

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to WHITEMARSH HOUSE, INC.

To operate WHITEMARSH HOUSE

Located at 31 WEST MILL ROAD, FLOURTOWN, PA 19031

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

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.

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

and shall remain in effect from September 12, 2011 until September 12, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 127860

Robert E. Robinson

ISSUING OFFICER

[Signature]

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

SEP 21 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 licensing inspection on July 13, 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,

Ronald Melusky
Director

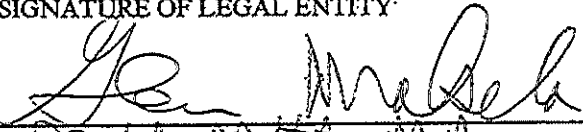

Enclosures
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME WHITEMARSH HOUSE, 31 WEST MILL ROAD FLOURTOWN, PA 19031		CURRENT LICENSE NUMBER 127861	
INSPECTION DATES (include all dates of the inspection) 07/13/2011		REGIONAL REPRESENTATIVE James Jesse Hummel, 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, MHA, MA, ACTHA</i>			
SIGNATURE OF LEGAL ENTITY <i>Glenn Makeela</i> <i>PCITD, MHA, MA</i>	DATE <i>7/26/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE <i>9/2/11</i>

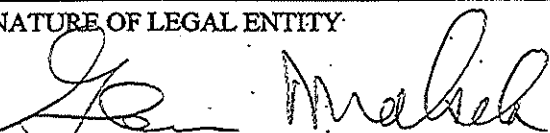

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
3c The personal care home shall post the current license, a copy of the current Violation Report (VR) issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.	On 7/13/11 the home's current provisional license was not posted in public and conspicuous place in the home.	7/26/2011	The current provisional license, which is under appeal, has been posted. <i>THE ACTHA</i> will immediately post any new license. ALSO, <i>THE ACTHA</i> will constantly make sure that it is posted.	<i>9/2/11 CRW</i>

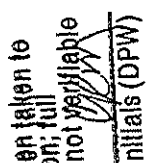
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SIGNATURE OF LEGAL ENTITY  PCHA, MHA, MHA	DATE 7/26/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 9/2/11


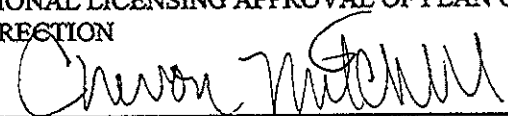
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20b1 The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.	The home manages the finances for resident #1 and resident #2. The home's daily transaction receipt forms do not include the resident's remaining balance after each financial transaction is completed.	7/22/2011	A running balance is kept for each resident's personal cash fund. This balance was not consistently carried forward to the daily transaction receipt form for residents #1 and #2. The Controller will assure the remaining balance is entered and carried forward on the daily transaction receipt form (cash distribution record). The PCHA will check and initial each entry daily, or upon return after weekends or other days off. ADDED FOR 20b1: <ul style="list-style-type: none"> - INCREASED DAILY OVERSIGHT TO ASSURE BALANCE IS ON SHEET RESIDENT SIGNS - INCREASED ADMINISTRATIVE INVOLVEMENT 	9/2/11 <i>CIEM</i>

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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	Ancillary staff person A did not receive the required annual training in Fire Safety and Emergency Preparedness, Resident Rights, The Older Adults Protective Services Act, Falls and Accident Prevention, or New Population Groups served in the home for the 2010 training year. Repeated Violations: 01/20/2011	7/22/2011	Ancillary staff person A has received the training for 2011. (Fire Safety, Emergency Preparedness Procedures, Residents Rights, The Older Adults Protective Services Act, Fall and Accident Prevention, New Population Groups). The annual training plan for 2011 reflects all ancillary staff receiving this required training. The PCHA will assure this training is provided annually, documented and kept in the training book. ADDED FOR 65g: FOR 2011, WE IMPLEMENTED A NEW LAYER OF TRAINING TO ASSURE ALL ANCILLARY STAFF RECEIVE THE REQUIRED SIX TOPICS ANNUALLY. Note: Violation of 1/20/2011 was also of the 2010 training year.	Steps have been taken to correct violation; full compliance is not verifiable  Date: 9/2/11 Initials (DPW)

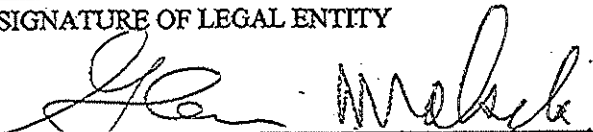
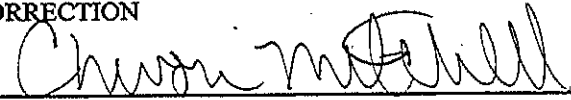
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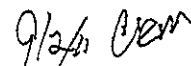
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FCFA, MITA, MIA


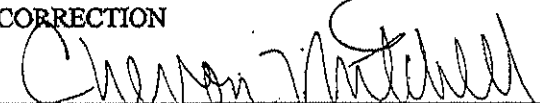
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regulations). (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102). (5) Falls and accident prevention. (6) New population groups that are being served at the home that were not previously served, if applicable.				

