

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 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 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 11, 2011 until September 11, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 127861

Robert E. Robinson

ISSUING OFFICER

R. C. King

DIRECTOR

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 - 01/11



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

ADULT RESIDENTIAL LICENSING

PHONE: (717) 783-3670

FAX: (717) 783-5662

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: MAR 11 2011

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 (Department) licensing inspection on August 25, 2010, September 2, 2010, September 24, 2010, November 18, 2010, January 7, 2011, January 20, 2011 and March 3, 2011 of the above personal care home, the violations specified on the enclosed Violation Reports were found.

A PROVISIONAL license is being issued based on the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Your PROVISIONAL license is enclosed.

All violations specified on the 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.

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violations unless fully corrected on or before the mandated correction date.

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection	Fine Per resident X Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
51/52	III	17	\$3	\$51	15 calendar days from mailing date of this letter

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Adult Residential Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Financial Operations with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

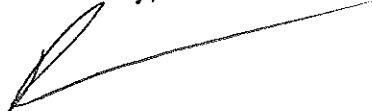
Once you receive your invoice from the Bureau of Financial Operations, if you disagree with the amount of the penalty, you have the right to appeal through a hearing before the Bureau of Hearings and Appeals, Department of Public Welfare. If you decide to appeal, a written request to appeal the fine must be received, along with the assessed daily fine, not to exceed \$500, in accordance with 55 Pa.Code § 2600.263 (relating to appeal of penalty). All appeal requests must be sent to the address indicated on the invoice you will receive from the Bureau of Financial Operations.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Public Welfare in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal, a written request for an appeal must be received within 10 days of the date of this letter by:

Jacob Herzing, Enforcement Manager
Adult Residential Licensing
Department of Public Welfare
423 Health and Welfare Building
Seventh and Forster Streets
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Ronald Melusky
Acting Director

Enclosures
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME Whitemarsh House 31 W. Mill Road, Flourtown, PA 19031		CURRENT LICENSE NUMBER 127860	
INSPECTION DATE(S) (Include all dates of the inspection) August 25, 2010, September 2, 2010, and September 24, 2010		REGIONAL REPRESENTATIVE Christine McHale, Trula Hollywood (8/25/10), Leslie Erhardt (9/2/10), Michelle Morton (9/24/10)	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>GLENN MARLEA, PCHA</i> <i>Lawrence Anastasi, Executive Director</i>			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>[Signature]</i> <i>2. [Signature], MS</i>	DATE <i>11/10/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>12/30/10</i>

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 7/24/10, Resident #1 assaulted Resident #2 and Resident #3. The home did not report the incident to Protective Services in accordance with that Older Adult Protective Services Act.	8/25/10	Whitemarsh House provides care for and has been very successful working with individuals with severe psychiatric diagnoses and individuals with traumatic brain injury. The PCHA will report suspected abuse of a resident in accordance with the Older Protective Services Act. All staff notify the PCHA or administrator on-call immediately if an altercation occurs.	<i>11/7/11</i> <i>cm</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME Whitemarsh House 31 W. Mill Road, Flourtown, PA 19031		CURRENT LICENSE NUMBER 127860	
INSPECTION DATE(S) (Include all dates of the inspection) August 25, 2010, September 2, 2010, and September 24, 2010		REGIONAL REPRESENTATIVE Christine McHale, Trula Hollywood (8/25/10), Leslie Erhardt (9/2/10), Michelle Morton (9/24/10)	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) GLENN MACKELA, PCHA Lawrence Anastasi, Executive Director			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Glenn Mackela, MHA, MA</i>	DATE 11/10/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 12/30/10

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
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).	<ul style="list-style-type: none"> - On 7/24/10 at 9:10 am, Resident #1 assaulted Resident #2 and Resident #3. The home did not report the incident to the Department until 7/25/10 at 11:30 am. - On 9/2/10 at 8:10 am, Resident #1 assaulted Resident #2. The home did not submit a written report to the Department until 9/3/10 at 4:27 pm. - On 9/9/10 at 2:30 pm, Resident #1 assault Resident #2. The home did not submit a written report to the Department until 	9/15/10	<p>These incidents were reported by phone with the written report as a follow-up.</p> <p>The PCHA will send reportable incidents by fax, email or hand delivery to the DPW regional office within 24 hours of the incident.</p>	11/7/11 CM

