



JUN 21 2013

Dr. 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. Ingram:

As a result of the Department of Public Welfare's licensing inspection on February 22, 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.

Your regular license for the period of May 26, 2013 to May 26, 2014 was issued on February 13, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky", is written over a horizontal line.

Ronald Melusky
Director

Enclosure
Violation Report

Violation Report: 12795 - 02/22/2013 - Adams, Patricia
 PCH Name: NORTHWESTERN HUMAN SERVICES OF MONTGOMERY COUNTY

1. REGULATION 55 Pa.Code §2600.2600.25(a)(1) - Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.

2a. DESCRIPTION OF VIOLATION
 Resident #1, admitted 2/6/13, did not have a resident-home contract completed.

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.

Violation: Resident # 1, admitted 2/6/13, did not have a resident-home contract completed.

- 1) The change is a deadline for staff to assist consumers in completing the resident-home contract for all consumers within a 24 hour period or less.
- 2) The administrator is making this change with the cooperation of staff. Staff will receive policy # 2000.2600.25 (A) (1) (attached) and will be responsible for signing off on the policy indicating their understanding of the policy. Staff will also be trained on the policy by May 31, 2013, while the policy will go into effect immediately,

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Sharon Jesta Executive Director</i>	Date <i>4/24/13</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 5/3/13
 (Date)

Plan of correction implementation status as of 5/3/13
 (Date)

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

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

Violation Report: 12798 - 02/22/2013 - Adams, Patricia
 PCH Name: NORTHWESTERN HUMAN SERVICES OF MONTGOMERY COUNTY

1. REGULATION 75 Pa.Code §2600
 2600.41(e) - A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in § 2600.41(d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION
 Resident # 1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

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.

Violation: Resident #1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

- 1) The change is procedural with a policy to support the change. Policy #2000.2600.41(D-E) (attached).
- 2) The administrator will enforce policy and staff will cooperate. Staff will indicate their willingness to cooperate by signing the policy.
- 3) Staff will also be trained on the policy by May 31, 2013. The policy is presently being enforced.
- 4) Residents will be asked to sign two copies of resident rights within 24 hours of her/his admittance into the personal care. One copy of the signed policy for the resident's records, and one for the personal care home file.

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) *Sharon West Executive Director* Date *4/24/13*

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

The above plan of correction is approved as of *5/3/13*
 (Date)

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

Plan of correction implementation status as of *5/3/13*
 (Date)

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

Violation Report: 12795 - 02/22/2013 - Adams, Patricia
 PCH Name: NORTHWESTERN HUMAN SERVICES OF MONTGOMERY COUNTY

1. REGULATION 59 Pa.Code §2600
 2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

2a. DESCRIPTION OF VIOLATION.
 Staff person A, the home's administrator, completed only 6 hours of annual training in training year 2012.

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.

Violation: Staff person A, the home's administrator, completed only 6 hours of annual training in training year 2012.

- 1) The change is that the proof of administrator's training will be placed into her/his personnel file on the premises of the personal care instead of at training locations within the corporation and Montgomery County Behavioral Health. There is a policy #2000.2600.64 (attached) to support this procedure attached.
- 2) The administrator and Executive Director are making the change in where the proof of training will be located, and the Executive Director will enforce the policy.
- 3) The change occurred April 1, 2013 and documentation of all training in 2012 is attached and was forwarded to the State Inspector immediately.
- 4) The personal care home administrator has started State training for 2013 in March, 2013 at Temple University and is scheduled for additional State training in April, 2013.
- 5) The administrator will complete 42 hours of administrator training in 2013 by December 31, 2013 SM

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) *Shirley Leake Executive Director* Date *2/24/13*

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The above plan of correction is approved as of <u>5/3/13</u> (Date)	Plan of correction implementation status as of <u>5/3/13</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: 12798 - 02/22/2013 - Adams, Patricia
 PCH Name: NORTHWESTERN HUMAN SERVICES OF MONTGOMERY COUNTY

1. REGULATION 55 Pa. Code §2800
 2800.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

- On 2/22/13, the shower curtain located in the 2nd floor bathroom; near the laundry room, had mold growing along the top and side.
- On 2/22/13, the shower mat located in the first floor bathroom room had mold.
- On 2/22/13, resident # 2's bedroom had a strong smell of urine. A bedside commode, containing human waste was in the bedroom.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

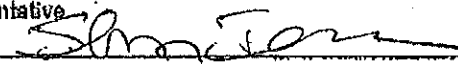
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Violation: On 2/22/13, the shower curtain located in the 2nd floor bathroom; near the laundry room, had mold growing along the top and side.

