

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to RESOURCES FOR HUMAN DEVELOPMENT, INC.

LEGAL ENTITY

To operate NEW OPTIONS I

NAME OF FACILITY OR AGENCY

Located at 1419-21 POWELL STREET, NORRISTOWN, PA 19401

(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 12
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 7, 2012 until June 7, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **128040**

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

MAY 22 2012

Mr. Robert Fishman, CEO
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 April 16, 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.

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 "R. Melusky", with a long horizontal line extending to the right.

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 12804 - 04/18/2012 - McHale, Christine

1. REGULATION 55 Pa.Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2. DESCRIPTION OF VIOLATION

On 4/18/12 the home's copy of 55 Pa.Code Chapter 2600 was not posted in a conspicuous and public place in the home.

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 current copy of the 55 Pa. Code Chapter 2600 Regulations was located at the time of inspection and placed on the display board near the front entrance to the home. To ensure future compliance, the New Options Property Inspection form has been revised to include a compliance section. See Attachment #1. Each month the New Options Facility Manager will confirm the presence of the Regulations posted by the front entrance. If the Regulations, or any other display document listed on the Property Inspection form is not present, Facility Manager will replace it for display. Administrator will keep completed copies of the monthly Property Inspection form and do a physical check of the display board monthly to oversee compliance. The first monthly Property Inspection using the revised form will take place on April 30, 2012 and monthly thereafter.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Robert Fishman

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

ROBERT FISHMAN, Executive Director

Date 5/1/12

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

The above plan of correction is approved as of

5/10/12
(Date)

Verification of Legal Entity Representative Signature

5/10/12
(Date)

The above plan of correction was approved by

RFM
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 12804 - 04/16/2012 - McHale, Christine

1. REGULATION 55 Pa.Code §2600

2600.25(a)(1) - Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.

2. DESCRIPTION OF VIOLATION

Resident #1, admitted 7/7/11, did not have a resident-home contract completed until 4/10/12.

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.

Upon looking at Resident #1's notes, it was found that the Resident refused to sign initial contract on 7/7/11, but do to an improvement in mental health status, did sign contract for the cost of living increase on 4/10/12. Administrator did not document the refusal to sign on 7/7/11 on the contract or attach any form documenting the refusal. In the future, Administrator will document a Resident's refusal to sign, along with future attempts, and attach documentation to the home contract. See Attachment #6 for example documentation. Administrator will be responsible for documenting refusal to sign and attaching to contract.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Robert Fishman

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

ROBERT FISHMAN EXECUTIVE DIRECTOR

Date

5/1/12

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Violation Report: 12804 - 04/18/2012 - McHale, Christine

1. REGULATION 55 Pa.Code §2600

2600.52 - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 16 (relating to protective services for older adults) and other applicable regulations.

2. DESCRIPTION OF VIOLATION

Direct care staff member A, hired on 1/30/12, lived outside of Pennsylvania within the last two years. The home did not obtain a federal criminal history check for this staff person.

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.

Administrator has developed a New Hire Checklist for New Options. *See Attachment #2.* It includes a note reminding the Office Manager, who completes the New Hire paperwork, to have the employee complete and turn in an Federal criminal clearance if the applicant has lived outside of PA within the last 2 years. The New Hire Checklist specifies that a new employee cannot begin work until all paperwork and criminal clearances have been approved by the Administrator. Employee A has been removed from work pending receipt of a completed Federal criminal history check and verification that there are no prohibited offenses on that record. New Options Office Manager will be responsible for completion of the New Hire Checklist and documenting completion of all criminal background checks and new hire paperwork. Administrator will oversee compliance by reviewing necessary paperwork and signing off on the New Hire Checklist.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>ROBERT FISHMAN EXECUTIVE DIRECTOR</i>	Date <i>5/1/12</i>
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The above plan of correction was approved by <u><i>CFM</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 12804 - 04/16/2012 - McHale, Christine

1. REGULATION 55 Pa.Code §2600

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2. DESCRIPTION OF VIOLATION

The beds in resident rooms 5 and 8 do not have a source of light that can be turned on/off from bedside.

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.

The light bulbs in bedside lamps of rooms 5 & 8 were replaced on 4/16/12. To ensure future compliance, the Administrator has added a light bulb check to the weekly cleanliness inspection performed by the Site Supervisor and Lead RA. See Attachment #3. Each light bulb in each room will be checked weekly by the Lead RA and bi-weekly by the Site Supervisor beginning 4/24/12 and weekly thereafter. Completed Cleanliness Inspections will be kept on file at the home and Administrator will review monthly to ensure compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Robert Fishman

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

ROBERT FISHMAN Executive Director

Date 5/1/12

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CDM
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Violation Report: 12804 - 04/16/2012 - McHale, Christine

1. REGULATION 55 Pa.Code §2600
 2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2. DESCRIPTION OF VIOLATION
 On 4/16/12, the lint trap of the dryer in the basement of the home was halfway covered with lint.