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

NAME AND ADDRESS OF PERSONAL CARE HOME Whitemarsh House 31 W. Mill Road, Flourtown, PA 19031		CURRENT LICENSE NUMBER 127860	
INSPECTION DATE(S) (Include all dates of the inspection) August 25, 2010, September 2, 2010, and September 24, 2010		REGIONAL REPRESENTATIVE Christine McHale, Trula Hollywood (8/25/10), Leslie Erhardt (9/2/10), Michelle Morton (9/24/10)	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>GLENN MAROLA, PCHD Lawrence Anastasi, Executive Director</i>			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Glenn Marola, MHA, MA L. Anastasi; MS</i>	DATE 11/10/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE

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
	9/13/10 at 2:06 pm.			

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

NAME AND ADDRESS OF PERSONAL CARE HOME Whitemarsh House 31 W. Mill Road, Flourtown, PA 19031		CURRENT LICENSE NUMBER 127860		
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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>CLEAN MUSEUM, PCHA</i> <i>Lawrence Anastasi, Executive Director</i>				
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>[Signature]</i>		DATE 11/10/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 12/30/10

1	2	3	4	5
REGULATION 55 Pa.Code § 2600.	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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 DPW
42b A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.	Resident #1 bit Resident #2 on three separate occasions. Resident #1 bit Resident #2 on the arm on 7/24/10 causing a wound; on the face by the resident's eyebrow on 9/2/10; and on the left cheek on 9/9/10. Resident #1 also bit Resident #3 on the cheek on 7/24/10 requiring treatment at a hospital.	10/1/10	Whitemarsh House works with residents with severe psychiatric diagnoses and traumatic brain injury. Resident #1 who is diagnosed with Autism has had no such incidents the past two months. <i>Upon reviewing these incidents we believe another resident was instigating Resident #1.</i> The PCHA and Clinical Director will continue to assure necessary training and supervision to address significant changes in behavior.	Steps have been taken to correct violation; full compliance is not verifiable 2/18/11 [Signature] Initials (DPW)

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

NAME AND ADDRESS OF PERSONAL CARE HOME Whitemarsh House 31 W. Mill Road, Flourtown, PA 19031		CURRENT LICENSE NUMBER 127860	
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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) GLENN MAKELA, PCHA Lawrence Anastasi, Executive Director			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Glenn Makela, MHA, MA</i> 2. Ant - ms.	DATE 11/10/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 12/30/10

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
42d A resident shall be informed of the rules of the home and given 30 days written notice prior to the effective date of a new home rule.	The home changed its rules regarding dining times. There had previously been one seating time that all of the residents ate their meals. The home changed it to two separate seatings and assigned residents to specific meal times. The home informed the residents at a meeting the day before the rule went into effect.	11/1/10	<p>A second seating for dining was added to make the dining room more comfortable for the residents. We did not view this as a rule change per se.</p> <p>This addition was created in order to enhance the environment of care for all the residents. Only two residents mildly objected and interesting, their seating time was not changed.</p> <p>We have included in the rules that the home may adjust mealtimes to accommodate an increase in census.</p> <p>The PCHA will assure the residents are notified 30 days prior to any change in house rules.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>11/1/10 Initials (DPW)</p>

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

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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>Glenn M. Felton, DCHA Lawrence Anastasi, Executive Director</i>			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Glenn M. Felton, MHA, MA L. Anastasi MS</i>	DATE <i>11/10/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>12/30/10</i>

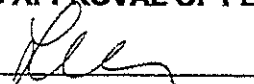
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
96c The first aid kit shall be in a location that is easily accessible to staff persons.	The first aid kit was stored in a locked cabinet in the dining room making it inaccessible to staff persons.	8/25/10	The first aid kit was moved to the bottom shelf outside the locked closet at the time of the survey.	<i>1/7/11 CM</i>

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

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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) GLODIA MARELLO, PCIT # LAWRENCE Anastasi, Executive Director			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>[Signature]</i>	DATE 11/10/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 12/30/10

