

COPY



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: February 9, 2011

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 December 14, 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.

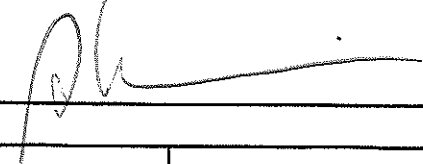

Sincerely,


A handwritten signature in black ink that reads "Chevon Mitchell" followed by a stylized flourish.

Chevon Mitchell
Regional Licensing Administrator

Enclosure(s)
Violation Report

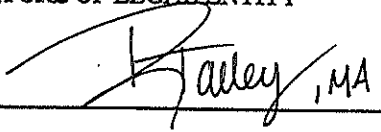
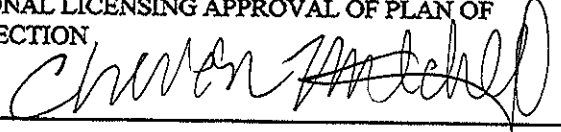
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600


NAME AND ADDRESS OF PERSONAL CARE HOME NEW OPTIONS I, 1419-21 POWELL STREET NORRISTOWN, PA 19401		CURRENT LICENSE NUMBER 128040	
INSPECTION DATES (Include all dates of the inspection) 12/14/2010		REGIONAL REPRESENTATIVE Ryan Novak, Lori Knockstead	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p align="center">Robert Fishman, CEO of RHD, Inc.</p>			
SIGNATURE OF LEGAL ENTITY 	DATE 11/13/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2/2/11

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
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 the requirements regarding restrictions on staff persons.	On 12/5/10 Resident #1 physically assaulted Resident #2. The home did not report the abuse to the local area agency on aging or the state department of aging. Repeated Violations: 08/05/2010	12-14-10 2-17-11	As of 12-14-10, Administrator of New Options will call the Aging and Adult Protective Services Elder Abuse Hotline at 1-800-734-2020 each time a reportable incident of any kind occurs at New Options. In addition, an Act 13 Abuse Report will be completed and submitted by Administrator when required per the OAPSA. Administrator of New Options will re-take the 6 hour Abuse & Neglect Prevention and Reporting training course approved for PCH Administrators. Administrator is registered to complete this course on February 17, 2011 at P.E.P.P.	Steps have been taken to correct violation; full compliance is not verifiable  Date Initials (DPW)

Unlimited in Doylestown, PA.
See registration form as Attachment #1.

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

NAME AND ADDRESS OF PERSONAL CARE HOME NEW OPTIONS I, 1419 21 POWELL STREET NORRISTOWN, PA 19401		CURRENT LICENSE NUMBER 128040	
INSPECTION DATES (Include all dates of the inspection) 12/14/2010		REGIONAL REPRESENTATIVE Ryan Novak, Lori Knockstead	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p align="center">Rachel Talley, MA, Administrator of New Options</p>			
SIGNATURE OF LEGAL ENTITY 	DATE 1/13/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2/2/11



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
224a A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.	The pre-admission screening form for Resident #2 admitted 05/12/09 does not include a determination that the home can meet the service needs of the resident.	12-20-10	Prior to 12-20-10, New Options PCH would ask the referring agency to complete the Pre-Admission Screening form within 30 days prior to a Resident's admission to New Options PCH. Often, the referring agency would not understand the form and make errors when completing it. As of 12-20-10, the New Options Program Case Manager will complete the Pre-Admission Screening form within 30 days prior to Admission. The Program Case Manager will complete the Pre-Admission Screening with information gathered from interviews	<div style="border: 1px solid black; padding: 5px; width: fit-content;"> Steps have been taken to correct violation; full compliance is not verifiable  Date 2/2/11 Initials (DPW) </div>

with the Resident and Referring Agency. Administrator will oversee completion and accuracy of this document. (Continued on next page)

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

(continued)

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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) <p align="center">Rachel Talley, MA, Administrator of New Options</p>			
SIGNATURE OF LEGAL ENTITY 	DATE 1/13/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2/2/11

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
224a A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.	The pre-admission screening form for Resident #2 admitted 05/12/09 does not include a determination that the home can meet the service needs of the resident.	(continued)	Also, Administrator, Program Case Manager, and Program Medical Case Manager will review resident charts on a monthly basis and document the review using our chart audit form. Chart audit forms will be reviewed by Administrator on a quarterly basis to assure completion and compliance.	