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.

The lint was removed from the dryer in the basement of the home on 4/16/12. To ensure future compliance, the Administrator has revised the New Options Cleanliness Inspection form completed by the Site Supervisor and Lead RA. See Attachment #3. Each lint trap in both dryers will be checked weekly by the Lead RA and bi-weekly by the Site Supervisor beginning 4/24/12 and weekly thereafter. Completed Cleanliness Inspections will be kept on file at the home and Administrator will review monthly to ensure compliance. In addition, Residents will be reminded to remove lint from the dryer each time they remove their clothing. This discussion/reminder will happen at the Community Meeting on Wednesday May 2, 2012. Staff were reminded to remove the lint from the dryers each time they take clothes out via memo on 4/27/12. See Attachment #4. Staff were asked to initial that they read and understood. Site Supervisor and Administrator will oversee compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) *Robert Fish*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *ROBERT FISHMAN Executive Director* Date *5/1/12*

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Violation Report: 12804 - 04/16/2012 - McHale, Christine

1. REGULATION 55 Pa.Code §2600

2600.144(o) - A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include 2600.141(o)1-3.

2. DESCRIPTION OF VIOLATION

The home's written fire safety procedures related to smoking do not include the home's policy on smoking while transporting residents.

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.

On 4/27/12, the Administrator revised the New Options Smoking Policy to clearly prohibit smoking in any New Options vehicle. *See Attachment #5.* In addition, a memo was sent out on 4/27/12 with the revised Smoking Policy attached. *See Attachment #4.* In the memo staff were asked to read the revised Smoking Policy and initial that they have read and understood the revision. Residents will also be shown the revised Smoking Policy at the Community Meeting on 5/2/12. Site Supervisors and Administrator will oversee compliance. The revised Smoking Policy will go into effect on 5/2/12.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Robert Fishman

Printed Name and Title of Legal Entity Representative
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ROBERT FISHMAN EXECUTIVE DIRECTOR

Date 5/1/12

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Violation Report: 12804 - 04/16/2012 - McHale, Christine

1. REGULATION 86 Pa.Code §2600

2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

2. DESCRIPTION OF VIOLATION

Resident #3 is prescribed Docusate Sodium at 8:00 am and 8:00 pm, Dally-Vite at 8:00 am, Fluoxetine 20 mg and Fluoxetine 10 mg at 8:00 am, Benzotropine 1 mg at 8:00 am, Seroquel XR 400 mg at 8:00 pm, Fluphenazine Hcl 5mg at 8:00 am and 8:00 pm and Tegretol 400 mg at 8:00 am and 8:00 pm. On 3/17/12 at 8:00 pm, 3/18/12 at 8:00 am and 8:00 pm, and 3/19/12 at 8:00 am and 8:00 pm resident #3 refused all of their medications. The home did not document these refusals in the resident's record or report the refusal to the resident's doctor as required.

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.

Although Resident #3's refusals were documented in the Resident's Medication record, they were not appropriately documented in the Resident's record, nor were the refusals reported to each prescribing doctor. To ensure future compliance, the New Options Medication/Treatment Refusal Policy has been updated and revised. See Attachment #7. The revised policy will go into effect immediately. Staff have been notified of the policy update via memo with the revised policy attached on 4/27/12. See Attachment #4. Staff were asked to initial that they read and understood the policy. Further, a form has been created to encourage and document the prescriber's instructions for notification of a Resident's refusal of medication. See Attachment #8. Upon completion by the prescribing doctor, the form with instructions will be kept in the Resident's Record and the Medication Record. Additionally, New Options Medical Coordinator will document all medication refusals, as well as notification to the prescriber on a note in the Resident's Record. Administrator will oversee compliance.

Repeat Violation: No

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Robert Fishman

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- Not Implemented

Violation Report: 12804 - 04/16/2012 - McHale, Christine

1. REGULATION 56 Pa.Code §2600

2600.264(b) - Each home shall develop and implement policy and procedures addressing record accessibility, security, storage, authorized use and release and who is responsible for the records.

2. DESCRIPTION OF VIOLATION

The home's policies and procedures for managing records do not include security, storage, authorized use and release, and who is responsible for the records.

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.

The New Options policy and procedure for managing records has been revised to include security, storage, authorized use and release, as well as who is responsible for the records. See Attachment #9a & #9b. New Options staff were notified of the policy update via memo on 4/27/12 with the revised Records Policy attached. See Attachment #4. Staff were asked to initial that they read and understood the policy. Administrator will oversee compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Robert Fishman*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *ROBERT FISHMAN Executive Director* Date *5/1/12*

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