <p>Going forward, the Assessment and Support Plan for all Residents upon re-admission or with a significant change will be updated immediately to ensure appropriate care is provided.</p> <p>The Director of Nursing or the Administrator will, upon re-admission to the Home or with any significant change in condition of any Resident, review the Assessment and Support Plan to ensure they are updated to reflect all changes.</p> <p>The Director of Nursing and Administrative Assistant will be attending the DPW Comprehensive Support Plan training on November 17, 2010.</p>	<p>Steps have been taken to correct violation; full compliance is <i>achieved</i></p> <p><i>1/4/11</i> Date <i>[Signature]</i> Initials (DPW)</p>

Resident #1 no longer resides at the home. [Signature] 12/30/10

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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) <i>Mary Ann Parisse, Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Mary Ann Parisse</i>	DATE <i>11/10/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>12/30/10</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
227c The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.	An assessment was completed for resident #1 on 2/4/10. The support plan was also completed on 2/4/10. Both the assessment and the support plan indicate that the "star program" is in place for the resident due to a risk for falls. The resident has fallen 7 times between 4/17/10 and 7/4/10. The resident then fell 3 more times on 7/9/10. The resident's support plan has not been revised to address other measures to decrease the resident's risk of falling.	8/17/10	<p>Although it was documented the Resident had fallen seven times between 4/17/10 and 7/4/10, there were no injuries. The Resident was observed in a sitting position on the floor.</p> <p>If a Resident is observed on the floor, it is documented as a fall, regardless of whether or not it can be determined if they actually fell or merely sat on the floor.</p> <p>The Resident did have three falls on 7/9/10 and was sent to the ER for evaluation and was admitted with a urinary tract infection.</p> <p>The Support Plan now reflects high risk for UTI's and PO fluids are offered more frequently and, since the Resident is a high-risk for falls, mostly at night, the Resident now has a one-on-one companion on the 11p-7a shift.</p> <p>All Support Plans and Assessments will be revised immediately to reflect changes in Residents' needs and reviewed by the DON and/or Administrator for accuracy</p> <p><i>Resident #1 no longer resides at the home. DA 12/30/10.</i></p>	<p>Steps have been taken to correct violation; full compliance is verified.</p> <p><i>[Signature]</i> Date <i>1/11/11</i></p> <p>(Mr. D signs initials) Date</p>