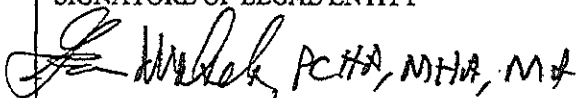

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
202 The following procedures are prohibited: (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.	Resident #1 is not able to verbally communicate [redacted] needs to staff. After Resident #1 assaulted two other residents on 7/24/10, staff members administered Xanax to the resident. Direct care staff member A reported that staff members' administer the resident's PRN Xanax and Ativan based on "actions and behaviors."	11/9/10	Resident #1 is diagnosed with autism and exhibits increased anxiety at times. The medication certified staff know resident #1 very well. PRN's are prescribed in place of standing orders for the specific purpose of not using more medication than is necessary. Xanax for resident #1 is now a standing order The Ativan remains as a PRN. Board Certified Psychiatrist [redacted] MD has written a note authorizing the medication certified staff to administer PRN Ativan for resident #1 based on an indication of heightened anxiety.	3/3/11 LPH

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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) Gordon MacEachron, PCHA Lawrence Mastrosi, Executive Director			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE Gordon MacEachron, MHA, MHA L. Mastrosi #15	DATE 11/10/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12/30/10

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: (10) A record of incident reports for the individual resident.	- Resident #2 was assaulted by Resident #1 on 7/24/10. The incident was reported to the Department. A copy of the incident report was not in Resident #2's record. - Resident #3 was assaulted by Resident #1 on 7/24/10. The incident was reported to the Department. A copy of the incident report was not in Resident #3's record. Repeated Violation – 9/28/09	8/25/10	The reportable incident was placed in the record of resident #1 after the report was filed. This reportable incident has been placed in the records of resident #2 and resident #3. The PCHA and Clinical Director will assure that reportable incidents are entered into the records of all involved residents. Disputed – Not cited for this 9/28/09	1/7/11 CMA

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 DATES (Include all dates of the inspection) 11/18/2010		REGIONAL REPRESENTATIVE Michelle Morton, Trula Hollywood	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 3/3/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3/4/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
42b A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.	Resident #1 bought two cell phones on a family share plan. The resident used [redacted] own email address to register the phones and monthly plan on-line but used the name and social security number of resident #2. The phones and the service plan were charged to resident #2 beginning on 10/9/10. The bills were sent to resident #2 who gave them to resident #1 and believed that resident #1 was paying the bills. Resident #1 did not pay the bills and, on 11/18/10, the total account balance including current charges and past due balances and fees was \$568.39. Resident #1 registered [redacted] as the primary user and had taken possession of the primary and nicer phone. Representatives of the Department interviewed resident #2 and identified that resident #2 did not understand the billing process for the phone and thought the bills were in resident #1's name. Resident #2 described being "talked into" getting the phone by resident #1, who had promised to pay the bills. Resident #1 has a history of taking advantage of and playing "pranks" on other residents in the home.	12/29/10	The residents of Whitemarsh House have long term psychiatric diagnoses or traumatic brain injury. Resident #1 stated that resident #2 asked [redacted] to get a phone for [redacted]. While this does not excuse Resident #1's actions, [redacted] admission of this demonstrates that [redacted] had some part in encouraging resident #1. Resident #1 has been counseled about not manipulating or taking advantage of others. As noted in reports, [redacted] is being coached and counseled about these behaviors. While [redacted] says [redacted] will not engage in these types of actions again, our experience tells us [redacted] will. Ongoing attention will be given to assure the other residents are not subjected to potential mistreatment by [redacted]. Whitemarsh House is in the process of assisting Resident #1 with discharge planning.	<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> Steps have been taken to correct violation; full compliance is not verifiable Date <u>3/3/11</u> Initials (DPW) <u>MM</u> </div>

Resident #1 has been discharged from the home. IAH 3/4/11

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

2 3
Page 5 of 8

NAME AND ADDRESS OF PERSONAL CARE HOME WHITEMARSH HOUSE, 31 WEST MILL ROAD FLOURTOWN, PA 19031		CURRENT LICENSE NUMBER 127860	
INSPECTION DATES (Include all dates of the inspection) 11/18/2010		REGIONAL REPRESENTATIVE Michelle Morton, Trula Hollywood	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Jan Maleski, ACTA, MHA, MA</i>	DATE 3/3/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 3/4/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
103a A home shall have access on the grounds to an operable kitchen with a refrigerator, sink, stove, oven, cooking equipment and cabinets or shelves for storage. If the kitchen is not in the home, the home shall have a kitchen area with a refrigerator, cooking equipment, a sink and food storage space.	The home does not allow residents to have access to the kitchen.	12/29/10	<p>The residents of Whitemarsh House have long term psychiatric diagnoses or traumatic brain injury or both. For safety and sanitary reasons they do not have unsupervised access to the commercial kitchen. They do have access to a kitchen area at all times. For safety and sanitary reasons the residents are supervised when they are in this area.</p> <p><i>The kitchen area has a microwave, sink, and refrigerator for resident use.</i></p> <p style="text-align: right;"><i>LMH</i> 3/4/11</p>	3/3/11 <i>LMH</i>

