



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: April 5, 2011yu

Mr. Chris Swallow, Administrator
CareLink Community Support Services
Baldwin Tower, Suite 600
Eddystone, PA 19022

RE: CareLink Community Support Service Torrey House
3520 Darby Road,
Haverford, Pennsylvania, 19041

Dear Mr. Swallow:

As a result of the Department of Public Welfare's licensing inspection on February 14, 2011 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,


Chevon Mitchell
Regional Licensing Administrator

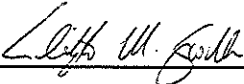
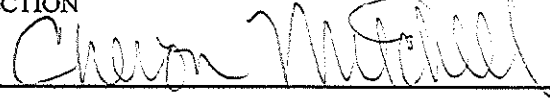
Enclosure(s)
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME CARELINK COMMUNITY SUPPORT SERVICES TORREY HOUSE, 3520 DARBY ROAD HAVERFORD, PA 19041		CURRENT LICENSE NUMBER 100070	
INSPECTION DATES (Include all dates of the inspection) 02/14/2011		REGIONAL REPRESENTATIVE Patricia Adams, 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)			
SIGNATURE OF LEGAL ENTITY 	DATE 3/22/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3/29/11

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
183e Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.	On 2/14/11, Advair for residents #1 and #2 was missing the package "open date" documented on the front of the inhaler per the manufacturer's instructions.	3/3/11	<p>All ADVAIR DISKS WILL HAVE THE "OPEN DATE" CLEARLY MARKED ON THE LABEL OF THE ACTUAL INHALER AS PER THE MANUFACTURER'S INSTRUCTIONS.</p> <p>TRISTAN DUNCAN, THE PROGRAM COORDINATOR, WILL BE THE PRIMARY STAFF PERSON RESPONSIBLE FOR DOING THIS.</p> <p>THIS SPECIFIC SITUATION WAS REVIEWED WITH STAFF AT A STAFF MEETING ON 3/3/11. PLEASE SEE THE ATTACHED SHEET DOCUMENTING THE MEETING'S MINUTES OF THE DISCUSSION.</p> <p>MOVING FORWARD, MONTHLY SAMPLE AUDITS WILL BE CONDUCTED BY STAFF TO ENSURE THAT ALL MEDICATIONS ARE BEING PROPERLY DISPENSED.</p>	<p style="text-align: center;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center;">3/29/11 Date</p> <p style="text-align: center;">(Initials (DPW)) JEM</p>

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190a A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.	<ul style="list-style-type: none"> - Staff person A did not complete the recertification in Supervised medication administration observations and Medication administration records as required to maintain practicum observer certification. Staff person A's certification expired 9/11/10 and they still continued to observe other staff members for their certification. - Staff person B's 2nd observation completed by staff person A on 10/7/10 is not valid, as staff person A did not meet the requirements to function as an observer on that date. Staff person A's practicum certification expired 9/11/10. 	<p style="text-align: center;">2/24/11</p> <p style="text-align: center;">2/25/11</p>	<ul style="list-style-type: none"> - Staff Person A completed his recertification on 2/24/11 to be a practicum observer. Please find the recertification documentation. - On 2/25/11, staff person B was given a practicum observation to be recertified. Please find the recertification documentation. - The program coordinator and administrator track staff's medication expiration dates for both medication administration as well as practicum observation. 	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Date 3/29/11 Initials (DPW) CJM</p>	

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SIGNATURE OF LEGAL ENTITY <i>Cliff M. Smith</i>	DATE 3/22/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE 3/29/11

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
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 applicable. (11) Special	The medication administration record for resident #3 does not match the lancet pharmacy label. The pharmacy label states that the resident's blood sugar levels should be checked once daily and the medication administration record states it should be checked pro re nata (PRN).	3/1/11	- CHECKING THE RESIDENT'S BLOOD SUGAR LEVELS HAS BEEN ADDED TO THE MAR TO REFLECT DOCTOR'S ORDERS. PLEASE FIND ATTACHED MAR. - STAFF NOW SIGN THE MAR DAILY TO DOCUMENT THAT BLOOD SUGAR LEVELS WERE CHECKED. ALSO, THE BLOOD SUGAR LEVEL IS DOCUMENTED ON A SEPERATE SHEET ALSO ATTACHED TO THE MAR. - MONTHLY AUDITS OF MEDICATIONS WILL BE PERFORMED TO ENSURE THAT ALL MEDICATIONS REFLECT DOCTOR'S ORDERS.	Steps have been taken to correct violation; full compliance is not verifiable 3/29/11 [Signature] Initials (DPW) Date

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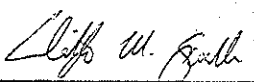
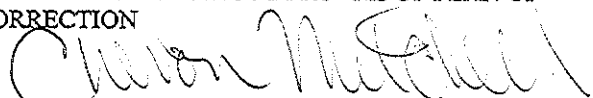
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precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.				


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TORREY HOUSE

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187d The home shall follow the directions of the prescriber.	On 2/12/11, Lorazepam 1 mg, PRN, was administered to resident #3 for sleep instead of for anxiety as stated in the order.	3/3/11 3/4/11	<ul style="list-style-type: none"> - THE PROGRAM'S PRN MEDICATION SHEET FOR LORAZEPAM 1mg HAD ALREADY SHOWN THE PURPOSE OF TAKING THE MEDICATION. PLEASE SEE ATTACHED PRN MEDICATION SHEET. - THE ISSUE WAS ALSO ADDRESSED IN A GROUP SUPERVISION ON 3/3/11 AT A STAFF MEETING BY THE PROGRAM ADMINISTRATOR. PLEASE SEE ATTACHED MINUTES FROM THAT PORTION OF THE MEETING. - THE STAFF MEMBER RESPONSIBLE FOR THE ERROR WAS DISCIPLINED AS PER AGENCY POLICY. 	<p style="text-align: center;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center;">Date: 3/29/11 Initials (DPW): </p>