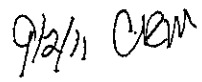
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103f Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers shall be required in refrigerators and freezers.	On 7/13/11 at 9:00am the home's basement refrigerator and freezer that stores resident food did not have a thermometer in either the refrigerator or the freezer to ensure the food was being stored at the proper temperature.	7/26/2011	<p>On 7/13/2011 thermometers were placed in the refrigerator and freezer in the basement. All refrigerators and freezers now have thermometers.</p> <p>On maintenance rounds, thermometers in all refrigerators and freezers will be checked to assure they are there. Maintenance will immediately report to the PCHA any missing thermometer. Any missing thermometer will immediately be replaced.</p> <p>ADDED FOR 103f:</p> <ul style="list-style-type: none"> - MORE REGULAR, FREQUENT AND ONGOING CHECKS - ADMINISTRATIVE INVOLVEMENT 	9/2/11 


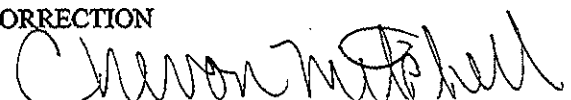
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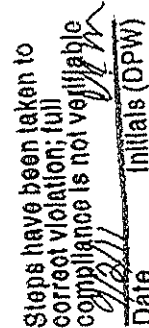
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105g1 To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.	On 7/13/11, there was a heavy accumulation of lint, approximately 3/4 inch thick, in the lint trap of the dryer located in the basement of the home.	7/29/2011	<p>Lint filters on the dryers are emptied by the user before and after each load of clothes is dried. Since this occurrence of the lint filter not being emptied, on 7/13/2011 we instituted multiple daily checks. The following staff members are now checking the dryers: PCHA, Safety Manager, Environmental Services, Maintenance and the lead Life Skills Manager.</p> <p>The Director of Resident Care will meet with each LSA to reinforce the importance of emptying the lint filters. Each LSA will sign that they understand this responsibility.</p> <p>Any instance of lint being found in either lint filter will immediately be reported to the PCHA.</p> <p>ADDED FOR 105g1</p> <ul style="list-style-type: none"> - MORE CHECKING AS BACKUP - VERBAL REMINDERS TO ALL LSA'S - ADMINISTRATIVE NOTIFICATION 	9/2/11 


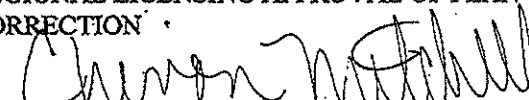
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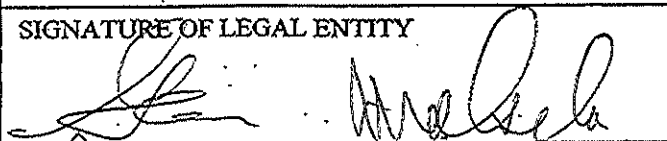

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183fl Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person.	Department Representatives observed the medication Tramadol 50mg prescribed for resident #3. This medication was discontinued by the physician and not removed from the medication cart and or properly disposed of.	7/24/2011	<p>The Director of Resident Care, who is a RN and her assistant who is the other Medication Administration Trainer are responsible to check the MAR and all medications to assure there are no discontinued medications. Effective immediately, they devote two additional hours each (weekly) to solely review the medication management process to assure this is corrected.</p> <p>All medication certified staff have been reminded to report any discontinued medications so those medications can be discarded.</p> <p>A new, larger medication cart has been ordered.</p>	<p style="text-align: center;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center;"> Date Initials (DPW)</p>

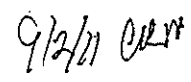
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if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.				

