

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to CARELINK COMMUNITY SUPPORT SERVICES OF PENNSYLVANIA

LEGAL ENTITY

To operate CARELINK COMMUNITY SUPPORT SERVICES-TORREY HOUSE

NAME OF FACILITY OR AGENCY

Located at 3520 DARBY ROAD, HAVERFORD, PA 19041

(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 17

17

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 August 8, 2013 until August 8, 2014,

unless sooner revoked for non-compliance with applicable laws and regulations.

No: 100070

*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.

PW628 - 01/11



AUG 09 2013

Ms. Eileen M. Joseph, President/CEO  
Carelink Community Support Services of Pennsylvania  
Baldwin Tower  
1510 Chester Pike, Suite 600  
Eddystone, Pennsylvania 19022

RE: Carelink Community Support Services – Torrey House  
3520 Darby Road  
Haverford, Pennsylvania 19041

Dear Ms. Joseph:

As a result of the Department of Public Welfare's (Department) licensing inspection on January 8, 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 Human Services 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 be "R. Melusky".

Ronald Melusky  
Director

Enclosures  
License  
Violation Report

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

PCH Name: CARELINK COMMUNITY SUPPORT SERVICES TORREY HOUSE		License Number: 100070
Address: 3520 DARBY ROAD, HAVERFORD, PA 19041		County: Delaware
Administrator: Christopher Swallow		Region: SOUTHEAST
Legal Entity Name: CARELINK COMMUNITY SUPPORT SERVICES OF PENNSYLVANIA		
Legal Entity Address: 1610 CHESTER PIKE SUITE 600, EDDYSTONE, PA 19022		
Certificate(s) of Occupancy C-2 LP 03/03/1986 Pennsylvania L&I		
Staffing Hours Resident Support: 0                      Total Daily Staff: 14                      Waking Staff: 11		
Type of Inspection: Full                      BHA Docket Number:                      Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 01/08/2013: 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: 17 Number of Residents Served: 14 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 14 Are 60 Years of Age or Older: 8 Have Mental Illness: 14 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 10007 - 01/08/2013 - McHale, Christine  
 PCH Name: CARELINK COMMUNITY SUPPORT SERVICES TORREY HOUSE

1. REGULATION 56 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.

2a. DESCRIPTION OF VIOLATION  
 On 1/9/13 the home had the violation report from 2009 posted in the home. The current violation report was not posted.

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 1/16/13, THE VIOLATIONS REPORT FROM 1/8/13 WAS POSTED IN THE RESIDENT TELEPHONE ROOM. THE SITE'S WEEKLY INSPECTION FORM HAS BEEN MODIFIED TO INCLUDE CHECKING TO MAKE SURE A COPY IS POSTED. A COPY OF THE UPDATED INSPECTION FORM IS ATTACHED AND IS LABELED "ADDENDUM A."  
 THE PROGRAM ADMINISTRATOR WILL BE RESPONSIBLE FOR POSTING ANY NEW VIOLATIONS REPORTS.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Cliff M. Swallow*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) CHRISTOPHER M. SWALLOW	Date 1/23/13
--	--------------

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

The above plan of correction is approved as of <u>3/22/13</u> (Date)	Plan of correction implementation status as of <u>3/22/13</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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: 10007 - 01/08/2013 - McHale, Christine  
 PCH Name: CARELINK COMMUNITY SUPPORT SERVICES TORREY HOUSE

**1. REGULATION 55 Pa.Code §2600**

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

**2a. DESCRIPTION OF VIOLATION**

- On 10/4/12 resident #1 was missing and the police were contacted. The home did not submit an incident report to the Department until 10/8/12.

- On 10/26/12 resident #1 was missing and the police were contacted. The home did not submit an incident report to the Department until 11/1/12.

- On 10/27/12 resident #1 was missing and the police were contacted. The home did not submit an incident report to the Department until 11/2/12.

- On 11/24/12 resident #1 assaulted a staff person and was in an altercation with another resident. The police were contacted to intervene in this situation. The home did not submit an incident report to the Department until 11/28/12.

**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.

*The PROGRAM ADMINISTRATOR WILL NOTIFY THE DEPARTMENT AND SUBMIT A PRELIMINARY REPORT WITHIN 24 HRS. OF A GIVEN INCIDENT.*

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *CHRISTOPHER M. SWANSON* Date *1/23/13*

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

The above plan of correction is approved as of *3/22/13*  
 (Date)

Plan of correction implementation status as of *3/20/13*  
 (Date)

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

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

Violation Report: 10007 - 01/08/2013 - McHale, Christine  
 PCH Name: CARELINK COMMUNITY SUPPORT SERVICES TORREY HOUSE

1. REGULATION 55 Pa.Code §2600  
 2600.20(b)(8) - The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

2a. DESCRIPTION OF VIOLATION

- Resident #1 has not received a quarterly account of financial transactions since 9/30/12. The resident did not receive a statement for 10/1/12 to 12/31/12.

- Resident #2 has not received a quarterly account of financial transactions since 9/30/12. The resident did not receive a statement for 10/1/12 to 12/31/12.

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.

QUARTERLY FINANCIAL SUMMARIES WERE COMPLETED FOR RESIDENTS 1+2 ON 1/14/13. THE PROGRAM COORDINATOR WILL COMPLETE FUTURE QUARTERLY FINANCIAL SUMMARIES WITHIN 5 DAYS OF THE END OF THE QUARTER. QUARTERLY STATEMENTS FOR RESIDENTS 1+2 ARE ATTACHED AND LABELED AS "ADDENDUM B."

