



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: January 8, 2013**

Mr. Bryan Barnes, Administrator  
Philadelphia, Presbytery Homes, Inc.  
2000 Joshua Road  
Lafayette Hill, Pennsylvania 19444

RE: Rydal Park Personal Care  
1515 The Fairway  
Rydal, Pennsylvania 19046

Dear Mr. Barnes:

As a result of the Department of Public Welfare's licensing inspection on November 13, 2013 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.

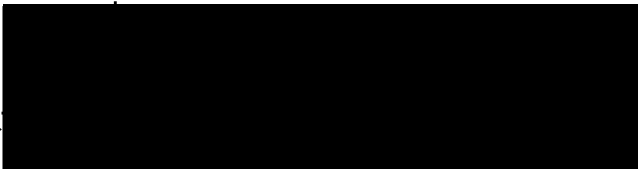
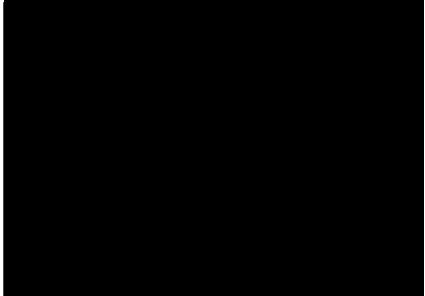
All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

Sincerely,

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

Chevon Miller  
Regional Licensing Administrator

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

PGH Name: RYDAL PARK PERSONAL CARE		License Number: 138121
Address: 1515 THE FAIRWAY, RYDAL, PA 19046		County: Montgomery
Administrator: Bryan Barnes		Region: SOUTHEAST
Legal Entity Name: PHILADELPHIA PRESBYTERY HOMES INC		
Legal Entity Address: 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444		
Certificate(s) of Occupancy		
<b>Staffing Hours</b>		
Resident Support:	Total Daily Staff: 73	Working Staff: 65
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspection Dates and Department Representatives On-Site 11/13/2012: Grayes, Byron		
Off-Site Inspection Dates and Inspectors, If Applicable		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 72 Number of Residents Served: 48 Secured Dementia Care Unit In Home: Yes Area: 4th Floor Secured Dementia Unit Capacity, If Applicable: 23 	Number of Residents who: 	

Preparation and/or execution of the Plan of Correction do not constitute admission by the providers of the truth of the facts alleged, or conclusions set forth in the statement of deficiencies. The Plan of Correction is prepared solely as a matter of compliance with state law.

Violation Report: 13812 - 11/13/2012 - Grayes, Byron  
 PCH Name: RYDAL PARK PERSONAL CARE

**1. REGULATION 56 Pa.Code §2600**

2600.81(a) - The home shall provide or arrange for physical site accommodations and equipment necessary to meet the health and safety needs of a resident with a disability and to allow safe movement within the home and exiting from the home.

**2a. DESCRIPTION OF VIOLATION**

Resident #1 uses an electric scooter for mobility. The heating control unit in [redacted] room is out of [redacted] reach while [redacted] is in the scooter.

**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 resident will call for a staff person to make any heating control adjustments that are requested. The Nurse Manager or designee will monitor staff responses to the resident daily. The Personal Care Administrator or designee will follow up with the resident weekly for the first four weeks, and monthly thereafter, to verify that the agreed-upon protocol is effective.

Completion Date: December 12, 2012 and ongoing

Update - 12/20/12: The resident ambulates independently in [redacted] apartment without [redacted] scooter. She has arranged [redacted] furniture in the area at the thermostat in both the living room and bedroom in a manner which makes it difficult for [redacted] to get [redacted] scooter underneath the thermostat and does not wish to modify the arrangement.

The personal care staff checks on the resident at [redacted] request every two hours, and is able to respond to any requests for thermostat adjustments. The resident has verified to the Personal Care Administrator that the temperature setting is to [redacted] satisfaction.

*[Signature]* 12/20/12

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Brenda Mast, Personal Care Administrator Date 12/13/12

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

The above plan of correction is approved as of 12/21/12 (Date)

Plan of correction implementation status as of 12/21/12 (Date)

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

The above plan of correction was approved by [Signature] (Initials)