



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: August 2, 2012

Mr. Douglas A. Tweddale, CEO
Foulkeways at Gwynedd
1120 Meeting House Road
Gwynedd, Pennsylvania 19436

Dear Mr. Tweddale:

As a result of the Department of Public Welfare's licensing inspection on July 3, 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.

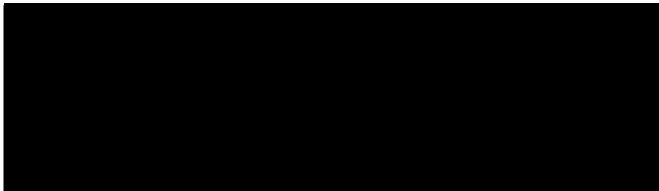

Sincerely,

A handwritten signature in black ink that reads "Chevon Miller".

Chevon Miller
Regional Licensing Administrator

Enclosure(s)
Violation Report

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

PCH Name: FOULKEWAYS AT GWYNEDD		License Number: 127740
Address: 1120 MEETING HOUSE ROAD, GWYNEDD, PA 19436		County: Montgomery
Administrator: Faith Lucas		Region: SOUTHEAST
Legal Entity Name: FOULKEWAYS AT GWYNEDD		
Legal Entity Address: 1120 MEETING HOUSE ROAD, GWYNEDD, PA 19436		
Certificate(s) of Occupancy		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 73	Waking Staff: 55
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Incident		
On-Site Inspections Dates and Department Representatives On-Site		
07/03/2012: Scharpf, Amy; Sledge, Andrea		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 82 Number of Residents Served: 58 Secured Dementia Care Unit in Home: Yes Area: Secured Dementia Unit Capacity, if Applicable: 15 	Number of Residents who: 	

Violation Report: 12774 - 07/03/2012 - Scharpf, Amy
 PCH Name: FOULKEWAYS AT GWYNEDD

1. REGULATION 55 Pa.Code §2600
 2600.16(b) - The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

On 6/20/12, Staff Person A and Staff Person B witnessed Staff Person C verbally abuse Resident #1. Staff Persons did not follow the home's reporting policy and immediately report the allegation to their supervisor. Staff Person A reported the allegation on 6/22/12.

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.

ALL STAFF WORKING IN PERSONAL CARE ARE AND WILL CONTINUE TO HAVE ADDITIONAL EDUCATION REGARDING THE EXISTING WRITTEN POLICIES AND PROCEDURES ON THE PREVENTION, REPORTING, NOTIFICATION, INVESTIGATION AND MANAGEMENT OF REPORTABLE INCIDENTS AND CONDITIONS. THE EDUCATION IS BEING DOCUMENTED AND PLACED IN THEIR PERSONNEL FILES. SPECIFIC EMPHASIS IS BEING PLACED ON THE IMMEDIATE NOTIFICATION/REPORTING TO A MANAGER. EXAMPLES OF WHO AND HOW TO REPORT ARE BEING SHARED. THE POLICIES AND PROCEDURES WILL BE REVIEWED AT LEAST ANNUALLY WITH ALL STAFF. DATE TO BE COMPLETED 8/31/2012

Repeat Violation: No Date(s) of Previous Violation(s): 8/31/2012

Signature of Legal Entity Representative (Required on EVERY Page) *Mary T. Knapp*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *MARY T. KNAPP / DIRECTOR HEALTH SERVICES* Date *7/25/2012*

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

The above plan of correction is approved as of 7/27/12
 (Date)

The above plan of correction was approved by CRM
 (Initials)

Plan of correction implementation status as of 7/27/12
 (Date)

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

Violation Report: 12774 - 07/03/2012 - Scharpf, Amy
 PCH Name: FOULKEWAYS AT GWYNEDD

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

On 6/20/12, Staff Person C, shouted at Resident #1 while playing a board game and told the resident "you are not allowed to play the game, go to the couch." Resident #1 was visibly upset and was crying and shaking.

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.

STAFF PERSON C WAS PLACED ON IMMEDIATE SUSPENSION ONCE STAFF PERSON A REPORTED STAFF PERSON C'S BEHAVIOR. STAFF PERSON B WAS LATER INTERVIEWED AS PART OF THE INVESTIGATION, ON THE SAME DATE AS THE ORIGINAL REPORT AND SUSPENSION, 6/22/2012. ON THE FIRST AVAILABLE DATE, 6/26/2012, STAFF PERSON A WAS TERMINATED. STAFF PERSON A HAD NO CONTACT WITH RESIDENTS BETWEEN SUSPENSION AND TERMINATION. SEE PAGE 2 OF 3 REGARDING CURRENT AND ONGOING STAFF EDUCATION AND ATTACHED POLICY USED FOR EDUCATION. DATE TO BE COMPLETED - 8/31/2012

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

Signature of Legal Entity Representative (Required on EVERY Page) *Mary T. Knapp*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *MARY T. KNAPP / DIRECTOR OF HEALTH SERVICES* Date *7/25/2012*

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

The above plan of correction is approved as of 7/27/12 (Date)

The above plan of correction was approved by AKM (Initials)

Plan of correction implementation status as of 7/27/12 (Date)

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