



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: May 22, 2012**

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 9, 2012 and April 10, 2012 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 Miller  
Regional Licensing Administrator

Enclosure(s)  
Violation Report



Violation Report: 17663 - 04/09/2012 - Kurtz, Andrea

**1. REGULATION 55 Pa.Code §2600**  
 2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

**2. DESCRIPTION OF VIOLATION**  
 Resident #1 was admitted on 2-28-12. The resident's medical evaluation was conducted on 7-18-11.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

At the time of the pre-admission screening the prospective resident or designated person will be provided with a DME, and informed of the acceptable time frame for its completion. They will also be told that they must schedule an appointment within this time frame with their PCP in order to have their admission date confirmed.

The admissions coordinator will not establish a final date of admission until the appointment with the PCP has been scheduled at a time that is within the acceptable time frame. Director of Resident Services will monitor for compliance.

|                      |                                   |  |  |
|----------------------|-----------------------------------|--|--|
| Repeat Violation: No | Date(s) of Previous Violation(s): |  |  |
|----------------------|-----------------------------------|--|--|

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Regina Heilman-Toth*

|   |                |
|---|----------------|
| Printed Name and Title of Legal Entity Representative<br>(Required on EVERY Page) Regina Heilman-Toth Interim Administrator | Date<br>5/2/12 |
|---|----------------|

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

|   |   |
|---|---|
| The above plan of correction is approved as of <u>5/20/12</u><br>(Date) | Verification of Legal Entity Representative Signature <u>5/22/12</u><br>(Date)  |
| The above plan of correction was approved by <u>CRM</u><br>(Initials)   | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |

Violation Report: 17663 - 04/09/2012 - Kurtz, Andrea

**1. REGULATION 55 Pa.Code §2600**  
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

**2. DESCRIPTION OF VIOLATION**  
 On 4-9-12, the following discontinued medications prescribed for Resident #2, were located in the home's medication cart: Clindamycin 150 mg; 3 bottles of Amoxicillen 500 mg; Nitrostat.  
 On 4-9-12 the following discontinued medication prescribed for Resident #5 was located in the home's medication cart: Cephalaxim 500 mg. The medication was discontinued in November 2011.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

- A new orders report will be done each day by the nurse on the overnight shift, utilizing the information from the Millenium report (see attached, Exhibit A).
- Discontinued meds will be pulled from the cart each night by the nurse on the overnight shift.
- A new orders report will be submitted after each overnight shift to the Director of Resident Services.
- Monthly cart audits will be completed by the overnight shift nurse.
- This process will be monitored by the Director of Resident Services and followed by the Quality Management Process.
- Staff has been re-educated regarding 183 d. (see attached, Exhibit A-1)

|                      |                                   |  |  |
|----------------------|-----------------------------------|--|--|
| Repeat Violation: No | Date(s) of Previous Violation(s): |  |  |
|----------------------|-----------------------------------|--|--|

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Regina Heilman-Toth*

|  |             |
|--|-------------|
| Printed Name and Title of Legal Entity Representative<br>(Required on EVERY Page) Regina Heilman-Toth, Interim Administrator | Date 5/2/12 |
|--|-------------|

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| The above plan of correction was approved by <u>ORM</u><br>(Initials)   | <input checked="" type="checkbox"/> Fully Implemented<br><input type="checkbox"/> Partially Implemented - Adequate Progress<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |

Violation Report: 17663 - 04/09/2012 - Kurtz, Andrea

**1. REGULATION 55 Pa.Code §2600**

2600.185(a) - 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.

**2. DESCRIPTION OF VIOLATION**

Resident #3 did not have the following medications available for use:

- Miralax 17gm
- Gold Bond Cream
- Lidex ointment 0.05%

Resident #4 did not have the following medication available: Sustane drops 0.4-0.3% ophthalmic solution

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

All of the meds listed above were inactive (for over 1 month) PRN's. Therefore, a PRN medication list will be pulled weekly. The staff on the 11-7 shift will review the MARs for frequency of use. Physicians will be contacted for inactive medications and d/c orders will be obtained if applicable.

The Director of Resident Services will monitor for compliance. (see attached, Exhibit B)

|                      |                                   |  |  |
|----------------------|-----------------------------------|--|--|
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|----------------------|-----------------------------------|--|--|

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Regina Heilman-Toth*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Regina Heilman-Toth, Interim Administrator

Date 5/2/12

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Violation Report: 17663 - 04/09/2012 - Kurtz, Andrea

## 1. REGULATION 55 Pa.Code §2600

2600.187(d) - The home shall follow the directions of the prescriber.

## 2. DESCRIPTION OF VIOLATION

Resident #5's physician ordered Calcium 600 mg + D 400 mg. The home is administering Calcium 500 mg + D 250 IU with magnesium.

## 3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

Nursing staff has been re-educated regarding their accepting of medications for a resident from anyone, including family members. Staff has been instructed that the med must match the physician order prior to placement in the med cart. (see attached, Exhibit C)

Weekly med cart audits will be implemented to assure compliance.  
The Director of Resident Services will monitor for compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Regina Heilman-Toth

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page) Regina Heilman-Toth, Interim Administrator

Date 5/2/12

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5/22/12  
(Date)

Verification of Legal Entity Representative Signature

5/22/12  
(Date) Fully Implemented Partially Implemented - Adequate Progress Partially Implemented - Inadequate Progress Not Implemented

The above plan of correction was approved by

RH  
(Initials)