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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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)			
SIGNATURE OF LEGAL ENTITY <i>S. Melody, RCH, MHA, MA</i>	DATE 3/3/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 3/4/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
162c Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.	The home's menu for the week beginning 11/12/10 does not include the specific items to be served but state, "fruit," "veggies," and, "cold drink."	12/29/10	As a result of input from this survey, we no longer serve fresh vegetables with meals since we can not be sure of what will be available that far in advance. We now buy frozen vegetables to serve. All fruits, vegetables and cold drinks are specifically stated on the menu.	3/3/11 <i>[Signature]</i>

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 DATES (Include all dates of the inspection) 01/07/2011		REGIONAL REPRESENTATIVE Christine McHale, Justin Trupp	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>GLENN MAKELA, PCHA, MHA, M.A.</i>			
SIGNATURE OF LEGAL ENTITY <i>[Signature]</i> PCHA, MHA, M.A.	DATE <i>1/31/2011</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>3/3/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
42b A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.	On 12/26/10 Resident #1 lunged at and attempted to bite Resident #2. On 12/27/10, while Resident #2 was in the bathroom, Resident #1 kicked open the door and bit Resident #2 on the left side of the face. This is the fourth time Resident #1 has assaulted Resident #2 in the past six months. Resident #1 has previously bitten Resident #2 on 7/24/10, 9/2/10, and 9/9/10. Repeated Violations: 08/25/2010 Error L# 314/11	1/31/2011	The incidents of Resident #1 biting have all occurred since [redacted] abruptly lost his day program last year. For over 11 years as a resident at Whitemarsh House [redacted] was compliant and had no serious problems. For all of that time [redacted] was enrolled in a day program at Altec. Resident #1 has now begun a new day program. It is our expectation that these adverse behaviors will stop.	Steps have been taken to correct violation; full compliance is not verifiable <i>3/3/11 JAH</i> Date Initials (DPW)
60a Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.	Resident #1's support plan dated 8/31/10 states that the resident requires supervision to minimize episodes of acting-out. The home's plan for this behavior is "Staff will monitor whereabouts at all times." On 12/27/10 Resident #1 bit Resident #2. The home was not providing the supervision as described in the support plan and was not monitoring the resident's whereabouts at the time of the incident.	1/31/2011	While close supervision and monitoring helped prevent Resident #1 from biting, in fact if the supervision was too close, [redacted] became more anxious, increasing the risk to others. Increased supervision, but using [redacted] response as a gauge seemed to work best. Resident #1 has now begun a new day program. It is our expectation that these adverse behaviors will stop. <i>Staffing will be provided as needed based on the outcome of the resident's assessment and support plan.</i>	<i>Resident #1 will be monitored for changes in behavior on an on-going basis. The resident's assessment and support plan will be updated to accurately reflect the resident's needs, as needed.</i> Steps have been taken to correct violation; full compliance is not verifiable <i>3/3/11 JAH</i> Date Initials (DPW)

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 DATES (Include all dates of the inspection) 01/07/2011		REGIONAL REPRESENTATIVE Christine McHale, Justin Trupp	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Stan Muehle, PEHA, MHA, MA</i>	DATE 3/3/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 3/3/11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
187d The home shall follow the directions of the prescriber.	Resident #1 has a physician's order for Xanax 2 mg twice daily at 8 am and 8 pm. On 1/7/10 at 2:15 am direct care staff member A dispensed this medication to the resident. The medication was then dispensed again at 8 am.	1/14/2011	<p>The staff member who made this error was informed of her error and was given a disciplinary action. She has also been given additional training. As a precaution additional training was provided for all certified medication staff.</p> <p>Ongoing training will continue to be provided to all certified medication staff to assure there are no medication errors.</p>	3/3/11 <i>[Signature]</i>

