

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to PHILADELPHIA PRESBYTERY HOMES, INC.

LEGAL ENTITY

To operate ROSEMONT PRESBYTERIAN VILLAGE

NAME OF FACILITY OR AGENCY

Located at 404 CHESWICK PLACE, ROSEMONT, PA 19010

(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 221
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 June 6, 2011 until June 6, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 176630

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

JUN 09 2011

PHONE: (717) 783-3670
FAX: (717) 783-5662

Ms. Dana Miller, Administrator
Philadelphia Presbytery Homes, Inc.
2000 Joshua Road
Lafayette Hill, Pennsylvania 19444

RE: Rosemont Presbyterian Village
404 Cheswick Place
Rosemont, Pennsylvania 19010

Dear Ms. Miller:

As a result of the Department of Public Welfare's licensing inspection on April 18, 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.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ronald Melusky', with a long horizontal stroke extending to the right.

Ronald Melusky
Acting Director

Enclosures
License
Violation Report

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

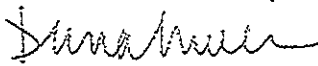
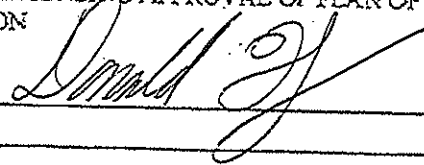
NAME AND ADDRESS OF PERSONAL CARE HOME ROSEMONT PRESBYTERIAN VILLAGE, 404 CHESWICK PLACE ROSEMONT, PA 19010		CURRENT LICENSE NUMBER 176630	
INSPECTION DATES (Include all dates of the inspection) 04/18/2011		REGIONAL REPRESENTATIVE Roslyn Brewer, Sandi Wooters	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Dana Miller, Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Dana Miller</i>	DATE 5/19/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 5/24/11



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
16b The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.	The home's written policy on reportable incidents does not address procedures on prevention and management of incidents.	5/19/11	-Attached Policy reflects prevention and management of incidents and accidents -All incidents and accidents reviewed daily (mon - fri). Weekend incidents reviewed Monday morning by interdisciplinary team -Interdisciplinary team determines both prevention strategies as well as management issues and updates support plan -Policy reflects that incidents and accidents are reviewed on monthly basis at QA meetings to determine trends or modifications needed in policy or practices to prevent recurrence. This will continue. -Process directed by Director of Resident Services and monitored for compliance by Administrator	5/24/11 <i>[Signature]</i>

Date change in column #3 per 5/25/11 phone conversation with Dana Miller, Administrator

[Signature] 5/31/11

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

NAME AND ADDRESS OF PERSONAL CARE HOME ROSEMONT PRESBYTERIAN VILLAGE, 404 CHESWICK PLACE ROSEMONT, PA 19016		CURRENT LICENSE NUMBER 175630	
INSPECTION DATES (Include all dates of the inspection) 04/18/2011		REGIONAL REPRESENTATIVE Roslyn Brewer, Sandi Wooters	
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 5/19/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 5/24/11

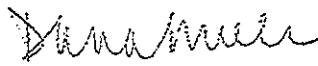
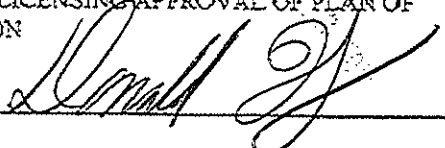
REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (Include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
44d The home shall ensure investigation and resolution of complaints. The home shall designate the staff person responsible for receiving complaints and determining the outcome of the complaint.	The complaint procedures provided upon admission are incomplete. they do not include the investigation method and the person responsible for receiving and investigating the complaint.	5/21/11 5/19/11 	-Exhibit B amended to reflect more specifically the method and person in the community responsible for the investigation of complaints -Marketing and Sales staff educated as to the change, and inclusion of changes in this exhibit going forward 5/18/11 -Residents educated at monthly resident life meeting 5/18/11 -Monitor use of amended exhibit B for all admissions going forward monthly for 3 months and at least two times a year as part of quality management process -Process will be directed by marketing/sales team and monitored for compliance by Administrator	5/24/11 

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

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SIGNATURE OF LEGAL ENTITY <i>Daniel Miller</i>	DATE 5/19/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Donald J</i>	DATE 5/27/11