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) CHRISTOPHER M. SWALLOW	Date 1/23/13
--	-----------------

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

The above plan of correction is approved as of <u>3/20/13</u> (Date)	Plan of correction implementation status as of <u>3/19/13</u> (Date)
The above plan of correction was approved by <u>[Signature]</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: 10007 - 01/08/2013 - McHale, Christine  
 PCH Name: CARELINK COMMUNITY SUPPORT SERVICES TORREY HOUSE

1. REGULATION 55 Pa.Code §2600

2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION

The first aid kit in the hallway of the third floor does not include adhesive tape.

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 NEW ROLL OF ADHESIVE TAPE WAS PLACED IN THE THIRD FLOOR FIRST AID KIT ON 1/14/13.  
 IN ADDITION, ADDITIONAL ROLLS WERE PURCHASED ON 1/20/13. A COPY OF THE RECEIPT IS ATTACHED AND LABELED

"ADDENDUM C."

EVERY 3 MONTHS, A WALKTHROUGH INSPECTION IS CONDUCTED BY THE ADMINISTRATOR AND ANOTHER STAFF MEMBER TO ENSURE ALL NECESSARY ITEMS ARE PRESENT. A CHECKLIST OF ALL NECESSARY ITEMS HAS ALSO BEEN PLACED IN EACH KIT IN AN EFFORT TO BETTER KEEP TRACK OF INVENTORY. A COPY OF THIS CHECKLIST IS ATTACHED AND LABELED "ADDENDUM D."

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) CHRISTOPHER M. SWALLOW Date 1/23/13

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

The above plan of correction is approved as of 3/19/13  
 (Date)

Plan of correction implementation status as of 3/19/13  
 (Date)

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

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

Violation Report: 10007 - 01/08/2013 - McHale, Christine  
 PCH Name: CARELINK COMMUNITY SUPPORT SERVICES TORREY HOUSE

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.

2a. DESCRIPTION OF VIOLATION

On 1/8/13, there was an accumulation of lint in the lint trap of the dryer directly across from the entrance of the laundry room. The lint trap was completely covered with a layer of 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.

LINT WILL BE CLEARED FROM ALL DRYERS EACH TIME THEY ARE USED. IN ADDITION, THIS ALSO APPEARS ON THE SITE'S WEEKLY SAFETY CHECKLIST (ADDENDUM A).

A MEMO WAS ISSUED TO ALL STAFF ON 1/8/13 REMINDING ALL PARTIES OF THIS REGULATION. A COPY OF THIS MEMO IS ATTACHED AND IS LABELED "ADDENDUM E."

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

Signature of Legal Entity Representative (Required on EVERY Page)	<i>Christopher M. Swallow</i>
--	-------------------------------

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
CHRISTOPHER M. SWALLOW	1/23/13

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

The above plan of correction is approved as of <u>3/19/13</u> (Date)	Plan of correction implementation status as of <u>3/19/13</u> (Date)
---	---

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

Violation Report: 10007 - 01/08/2013 - McHale, Christine  
 PCH Name: CARELINK COMMUNITY SUPPORT SERVICES TORREY HOUSE

1. REGULATION 55 Pa.Code §2600  
 2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION  
 The home's written emergency procedures have not been submitted to the municipal emergency management agency.

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 COPY OF THE HOME'S EMERGENCY PROCEDURES WAS MAILED TO THE LOCAL MUNICIPALITY ON 1/23/13. ATTACHED, PLEASE FIND A COPY OF THE UPDATED EMERGENCY PROCEDURES, LABELED "ADDENDUM F."

MOVING FORWARD, THE PROGRAM ADMINISTRATOR WILL ENSURE THAT ANNUAL LETTERS GET SENT TO THE LOCAL MUNICIPALITY.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Christine M. Swallow*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) CHRISTINE M. SWALLOW	Date 1/23/13
--	--------------

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

The above plan of correction is approved as of <u>3/19/13</u> (Date)	Plan of correction implementation status as of <u>3/19/13</u> (Date) <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
The above plan of correction was approved by <u>CS</u> (Initials)	

Violation Report: 10007 - 01/08/2013 - McHale, Christine  
 PCH Name: CARELINK COMMUNITY SUPPORT SERVICES TORREY HOUSE

1. REGULATION 65 Pa.Code §2600

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.

2a. DESCRIPTION OF VIOLATION

- Resident #1 is diagnosed with polydipsia (excessive water drinking) and needs to be monitored during the day. The resident has a agreement with the home to be weighed three times a day because of this issue. This information is not addressed on the resident's assessment dated 6/19/12.

- Resident #3 has a history of hitting their self when they become frustrated. This information is not addressed in the resident's assessment dated 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.

RASP PLANS WERE UPDATED AND CHANGED TO REFLECT THE MISSING INFORMATION. COPY'S OF BOTH RASP PLANS ARE ATTACHED AND LABELED "ADDENDUM G."

THE ADMINISTRATOR WILL ENSURE THAT ALL INFORMATION CONCERNING A RESIDENT BEG COMMUNICATED IN THE RASP PLAN.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Chris M. Swallow*

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

CHRISTOPHER M. SWALLOW

Date 1/03/13

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

The above plan of correction is approved as of

3/19/13  
 (Date)

Plan of correction implementation status as of

3/19/13  
 (Date)

The above plan of correction was approved by

*CS*  
 (Initials)

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