- On 2/22/13, the shower mat located in the first floor bathroom had mold/
- On 2/22/13, resident #2's bedroom had a strong smell of urine. A bedside commode, containing human waste was in the bedroom.

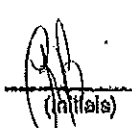
- 1) The program staff and administrator have developed a new chore schedule for each shift (attached) that addresses the hygiene issues listed above. Staff are required to sign off on this list of chores on each eight hour shift. Most of the tasks are repeated on each shift: 7AM to 3PM; 3PM to 11PM; and 11PM to 7AM. The chore schedule has been in effect since March 26, 2013, and the staff had input into the schedule.
- 2) The administrator will enforce the completion of all chores, and a letter to staff further enforcing the chore schedule was distributed 4/23/13, reminding staff that any lack of responsibility surrounding chores will be a catalyst for disciplinary action. All chore schedules are turned in to the administrator, and reviewed frequently as well as the actual task that each staff member has signed off on indicating that they have completed the task. This process will be ongoing.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Sheena Wade Executive Director</u>	Date <u>4/24/13</u>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>5/3/13</u> (Date) The above plan of correction was approved by  (Initials)	Plan of correction implementation status as of <u>5/3/13</u> (Date) <ul style="list-style-type: none"> <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
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Violation Report: 12795 - 02/22/2013 - Adams, Patricia
 PCH Name: NORTHWESTERN HUMAN SERVICES OF MONTGOMERY COUNTY

1. REGULATION 55 Pa.Code §2600
 2600.87 - The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.


Za. DESCRIPTION OF VIOLATION
 The alcove located on the first floor and off the living is used for residents to make phone calls. On 2/22/13 the location did not have a functioning source of light.

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.

Violation: The alcove located on the first floor and off the living area is used for residents to make phone calls. On 2/22/13 the location did not have a functioning source of light.

- 1) An important change is that the light in the alcove was forwarded to maintenance in a work order to maintenance on 3/23/13. On an ongoing basis a senior staff member, and ultimately the administrator are responsible for monthly rounds of the building to report matters like this light and have such things repaired or replaced almost immediately. The (Safety rounds form is attached).
- 2) Another important change is that the administrator has monthly conference calls with the maintenance department to discuss residential maintenance concerns in residential programs in Montgomery County. These conference calls have been occurring since November, 2012 and much progress has been made and continues to be moving forward.
- 3) Staff will be re-trained in completing maintenance reports and awareness and safety and maintenance issues by May 31, 2013.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) 


Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Sharon Leela Executive Director Date 4/24/13

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The above plan of correction is approved as of 5/3/13
 (Date)

Plan of correction implementation status as of 5/13/13
 (Date)

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

The above plan of correction was approved by 
 (Initials)

Violation Report: 12795 - 02/22/2013 - Adams, Patricia
 PCH Name: NORTHWESTERN HUMAN SERVICES OF MONTGOMERY COUNTY

1. REGULATION 56 Pa.Code §2600
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

- The bath tub located in the second floor bathroom had a black ring of film and dirt on the inside of the tub.
- There was heavy mineral build up around the bathroom sink located in the second floor bathroom.

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.

Violation: The bathtub located in the second floor bathroom had a black ring of film and dirt on the inside of the tub.

-There was a heavy mineral build up around the bathroom sink located in the second floor bathroom.

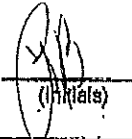
- 1) The first change is that a work request (see attached) was given to maintenance on 4/23/13 to remove heavy mineral build up around bathroom sink.
- 2) Administrator ordered additional chemicals to clean the sink on a daily basis.
- 3) The 11 to 7 shift will clean this sink as part of their chore schedule daily (see attached chore list).
- 4) All staff will be trained on the use of the cleaning solution and the importance of not allowing heavy mineral build up in any bathroom before May 31, 2013.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Sharon L. Swaine, Director Date 2/24/13

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

The above plan of correction is approved as of <u>5/3/13</u> (Date)	Plan of correction implementation status as of <u>5/3/13</u> (Date)
The above plan of correction was approved by  (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: 12795 - 02/22/2013 - Adams, Patricia
 PCH Name: NORTHWESTERN HUMAN SERVICES OF MONTGOMERY COUNTY

1. REGULATION 86 Pa.Code §2600
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION
 - The smoke detector in resident #3's room and above the closet, is dangling from the ceiling. The smoke detector is secured with two wires.
 - The faucet at the sink in the second floor bathroom leaks. The sink also drains slowly and contributing to possible flooding.