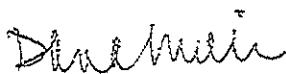
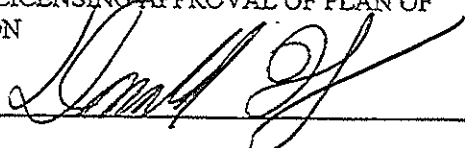
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64c An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.	Staff person A, the home's administrator, did not complete any of the required 24 hours of annual training in training year 2010.	12/31/11	<p>Administrator attended 10 of 24 hours required training (see attached attestation of attendance and training attended).</p> <p>Administrator will attend 24 hours of approved DPW educational training for 2011 by 12/31/11</p> <p>Human Resources Coordinator will review annual training for all staff including administrator training by DPW approved sources moving forward as part of QM on monthly basis for 6 months and 2 x annually thereafter to ensure that requirement is met.</p> <p>Will be monitored by Human Resources Coordinator</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>5/27/11</i> Date <i>DM</i> Initials (DPW)</p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME ROSEMONT PRESBYTERIAN VILLAGE, 404 CHESWICK PLACE ROSEMONT, PA 19010		CURRENT LICENSE NUMBER 176630	
INSPECTION DATES (include all dates of the inspection) 04/13/2011		REGIONAL REPRESENTATIVE Roslyn Brewer, Sandi Wooters	
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<p>66b</p> <p>The staff training plan shall include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan shall include the following:</p> <p>(1) The name, position and duties of each direct care staff person.</p> <p>(2) The required training courses for each staff person.</p> <p>(3) The dates, times and locations of the scheduled training for each staff person for the upcoming</p>	<p>The home's 2011 staff training plan does not include the dates for the training for each staff person.</p>	<p>July 15, 2011</p> <p>5/19/11</p>	<p>-All training records reviewed to ascertain that specific dates are part of documentation in all staff person's training.</p> <p>-Training plan designates month and year of planned training. Specific completion dates will be added to record keeping as it is completed by staff person who may attend training in person, utilize training packets, or electronic learning courses.</p> <p>HR will conduct monthly audits for planned training as part of Quality Management for 3 months and at least 2x annually thereafter.</p> <p>Will be monitored by Administrator</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>8/23/11 Date Initials (DPW)</p>

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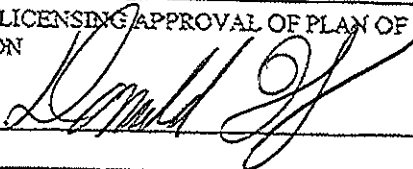
REGULATION 55 Pa. Code §2600 year.	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY

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SIGNATURE OF LEGAL ENTITY <i>Dana Miller</i>	DATE 5/19/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 5/24/11

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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 telephone in resident room #41 did not have emergency service numbers posted nearby or on the telephone.	6/15/11 5/19/11 D	Emergency sticker place on Room #41 resident phone 4/18/11 All resident phones checked to ensure compliance to this requirement Marketing/Sales staff will ensure that that new residents have emergency sticker available to place on phone on day of admission Environmental rounds conducted monthly by interdisciplinary team as part of Quality management process will verify presence of emergency service numbers Will be monitored for compliance by Administrator	5/24/11 D

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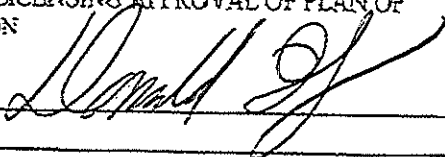
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105e Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.	In the storage area on the first floor, there were 2 unlabeled and not dated bags of white powder on the shelf with other storage goods.	7/15/11 5/19/11 A	-Substance removed immediately by director of dining services at time of survey 4/18/11 -Receiver re-educated as to policy requiring all food items to be labeled and dated on -Monthly audit system to ensure ongoing compliance as part of quality management program Directed by Director of dining Services and monitored for compliance by Administrator	Steps have been taken to correct violation; full compliance is not verifiable 5/24/11 Date Initials (DPW)


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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>Shirley</i>	DATE 5/19/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 5/24/11

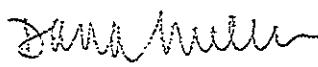
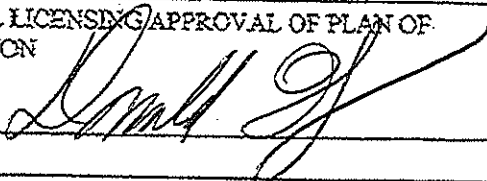
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103F Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers shall be required in refrigerators and freezers.	On 4/18/11, the freezer on the first floor did not have an thermometer.	6/15/11 5/19/11 <i>[Signature]</i>	Thermometer replaced immediately 4/18/11 Receiver instructed as to policy for thermometers to be present at all times Monthly audits as part of Quality management process to ensure ongoing compliance Directed by Dining Service director and monitored for compliance by Administrator	5/24/11 <i>[Signature]</i>

