



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: February 12, 2013


Ms. Sharon Testa, Executive Director
NHS Montgomery County
Attn: Linda McNulty
400 North Broad Street
Lansdale, Pennsylvania 19446

RE: Northwestern Human Services of
Montgomery County
478 Bethlehem Pike
Fort Washington, Pennsylvania 19034

Dear Ms. Testa:


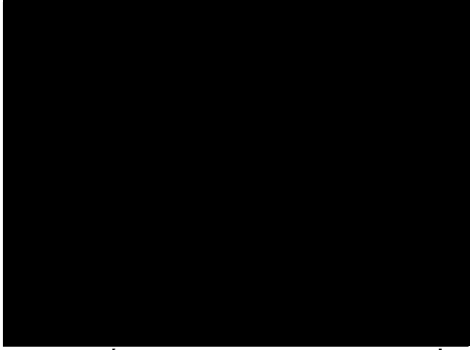
As a result of the Department of Public Welfare's licensing inspection on January 16, 2013 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

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,

Roslyn Brewer
Regional Licensing Administrator

Enclosure(s)

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

PCH Name: NORTHWESTERN HUMAN SERVICES OF MONTGOMERY COUNTY		License Number: 127950
Address: 478 BETHLEHEM PIKE, FORT WASHINGTON, PA 19034		County: Montgomery
Administrator: Dr. Dolly Wayman		Region: SOUTHEAST
Legal Entity Name: NHS MONTGOMERY COUNTY		
Legal Entity Address: 400 NORTH BROAD STREET, LANSDALE, PA 19446		
Certificate(s) of Occupancy		
Staffing Hours		
Resident Support:	Total Daily Staff: 7	Waking Staff: 5
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 01/16/2013: McHale, Christine		
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: 8 Number of Residents Served: 7 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, If Applicable: 	Number of Residents who: 	

Sommerson 2/1/13

Violation Report: 12795 - 01/16/2013 - McHale, Christine

PCH Name: NORTHWESTERN HUMAN SERVICES OF MONTGOMERY COUNTY

1. REGULATION 55 Pa.Code §2600

2600.20(b)(2) - Resident funds shall be disbursed during normal business hours within 24 hours of the resident's request.

2a. DESCRIPTION OF VIOLATION

It can take up to 30 days for a resident to receive cash above their monthly personal needs allowance of \$85 because the resident's funds are maintained in the home's corporate office. As of May 15, 2012 the home was to set up alternate banking arrangements to allow the residents to have a Money Access Card (MAC) in order to get their funds within the 24 hour requirement. As of 1/16/13 these arrangements have not been set up. The residents are still required to put in a request for additional funds that have to be obtained from the corporate office via check. The check then must be cashed by the home. This process can take up to 30 calendar days.

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 Senior Program Manager (myself) will fill out the client request for funds
- I will text [redacted] for verbal approval
- I will scan and fax the requisition to [redacted] (Client Funds Office)
- [redacted] will cut the check and fed ex it to [redacted] overnight and she will sign it
- I will pick the check up from her and cash it immediately
- All of the above will take place in 24 hours

I trust that this plan meets with your approval.

[redacted signature]

The administration will review all resident financial transactions to insure that requests for funds are distributed timely beginning 3/1/13.

Repeat Violation: Yes

Date(s) of Previous Violation(s): 03/09/2012

Signature of Legal Entity Representative (Required on EVERY Page)

Sharon B Testa Psy.D Somers

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

Sharon B Testa

Date *2/1/13*

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

The above plan of correction is approved as of *2/6/13* (Date)

Plan of correction implementation status as of *2/6/13* (Date)

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

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