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.

- 1) An important change is the smoke detector in #3's room, as well as all smoke detectors in the personal care were reported to maintenance on April 23, 2013 and all detectors will be checked for safety by the maintenance department (see attached request). The leaky faucet was also reported to maintenance on April 23, 2013 (see attached request). The 7AM to 3PM shift will check smoke detectors daily (see attached chore schedule).
- 2) Smoke detectors and leaks will be checked monthly during the personal care home safety rounds as they have been in the past, but much more diligently, since all staff will be retrained in the monthly safety rounds and reporting maintenance concerns before May 31, 2013. The administrator will be ultimately responsible for reporting maintenance concerns, safety rounds, and developing and facilitating staff training by May 31, 2013.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Sharon Lee*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Sharon Lee Executive Director* Date *4/24/13*

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

The above plan of correction is approved as of <u>3/3/13</u> (Date)	Plan of correction implementation status as of <u>5/3/13</u> (Date)
The above plan of correction was approved by <u><i>AS</i></u> (Initials)	<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

Violation Report: 12795 - 02/22/2013 - Adams, Patricia
 PCH Name: NORTHWESTERN HUMAN SERVICES OF MONTGOMERY COUNTY

1. REGULATION 55 Pa.Code §2600
 2600.101(j)(3) - Each resident shall have the following in the bedroom: Pillows, bed linens and blankets that are clean and in good repair.

2a. DESCRIPTION OF VIOLATION

- The bed for resident # 2 does not have a pillow case on the pillow.
- The bed for resident #3, does not have a pillow case on the pillow. The pillow is threadbare. The sheets are dirty and the white towel hanging behind the door was grey from dirt and multiple use.

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.

- 1) The first and most immediate change is that the administrator purchased new sheets, towels, washcloths, pillow cases, bath mats, and pillows in February, 2013.
- 2) It is now part of the chore schedule for each shift to check for clean sheets, towels and washcloths daily. If staff find any dirty linen they have been instructed to change it right away (see attached chore schedules for each shift).
- 3) Staff will be retrained on chore schedule before May 31, 2013.
- 4) The administrator will be responsible for additional purchases of linen and training staff on the chore schedule and administering discipline for any staff inefficiency in adhering to the chore schedule.

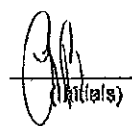
Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Sharon West Executive Director Date: 2/22/13

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

The above plan of correction is approved as of 6/3/13
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 4/3/13
 (Date)

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

Violation Report: 12795 - 02/22/2013 - Adams, Patricia
 PCH Name: NORTHWESTERN HUMAN SERVICES OF MONTGOMERY COUNTY

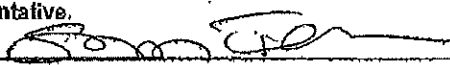
1. REGULATION 55 Pa.Code §2600
 2600.102(i) - A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

2a. DESCRIPTION OF VIOLATION
 There is no soap available at the sink in the second floor bathroom; near the laundry room.

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.

- 1) The most important change is that the 11PM to 7AM shift is responsible for making sure that soap is in every sink and shower/tub on a daily basis (see attached chore schedule). This shift has been aware of this since March 26, 2013.
- 2) The shift will be liable to experience disciplinary action if soap is ever missing from sinks and showers/tubs. Staff has been informed of the possibility of disciplinary action for not supplying soap on 4/23/13.
- 3) The administrator or her/his designee will be responsible for checking bathroom areas for soap daily. The administrator will be responsible for enforcing discipline for the lack of soap in bathrooms, and responsible for discussing this matter in training before May 31, 2013.