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

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109b Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.	The home does not have a current certificate of rabies vaccination for resident #13's Yorkshire Terrier, named Buttons, whose certificate expired 3/10/10 and resident #14's black Lab, whose certificate expired 1/20/10.	6/15/11 5/14/11	<ul style="list-style-type: none"> Obtained updated vaccination from resident 13 for Buttons Resident 14 does not have black lab. Had black cat that was no longer residing with resident at time of survey, record had not been removed from vaccination file Revised system of notification for residents with pending vaccinations for their animals. Re-education of residents regarding pet policy, need for current vaccinations and revised system to help remind them Will be Monitored by Administrator monthly as part of quality management process 	5/24/11 

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

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241a The medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (3) Medical information pertinent to diagnosis and treatment in case of an emergency. (4) Special health or dietary needs of the resident. (5) Allergies. (6) Immunization	The medical evaluation for resident #1 dated 1/26/11, does not include dietary needs. Repeated Violations: 08/18/2011	7/15/11 5/19/11 A	-Obtain new medical evaluation on resident #1 to ensure that all areas are addressed on evaluation -Personal care manager responsible to ensure that all information on medical evaluation forms is completed for new residents.. Audit will be conducted to ascertain that all current resident medical evaluations are completed fully otherwise a new medical evaluation will be obtained. -Re-educate personal care manager as to importance of reviewing medical evaluations as complete (e.g no blank spaces) -Compliance will be reviewed monthly as part of quality management process by Director of resident services and monitored by administrator	Steps have been taken to correct violation; full compliance is not verifiable 5/24/11 Date: 5/24/11 Initials (DPW)

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

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SIGNATURE OF LEGAL ENTITY <i>Diana Miller</i>	DATE 5/19/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Donald J. [Signature]</i>	DATE 5/24/11

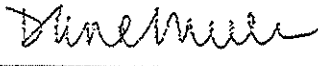
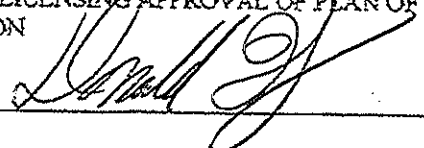
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history. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request.				

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

NAME AND ADDRESS OF PERSONAL CARE HOME ROSEMONT PRESBYTERIAN VILLAGE, 404 CHESWICK PLACE ROSEMONT, PA 19010		CURRENT LICENSE NUMBER 176636	
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144c A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures. The written fire safety policy and procedures shall include proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including extinguishing procedures.	The home's written fire safety procedures related to smoking, does not include, procedures in the prevention of fire hazards, involved in smoking or extinguishing procedures.	6/30/11 5/19/11	<p>Policy amendment to include prevention of fire hazards involved in smoking and extinguishment procedures.</p> <p>Current Residents and staff to be educated as to amendment to policy. Incoming residents and staff will be educated about smoking policy through orientation processes.</p> <p>Administrator will monitor compliance to requirement</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date: <u>5/24/11</u> Initials (DPW)</p>

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

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191 The home shall educate the resident of his/her right to question or refuse a medication if he/she believes there may be a medication error. Documentation of this resident education shall be kept.	According to staff person A, the Administrator, none of the residents have been educated on the resident's right to refuse medication if the resident believes that there may be a medication error.	5/31/11 5/19/11 A	<p>Right to refuse medication if the resident believes there may be a medication error reviewed in Resident life meeting 4/20/11</p> <p>Right to be reviewed with absent residents by nursing personnel</p> <p>Revised Resident rights exhibit attached to contract to include right to refuse medications if the resident believes that there may be an error for all contracts moving forward (send old and new)</p> <p>Marketing/Sales staff to monitor process to achieve compliance to requirement monthly for 3 months and at least 2 times annually thereafter as part of quality management process</p> <p>Administrator will monitor compliance</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>5/24/11 Date Initials (DPW)</p>

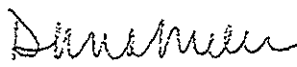
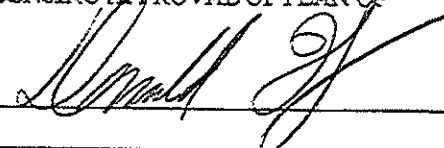
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