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 DATES (Include all dates of the inspection) 01/20/2011		REGIONAL REPRESENTATIVE Paul Metzger, Sanford Stone	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Glen Mabele, MHA, MA</i> ACHA	DATE 3/17/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Kaumu</i>	DATE 3/3/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
18 A home shall comply with applicable Federal, State and local laws, ordinances and regulations.	<p>The home had a new boiler installed on 3/29/2010. The home lacked a valid Certificate of Boiler or Pressure Vessel Operation issued by the PA Department of Labor and Industry as required by 34 Pa. Code Chapter 3 (Boilers and Unfired Pressure Vessels regulations) for this boiler.</p> <p style="text-align: center;">ADULT RESIDENTIAL LICENSING SOUTHEAST REGION FIELD OFFICE</p> <p style="text-align: center;">FEB 17 2011</p> <p style="text-align: center; font-size: 1.2em; font-weight: bold;">RECEIVED</p>	4/15/11	<p>Whitemarsh House is working with the PA Department of Labor and Industry to obtain a valid Certificate of Boiler or Pressure Vessel Operation.</p> <p>Whitemarsh House has been granted a variance from the PA Department of Labor and Industry until the new certificate is received.</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center;"><i>DPW</i> Date 3/3/11 Initials (DPW)</p>

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 DATES (Include all dates of the inspection) 01/20/2011		REGIONAL REPRESENTATIVE Paul Metzger, Sanford Stone	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Stan M... PCH, MHA, M...</i>	DATE 3/3/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
(relating to protective services for older adults) and other applicable regulations.	Repeated Violations: 09/28/2009			

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 DATES (Include all dates of the inspection) 01/20/2011		REGIONAL REPRESENTATIVE Paul Metzger, Sanford Stone	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Paul Metzger, Petta, MHA, MA</i>	DATE 3/13/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 3/13/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
65g Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers shall be trained annually in the following areas: (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. (2) Emergency preparedness procedures and recognition and response to crises and emergency situations. (3) Resident rights (under these	Staff person B (hired 12/21/09) and staff person I (hired 11/13/06) lacked annual fire safety training conducted by a fire safety expert or by a staff person trained by a fire safety expert during calendar year 2010 which is the home's most recently completed annual training year.	2/15/11	Both of these ancillary staff members listed have completed annual fire safety training by a fire safety expert and will receive this training annually going forward. <i>The Director of Resident Care oversees and monitors staff training routinely to ensure compliance.</i>	3/13/11 <i>UAA</i>

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 DATES (Include all dates of the inspection) 01/20/2011		REGIONAL REPRESENTATIVE Paul Metzger, Sanford Stone	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>J. Metzger, AHA, MAH, MD</i>	DATE 3/3/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
regulations). (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102). (5) Falls and accident prevention. (6) New population groups that are being served at the home that were not previously served, if applicable.				

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 DATES (Include all dates of the inspection) 01/20/2011		REGIONAL REPRESENTATIVE Paul Metzger, Sanford Stone	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>[Signature]</i>	DATE 3/3/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 3/3/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
132d Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.	The home does not have a designated evacuation time from a fire safety expert; The home's evacuation times for fire drills during the past year are as follows:	1/21/11	<p>A fire safety expert has written a new letter for fire evacuation times. This will be done annually going forward.</p> <p><i>All residents will be evacuated within 6 minutes per Fire Marshal [redacted] 1/21/11 letter.</i></p> <p><i>All residents will be evacuated to a public thoroughfare. vst 3/3/11</i></p>	3/3/11 <i>[Signature]</i>

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 DATES (Include all dates of the inspection) 01/20/2011		REGIONAL REPRESENTATIVE Paul Metzger, Sanford Stone	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Ken Michael, MHA, MA</i>	DATE 3/3/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE

REGULATION 55 Pa.Code §2600	VIOLATION					DATE BY WHICH CORRECTION WILL BE COMPLETED	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
	Mont	Date	Time	Evac. Time	FSE			
	Jan	11/23/2010	10:50 AM	2:30	No			
	Feb	02/19/2010	02:50 PM	2:16	No			
	Mar	03/06/2010	02:30 PM	2:38	No			
	Apr	04/24/2010	05:45 AM	2:50	No			
	May	05/22/2010	10:30 PM	2:28	No			
	Jun	06/15/2010	11:15 AM	2:25	No			
	Jul	07/09/2010	04:00 PM	2:00	No			
	Aug	08/31/2010	03:15 PM	2:15	No			
	Sep	09/29/2010	03:20 PM	1:55	No			
	Oct	10/27/2010	01:45 AM	3:00	No			
	Nov	11/30/2010	05:05 PM	2:20	No			
	Dec	12/20/2010	10:05 AM	2:17	No			