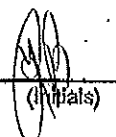
Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative.
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Sharon L. 482 Executive Director Date 4/24/13

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

The above plan of correction is approved as of 5/3/13
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 5/3/13
 (Date)

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

Violation Report: 12785 - 02/22/2013 - Adams, Patricia
 FGH Name: NORTHWESTERN HUMAN SERVICES OF MONTGOMERY COUNTY

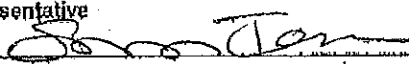
1. REGULATION 55 Pa.Code §2800
 2600.103(b) - Kitchen surfaces must be of a nonporous material and cleaned and sanitized after each meal.

2a. DESCRIPTION OF VIOLATION
 - On 2/22/13, the front of the dishwasher and bottom of the freezer had numerous stains.

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.

- 1) The most significant change is the new chore schedule wherein the 11PM to 7AM shift is responsible for cleaning the dishwasher, freezer, and refrigerator daily (see attached chore schedule).
- 2) The administrator or her/his designee will check the kitchen for cleanliness in these and all areas of the kitchen on a daily basis.
- 3) The administrator will be responsible for training staff in the necessity of cleanliness in the area of the dishwasher, refrigerator, and freezer, as well as all areas of the kitchen and house before May 31, 2013.

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

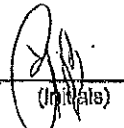
Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Sherasa West Executive Director Date 4/24/13

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 (Date)

Plan of correction implementation status as of 5/3/13
 (Date)

The above plan of correction was approved by 
 (Initials)

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Violation Report: 12795 - 02/22/2013 - Adams, Patricia
 PCH Name: NORTHWESTERN HUMAN SERVICES OF MONTGOMERY COUNTY

1. REGULATION 55 Pa.Code §2600

2800.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

- On 2/22/13, at 10:01 am, the temperature in the refrigerator, located in the home's kitchen was 43 degrees farenheit. The temperature in the freezer section of the refrigerator measured 25 degrees farenheit.


- On 2/22/13 at 10:11 am, the temperature in the freezer, located in the home's kitchen was 20 degrees farenheit.

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.

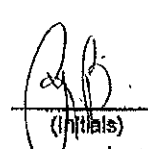
- 1) As of 3/26/13 the administrator designated the 11PM to 7AM shift responsible for checking the refrigerator and freezer temperatures, daily (see attached chore schedule). If the refrigerators or freezers are ever found to be more than 40 degrees for the refrigerator and above 0 degrees for the freezer by the administrator, then the shift will receive disciplinary action. This shift and the administrator are responsible for not allowing freezer and refrigerator temperature to always measure at the State's standards.
- 2) The administrator will review the promise of disciplinary action at a training before May 31, 2013, where all staff will be asked to understand that everyone bares responsibility for checking the temperature of freezers and the refrigerator..

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Sharon West, Executive Director Date 4/24/13

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The above plan of correction was approved by  (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: 12796 - 02/22/2013 - Adams, Patricia
 PCH Name: NORTHWESTERN HUMAN SERVICES OF MONTGOMERY COUNTY

1. REGULATION 65 Pa.Code §2600
 2600.103(l) -- Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

- On 2/22/13, at 10:15 am, one container of an orange liquid, which appeared to be orange juice, and a container of brown liquid, which appeared to be tea, was unlabeled in the kitchen refrigerator.
- On 2/22/13, two boxes of Jiffy Pie Crust mix with 'Best if used by' date of 8/21/07 were stored in the kitchen pantry. The oil ingredients in the product seeped through, resulting in a slick greasy coating on the boxes.
- On 2/22/13, there was two twenty six ounce dented cans of chicken noodle soup and two twenty six ounce dented cans of tomato soup in the home's kitchen pantry.

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.

- 1) The most significant change to address this violation is that all labels, food in cupboards and cabinets will be checked monthly by the senior staff members that coordinate the monthly safety rounds. This went into effect on 4/23/13.
- 2) Another change is that the 11PM to 7AM will check for food labeling, dented cans and outdated food on a daily basis. This went into effect on March 26, 2013.
- 3) Upon the administrator's monthly review of labeling, dented cans and outdated food, if any violations are found, disciplinary action will follow for the 11 to 7 shift as well as for the individuals responsible for safety rounds.
- 4) All of these matters will be part of training for staff before May 31, 2013 led by the administrator.

