



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: January 29, 2013**

Ms. Amy McGovern, Administrator  
Philadelphia, Presbytery Homes, Inc  
Rydal Park Personal Care  
1515 On The Fairway  
Rydal, Pennsylvania 19046

Dear Ms. McGovern:

As a result of the Department of Public Welfare's licensing inspection on December 4, 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.

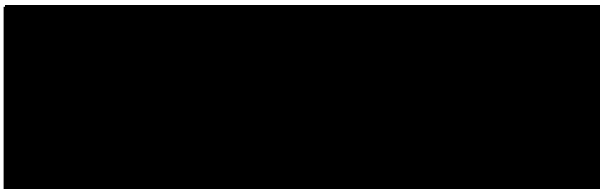
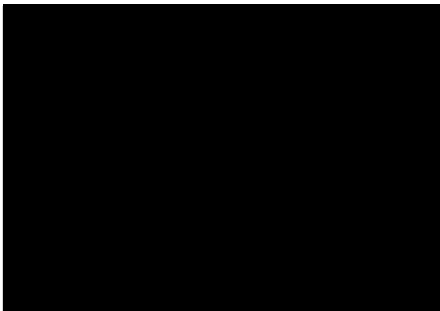
All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing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

Sincerely,

A handwritten signature in black ink that reads "Chevon Miller". The signature is written in a cursive style.

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: Amy McGovern		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	Waking Staff: 55
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Incident		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
12/04/2012: Grayes, Byron; Sledge, Andrea		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:	Random Indicators:	
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 72 Number of Residents Served: 48 Secured Dementia Care Unit in Home: Yes Area: Secured Dementia Unit Capacity, if Applicable: 25 	Number of Residents who: 	

Violation Report: 13812 - 12/04/2012 - Grayes, Byron PCH Name: RYDAL PARK PERSONAL CARE	
<b>1. REGULATION 55 Pa.Code §2600</b> 2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.	
<b>2a. DESCRIPTION OF VIOLATION</b> On 10/9/12, resident #1 was admitted into the home. Resident's assessment was not finalized as of 12/4/12.	
<b>3. PLAN OF CORRECTION (POC)</b> (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
<p>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.</p> <p>Assessment of Resident #1 was completed within 15 days of admission; when the Resident Assessment – Support Plan (RASP) was reviewed with the resident, the resident refused to sign. Refusal was not documented on the RASP. Resident's signature was obtained on 12/5/12 (Attachment #1).</p> <p>The Nurse Manager audited all resident assessments and took corrective actions as necessary, including documentation of those who refused or were unable to sign. Nurse Manager will continue to maintain a tickler system for timely completion of RASPs. For the next six weeks, the Nurse Manager or designee and Personal Care Administrator or designee will review together pending RASPs to verify assessments are finalized in a timely manner. The home's quality management program will include a continuing review of compliance.</p>	

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 *1/15/13*

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

The above plan of correction is approved as of <u>1/18/13</u> (Date)	Plan of correction implementation status as of <u>1/18/13</u> (Date)
The above plan of correction was approved by <u>ORM</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: 13812 - 12/04/2012 - Grayes, Byron  
 PCH Name: RYDAL PARK PERSONAL CARE

**1. REGULATION 55 Pa.Code §2600**  
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

**2a. DESCRIPTION OF VIOLATION**  
 Resident #2 participated in the development of their support plan on 11/5/12. The resident did not sign the support plan.

**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.

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.

The resident's support plan was finalized and reviewed with [redacted] on 11/5/12, at which time the resident refused to sign. Refusal was not documented on the Resident Assessment – Support Plan (RASP). Resident's signature was obtained on 12/5/12 (Attachment #2).

The Nurse Manager audited all resident support plans and took corrective actions as necessary, including documentation of those who refused or were unable to sign. The individuals who participate in developing upcoming resident support plans will sign and date the support plan. For the next six weeks, the Nurse Manager or designee and Personal Care Administrator or designee will review together finalized resident support plans to assess that all who participate in their development sign and date the document appropriately. The home's quality management program will include a continuing review of compliance.

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) <i>Brenda Mast, Personal Care Administrator</i>	Date <i>1/15/13</i>
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The above plan of correction was approved by <u>CRM</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: 13812 - 12/04/2012 - Grayes, Byron

PCH Name: RYDAL PARK PERSONAL CARE

**1. REGULATION 55 Pa.Code §2600**

2600.228(e) - The date and reason for the discharge or transfer, and the destination of the resident, if known, shall be recorded in the resident record.

**2a. DESCRIPTION OF VIOLATION**

Resident #3 was discharged on 10/31/12. The resident's record does not include the reason for [REDACTED] discharge.

**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.*

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.

The resident's record was corrected to reflect the reason for the resident's discharge (Attachment #3). The Nurse Manager or designee will audit the records of residents discharged or transferred since last inspection, and make any necessary corrections by January 31, 2013. Effective immediately, the Personal Care Administrator or designee will implement a review of discharged or transferred resident records for documentation of the date and reason for discharge or transfer, and the destination of the resident, if known.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Brenda Mast</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	<i>Brenda Mast, Personal Care Administrator</i>	Date	<i>1/15/13</i>
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The above plan of correction is approved as of

*1/18/13*  
(Date)

Plan of correction implementation status as of

*1/18/13*  
(Date)

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

The above plan of correction was approved by

*ORM*  
(Initials)

Violation Report: 13812 - 12/04/2012 - Grayes, Byron  
 PCH Name: RYDAL PARK PERSONAL CARE

**1. REGULATION 55 Pa.Code §2600**  
 2600.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

**2a. DESCRIPTION OF VIOLATION**  
 The directions for operating the home's locking mechanism are not conspicuously posted near the door to the SDCU.

**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.

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The Personal Care Administrator conspicuously posted the directions for operating the home's locking mechanism near the doors of the SDCU. Effective immediately as part of the daily walkthrough, the Personal Care Administrator or designee will verify continued compliance with posting requirements.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/27/2012	
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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)	Date
<i>Brenda Mast, Personal Care Administrator</i>	<i>1/15/13</i>

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

Violation Report: 13812 - 12/04/2012 - Grayes, Byron  
 PCH Name: RYDAL PARK PERSONAL CARE

**1. REGULATION 55 Pa.Code §2600**

2600.234(a) - Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

**2a. DESCRIPTION OF VIOLATION**

Resident #1 was admitted to the SDCU on 10/9/12. The resident's support plan was not finalized as of 12/4/12.

**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.*

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.

The resident's support plan was signed by the resident on 12/5/12 (Attachment #1). The Nurse Manager audited all secured dementia care unit (SCDU) resident records for compliance. Effective immediately, the Nurse Manager or designee will develop, implement and document an initial resident support plan within 72 hours of admission or 72 hours prior to admission to the SCDU. For the next four weeks, the Personal Care Administrator or designee will review resident records within 72 hours of SCDU admission to verify compliance. The home's quality management program will include a continuing review of compliance.

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) <i>Brenda Mast, Personal Care Administrator</i>	Date <i>1/15/13</i>
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 (Date)

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

Plan of correction implementation status as of 1/18/13  
 (Date)

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