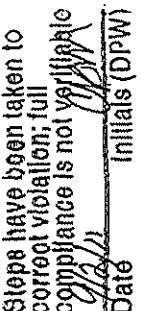
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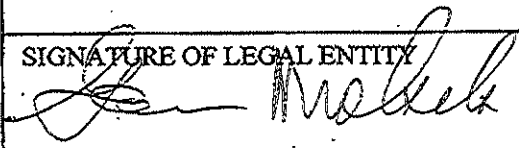
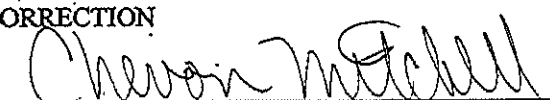
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184a The original container for prescription medications shall be labeled with a pharmacy label that includes the following: (1) The resident's name. (2) The name of the medication. (3) The date the prescription was issued. (4) The prescribed dosage and instructions for administration. (5) The name and title of the prescriber.	Resident #2 is prescribed Divalproex 500mg, 1 tablet at 8:00am, 12:00pm, and 8:00PM. The medication label does not include the order to administer the medication at 8:00pm. Resident #3 is prescribed Simvastatin 20mg every morning. The medication label incorrectly states Simvastatin 20mg, take one tablet every evening. Resident #4 is prescribed Humalog 5 100unit/1ml Insulin Pen, inject 6 units subcutaneously every morning after breakfast, inject 14 units every evening after dinner, inject subcutaneously sliding scale every evening at 8:00pm sliding scale. The prescription-label for resident #4's insulin does not include the order for the sliding scale.	7/26/2011	Resident # 2 was given the correct medication, as ordered. The pharmacy supervisor was called and was able to exchange the medication with one that is correctly labeled. The order for the medication for Resident #3 was changed to match the correctly labeled medications. The Primary Care Physician for Resident # 4 was called. The PCP wrote the order. The pharmacy was able to dispense separately labeled insulin to be used for the sliding scale. Upon the monthly medication exchange and recaps, and upon receiving new medications, the Director of Resident Care will check the label against the order and the prescription to make sure all are the same. Additionally, the added time (2 extra hours each by the Dir. of Res. Care and the Med. Adm. Trainer) per week will assure this is corrected.	9/2/11 

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185a The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.	Resident #3 is prescribed Acetaminophen/Oxycodone 325mg/5mg as a PRN medication. The home did not have this medication available to the resident at the time of the inspection.	7/24/2011	<p>This PRN medication was no longer needed by Resident #3.</p> <p>As part of the medication management process, any order no longer in use will be discontinued (from the MAR).</p> <p>Effective immediately, the Director of Resident Care who is a RN and her assistant devote two additional hours each (weekly) to solely review the medication management process to assure this is corrected.</p>	<p style="text-align: center;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center;"> Date _____ Initials (DPW)</p>

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PCHA, MHA, MH

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187d The home shall follow the directions of the prescriber.	<p>Resident #3 is prescribed Docusate Sodium 100mg at 8:00am and 8:00pm. Resident #3 did not receive this prescribed medication at 8:00am on 7/6/11 through 7/9/11 as well as at 8:00pm on 7/4/11 through 7/8/11 and 7/11/11 through 7/12/11. The home did not have this medication available to the resident at the specified times.</p> <p>Resident #5 is prescribed Fluoxetine 40mg at 9:00am. Resident #5 did not receive this prescribed medication at 9:00am on 7/1/11 through 7/4/11. The home did not have this medication available to the resident at the specified times.</p> <p>Repeated Violations: 01/07/2011</p>	7/24/2011	<p>The medication for Resident #3 was a new order. A partial order was sent by the pharmacy in anticipation of med exchange coming the following day. When the med exchange arrived the medication was not included. The pharmacy was notified of the seriousness of this matter. Effective immediately any missing medication will be brought to the attention of the PCHA. The PCHA will make sure the medication is available to the resident as prescribed.</p> <p>This medication for Resident # 5 had fallen over the back of the drawer of the medication cart and later was found under the drawer in the bottom of the cart. The pharmacy did not immediately refill this because their computer indicated it had been filled. Through repeated calls the pharmacy did fill the order.</p> <p>(Continued on the next page)</p>	

As above, any missing medication will immediately be brought to the attention of the PCHA. The PCHA will make sure the medication is available to the resident as prescribed by going to another pharmacy or other means of filling the order.

A new, larger medication cart has been ordered.

7/24/2011

REGARDING MEDICATION ADMINISTRATION
ADDED FOR 183f1, 184a, 135a and 187d:

- MORE TIME FOR CHECKING MAR AND ACTUAL MEDICATIONS
- IN ADDITION TO ONGOING MEDICATION ADMINISTRATION TRAINING, FREQUENT REMINDERS TO MEDICATION CERTIFIED STAFF TO BE AWARE OF ANY DC'D MEDICATIONS AND ANY DISCREPANCY OF LABEL AND ORDER
- LARGER MED CART HAS BEEN ORDERED
- ADMINISTRATIVE NOTIFICATION