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) *Sharon Jean Egan, Director* Date *4/23/13*

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

The above plan of correction is approved as of *4/23/13*
 (Date)

Plan of correction implementation status as of *4/23/13*
 (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: 12795 - 02/22/2013 - Adams, Patricia
 FCH Name: NORTHWESTERN HUMAN SERVICES OF MONTGOMERY COUNTY

1. REGULATION 55 Pa.Code §2800

2600.107(b) - The home shall have written emergency procedures that include the following:

- (1) Contact information for each resident's designated person.
- (2) The home's plan to provide the emergency medical information for each resident that ensures confidentiality.
- (3) Contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents.
- (4) Means of transportation in the event that relocation is required.
- (5) Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs.
- (6) Alternate means of meeting resident needs in the event of a utility outage.

2a. DESCRIPTION OF VIOLATION

The home's emergency plan was not updated to reflect the current staff.

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.

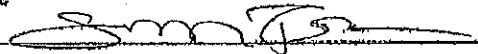
Violation: The home's emergency plan was not updated to reflect the current staff.

- 1) As of 2/25/13 the administrator updated the emergency plan with current staff.
(See attached page from emergency plan)
- 2) Administrator will be responsible for updating the emergency plan on an ongoing basis.
- 3) All new staff will be trained on the emergency plan during on-site orientation which will be conducted by the administrator or her/his designee.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)



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

Patricia Adams, Executive Director

Date: 2/24/13

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

The above plan of correction is approved as of

2/3/13
 (Date)

Plan of correction implementation status as of

5/3/13
 (Date)

The above plan of correction was approved by



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

Violation Report: 12795 - 02/22/2013 - Adams, Patricia
 PCH Name: NORTHWESTERN HUMAN SERVICES OF MONTGOMERY COUNTY

1. REGULATION 85 Pa.Code §2600
 2600.127(a) - Portable space heaters are prohibited.

2a. DESCRIPTION OF VIOLATION
 On 2/22/13, a small portable space heater was located in the living room. The space heater was being used by staff person B to keep warm.

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.

Violation: On 2/22/13, a small portable space heater was located in the living room. The space heater was being used by staff person B to keep warm.

- 1) The administrator developed a policy on 4/23/13 regarding space heaters which includes a promise of disciplinary action if staff is found using them. (See attached policy).
- 2) All staff will be trained on this policy and sign off on it, indicating their understanding of said policy by May 31, 2013.

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) *Shaun West, Executive Director* Date *4/24/13*

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

The above plan of correction is approved as of 5/3/13
 (Date)

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

Plan of correction implementation status as of 5/3/13
 (Date)

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

Violation Report: 12785 - 02/22/2013 - Adams, Patricia
 PCH Name: NORTHWESTERN HUMAN SERVICES OF MONTGOMERY COUNTY

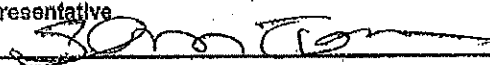
1. REGULATION 55 Pa.Code §2500
 2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION
 - No fire drill was conducted during the months of November 2012 and January 2013.
 - The fire drill schedule is kept posted on the office door and available to anyone accessing the area.

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.

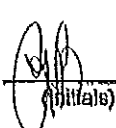
- 1) There was mistakenly no fire drill in November, 2012 and two were executed in December to make up for this mistake. There was a fire drill in January of 2013 (see attached report)
- 2) Due to the mistake in November, 2012 the administrator has elicited the assistance of the NHS safety manager to develop a tickler system that will never allow the program to miss another fire drill. The administrator has suggested that the safety manager to email or call the program no later than ten days before each month's ending date to remind everyone that a fire drill is still due and the drill should be completed the day of the safety manager's reminder.
- 3) The administrator has also developed a policy regarding the frequency of fire drills and the need for drills to be a surprise rather than preparing staff and residents by posting the upcoming drills
- 4) The administrator or her/his designee will become the program fire marshal and will then be responsible for all monthly drills occurring and keeping drills anonymous.
- 5) A new policy addressing the above issues has been developed (see attached policy), and staff will be trained on the policy and sign it to indicate their understanding of the policy before May 31, 2013.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Sharon Webb Executive Director Date 4/25/13

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

The above plan of correction is approved as of <u>5/3/13</u> (Date)	Plan of correction implementation status as of <u>5/3/13</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partly Implemented - Adequate Progress <input type="checkbox"/> Partly Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 12795 - 02/22/2013 - Adams, Patricia
 PCH Name: NORTHWESTERN HUMAN SERVICES OF MONTGOMERY COUNTY


1. REGULATION 55 Pa.Code §2600
 2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION
 The fire drill record for the drill conducted on 10/8/12 does not include time.