Page 14 of 26

NAME AND ADDRESS OF PERSONAL CARE HOME ROSEMONT PRESBYTERIAN VILLAGE, 404 CHESWICK PLACE ROSEMONT, PA 19010		CURRENT LICENSE NUMBER 176630	
INSPECTION DATES (include all dates of the inspection) 04/13/2011		REGIONAL REPRESENTATIVE Roslyn Brewer, Sandi Wooters	
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>Dana Miller</i>	DATE 5/19/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 6/24/11

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	<p>The March and April 2011 medication administration record for resident #2, does not include the diagnosis or purpose for Limepride 2 mg.</p> <p>The March and April 2011 medication administration record for resident #3, does not include diagnosis or purpose for Meloxicam 15mg, Coumadin 5mg, Coumadin 2.5mg, Amitriptyline HCL 25 mg, Ambien 5 mg, Lorazepan 0.5mg, K-Dur 20 MEQ, Florastor 250 mg.</p> <p>Repeated Violations: 08/13/2011</p>	<p>7/15/11 5/14/11</p>	<p>Appropriate diagnosis was verified and added to medication orders for Limepride.</p> <p>Appropriate diagnoses were verified and added to medication orders for meloxicam, Coumadin, amitriptyline HCL, ambien, lorazepam, kDUR 20 and Florastor</p> <p>Chart audit will be conducted on all residents to verify presence of corresponding diagnoses for all medication orders, or added where identified.</p> <p>Re- education of licensed nursing staff regarding requirement and need for corresponding diagnosis for all medication orders obtained from physician</p> <p>Quality Management process identified absence of corresponding diagnosis with medications in March 2011 and were in the process of being corrected at time of survey.</p> <p>Monthly audits will verify presence of corresponding diagnoses with medications and corrected if identified for 3 months and quarterly thereafter to ensure compliance with requirement. Process directed by Director of Residents Services and Monitored by Administrator</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable Date: 5/24/11 Initials: (DFW)</p>

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

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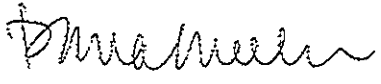
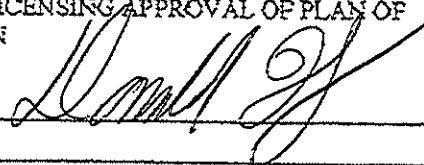
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precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.				

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

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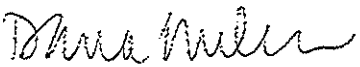
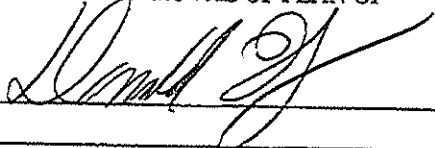
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224a A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.	<p>The pre-admission screening for residents #2, 4, 5, 6, 7 and 8 did not have a date of completion documented.</p> <p>The pre-admission screening for residents #2, 4, 5, 6, 7, 8 and 9 did not include documentation that the home can meet the needs of the residents.</p>	<p>7/15/11 5/19/11 D</p>	<p>Pre admission documentation updated to reflect date of completion for residents #2,4, 5, 6, 7 and 8 as per DPW technical assistance provided at time of survey.</p> <p>Pre admission documents updated to reflect that home can meet needs of residents 2,4,5,6,7,8 as per DPW technical assistance provided at time of survey</p> <p>Audit to determine if date of completion of prescreen and that home can meet needs of residents is present on prescreen. Update as identified</p> <p>Re-education of personal care manager as to completion of applicable DPW forms for admissions process compliance</p> <p>Audit monthly as part of quality management process by Director of Resident Services. Monitored for compliance by Administrator</p>	<p>Steps have been taken to correct violation; full compliance is not verified Date <i>5/24/11</i> Initials (DF)</p>

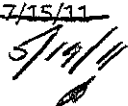
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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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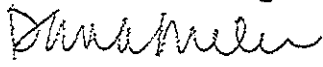
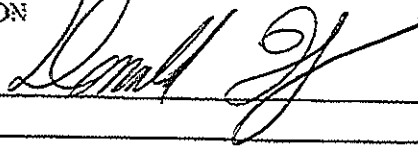
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227c The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.	Resident #3's support plan was completed on 11/28/10 prior to the completion of the resident's assessment dated 11/29/10 and not within 30 days of completion of the assessment.	6/30/11 6/19/11	<p>Personal care manager re-educated that support plan and assessment dates must comply with DPW guidelines for completion of same in order to maintain compliance to DPW requirements.</p> <p>Resident support plan updated</p> <p>Director of resident services to monitor that assessment and support plans comply with requirement on a weekly basis for 2 months and monthly audits completed thereafter as part of quality management process</p> <p>Monitor for compliance by Administrator</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date <u>5/24/11</u> Initials (DPW) <u>[Signature]</u></p>

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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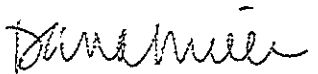
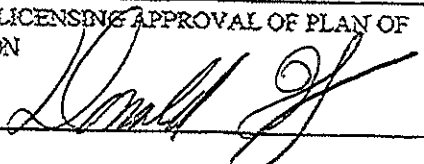
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227d Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.	<p>-Resident #1's medical evaluation dated 1/26/11 indicated the resident was allergic to shellfish, eggs, Amoxapines, Tricyclic, Codeine, Demerol, Iodine, Morphine, Theoplyline, Opiods, Methadone, Proporphere. The support plan dated 2/2/11 does not address how this need will be met by the home.</p> <p>-Resident #2's assessment dated 5/28/10 indicates that the resident needs assistance with incontinent care. The support plan dated 5/28/10 does not address how this need will be met by the home.</p> <p>-Resident #5's medical evaluation dated 11/29/10 indicates that the resident indicated the resident was allergic to PCN, Codeine, Lyrica, Gabapentin, and Fosamax. The support plan dated 11/26/10 does not address how this need will be met by the home.</p> <p>-Resident #4's medical evaluation dated 3/15/11 indicated the resident was allergic to Dhenergan and Caffeine. The support plan dated 3/16/11 does not address how this need will be met by the home.</p>	<p>7/15/11</p> <p></p>	<p>Resident 1 support plan will be updated to reflect how allergies/needs will be met by the home.</p> <p>Resident 2 support plan will be updated to reflect how incontinence care will be met by home</p> <p>Resident 3 support plan will be updated to reflect how allergied/needs will be med by home</p> <p>Resident 4 support plan will be updated to reflect how allergies/needs will be met by home</p> <p>Resident 5 support plan will be updated to reflect how allergies/needs will be met by home</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>5/24/11</p> <p>Date / Initials (DPW)</p>

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

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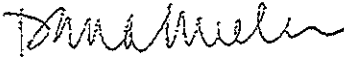
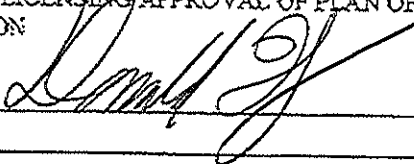
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	<ul style="list-style-type: none"> -Resident #5's medical evaluation dated 1/10/11 indicated the resident was allergic to Novocain. The support plan dated 1/10/11 does not address how this need will be met by the home. -Resident #7's medical evaluation dated 1/12/11 indicated that the resident is allergic to PCN. The support plan dated 1/8/11 does not address how this need will be met by the home. - Resident #8's medical evaluation dated 3/1/11 indicated the resident was allergic to Cortisone. The support plan dated 3/2/11 does not address how this need will be met by the home. - Resident #9's medical evaluation dated 2/9/11 indicated the resident was allergic to Oxycodone, ASA, Salicylate, and yellow dye. It also documented the resident's mobility need as unable to evacuate without cues. The support plan dated 3/21/11 does not address how these needs will be met by the home. - Resident #10's medical evaluation dated 9/29/10 indicated the resident was allergic to Codeine. 		<p>Resident 7 support plan will be updated to reflect how allergies/needs will be met by home.</p> <p>Resident 8 support plan will be updated to reflect how allergies/needs will be met by home</p> <p>Resident 9 support plan will be updated to reflect how allergies/needs and mobility needs for cuing/evacuation will be met by home</p> <p>Resident 10 support plan will be updated to reflect how allergies/needs, will be met by home</p> <p>Resident 11 support plan will be updated to reflect how allergies/needs will be met by home</p>	

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

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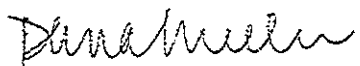

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	The support plan dated 10/21/10 does not address how this need will be met by the home. - Resident # 11's medical evaluation dated 11/24/10 indicated the resident was allergic to Diamor, Botycin oph Ointment, Sulfur Erythromycin. The support plan dated 11/24/10 does not address how this need will be met by the home.	7/15/11	The existing system of identifying resident needs will be reviewed and revised to reflect compliance to the requirement. It will include identification of diagnoses, diet and allergies, communication of those needs to appropriate members of the interdisciplinary team Interdisciplinary team will be re-educated as to the assessment process and their role in developing a support plan with the resident that identifies how the community will meet the needs of that resident. Monthly audits will ensure that compliance to the requirement is maintained as part of quality management process. Process Directed by Director of Resident Services and monitored for compliance by Administrator	

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

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252 Each resident's record shall include the following information: (1) Name, gender, admission date, birth date and Social Security number. (2) Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks. (3) A photograph of the resident that is no more than 2 years old. (4) Language or means of communication spoken or used by the resident. (5) The name.	<p>-The following residents had photographs in their respective records that were more than 2 years old:</p> <p>Resident #3 – last photo dated 3/30/09 Resident #11 – last photo dated 3/30/09 Resident #12 – last photo dated 3/30/09</p> <p>-Residents #1, 5, 7, 8, 9 and 10 had photos in their respective records that were undated, it was not possible to identify if the photos were older than 2 years.</p> <p>-Residents #1, 2, 3, 4, 5, 6, 7 and 10 records does not include identifying marks.</p> <p>-Resident #2's record does not include the resident's hair color.</p> <p>-Residents #6, 7 and 10 records do not include the resident's eye color.</p>	<p>6/15/11 5/19/11</p>	<p>Photos for Residents 3, 11, 12, 1, 5, 7, 8, 9 and 10– updated .</p> <p>Resident 1,2,3,4,5,6,7,10,emergency contact information sheets updated with missing information regarding identifying marks</p> <p>Resident 2 emergency contact information sheets updated with resident hair color</p> <p>Resident 6,7,10 emergency contact information sheets updated with resident eye color</p> <p>Annual photos will be obtained by activities manager</p> <p>Admissions process review through quality management process to revise system of completion of emergency contact information sheets. Personal care manager responsible for completion of these forms. Photos to be obtained by activities manager.</p> <p>Monitor as part of quality management process for 3 months and at least 2 time annually thereafter by activity manager (photos) and Director of Resident Services (contact sheets)</p>	

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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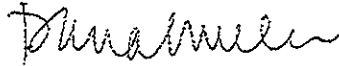

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address, telephone number and relationship of a designated person to be contacted in case of an emergency. (6) The name, address and telephone number of the resident's physician or source of health care. (7) The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms. (8) A list of prescribed medications, OTC medications and CAM. (9) Dietary				

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

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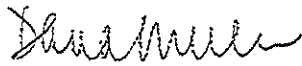
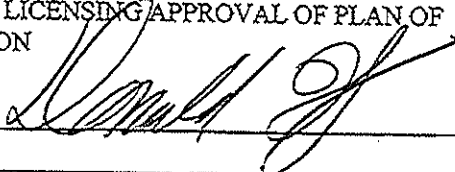
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restrictions, if any. (10) A record of incident reports for the individual resident. (11) A list of allergies, if any. (12) The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies. (13) The preadmission screening, initial intake assessment and the most current version of the annual assessment. (14) A support plan. (15) Applicable court order, if any.				

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

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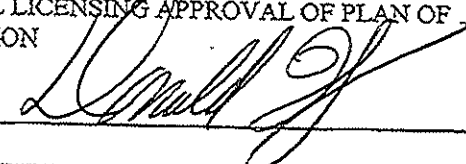
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(16) The resident's medical insurance information. (17) The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity. (18) An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated. (19) An inventory of the resident's property entrusted to the administrator for safekeeping. (20) The financial records of residents				

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

NAME AND ADDRESS OF PERSONAL CARE HOME ROSEMONT PRESBYTERIAN VILLAGE, 404 CHESWICK PLACE ROSEMONT, PA 19010		CURRENT LICENSE NUMBER 176630	
INSPECTION DATES (include all dates of the inspection) 04/18/2011		REGIONAL REPRESENTATIVE Roslyn Brewer, Sandi Wooters	
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 5/19/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 5/24/11

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
receiving assistance with financial management. (21) The reason for termination of services or transfer of the resident, the date of transfer and the destination. (22) Copies of transfer and discharge summaries from hospitals, if available. (23) If the resident dies in the home, a copy of the official death certificate. (24) Signed notification of rights, grievance procedures and applicable consent to treatment protections specified				

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in 41. (25) A copy of the resident-home contract. (26) A termination notice, if any				