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.

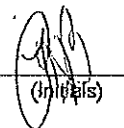
- 1) The most significant change, that the administrator developed, is the new fire drill form which includes a prompt requesting that the user include the time of the fire drill (See attached). The new fire drill form has been instituted since March 1, 2013.
- 2) Another important change is policy 2000.2699.132(a) that indicates that a fire marshal will be appointed from the staff by May 31, 2013. The fire marshal will do the following: take responsibility for filling out the fire drill report to make sure that all client and staff signatures are present, as well as the time of the drill, date, alarm used, time for evacuation, and other pertinent information required to encourage safety. The administrator will also review all fire drill reports monthly for accuracy.
- 3) All staff will be trained on policy 2000/2699/132(a) by May 31, 2013. Staff will be asked to sign off on the policy to indicate their understanding of the new conditions of facilitating a fire drill.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Patricia Adams, Director Date 4/25/13

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

The above plan of correction is approved as of <u>4/25/13</u> (Date)	Plan of correction implementation status as of <u>5/3/13</u> (Date)
The above plan of correction was approved by  (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: 12795 - 02/22/2013 - Adams, Patricia
 PCH Name: NORTHWESTERN HUMAN SERVICES OF MONTGOMERY COUNTY

1. REGULATION 55 Pa.Code §2600
 2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

- The medication administration record for resident # 3 does not include diagnosis for Procardia XL 30 mg, Diprolone 0.05% cream and Gold Bond medicated body powder.

- The medication administration record for resident # 4 does not include diagnosis for Klonopin 0.5 mg.

3. Violation: The medication administration record for resident #3 does not include diagnosis for Procardia XL 30 mg, Diprolone 0.05% cream and Gold Bond medicated body powder. to be completed

-The medication administration record for resident #4 does not include diagnosis for Klonopin 0.5 mg.

- 1) The 7am to 3pm and 3pm to 11pm shifts will review medication administration forms daily for accuracy and medication diagnosis. The administrator or her/his designee will review weekly. (See attached chore schedules)
- 2) If medication arrives without diagnosis the administrator or designee will contact the pharmacy for the information and list the diagnosis in the MARS.
- 3) This practice began March 26, 2013.
- 4) Staff was trained in this practice on March 26, 2013 and will be re-trained before May 31, 2013.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/09/2012	
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Sharon Laska Executive Director Date 4/29/13

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The above plan of correction is approved as of <u>5/9/13</u> (Date)	Plan of correction implementation status as of <u>5/2/13</u> (Date)
The above plan of correction was approved by (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: 12795 - 02/22/2013 - Adams, Patricia
 PCH Name: NORTHWESTERN HUMAN SERVICES OF MONTGOMERY COUNTY

1. REGULATION 55 Pa.Code §2600
 2600.191.- The home shall educate the resident the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION
 Resident # 1 has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

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.

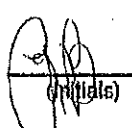
- 1) The administrator developed policy #2600.191 to ensure that consumers understand that she/he has the right to refuse medication if she/he believes the medication to be in error. The policy went into effect on April 22, 2013.
- 2) During the initial admission by administrator or her/his designee, the consumers will be informed of his/her right to refuse medication if it is believed that the medication is in error.
- 3) Staff will be trained on the policy before May 31, 2013 and they will be asked to sign off on the policy to indicate their understanding of the procedure.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Sharon Lebb - Executive Director</u>	Date <u>04/22/13</u>
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DEPARTMENT USE ONLY / HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>5/3/13</u> (Date)	Plan of correction implementation status as of <u>5/3/13</u> (Date)
The above plan of correction was approved by  (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: 12796 - 02/22/2013 - Adams, Patricia
 PCH Name: NORTHWESTERN HUMAN SERVICES OF MONTGOMERY COUNTY

1. REGULATION 65 Pa.Code §2600
 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION
 The pre-admission screening form for resident # 1, admitted 2/6/13, does not include date screening completed.

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.

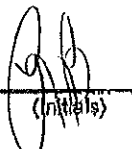
- 1) The administrator developed policy # 2000.2600.224(a) to ensure that the pre-admission screening form is filled out at least 30 days before a consumer is admitted into the personal care home. The pre-admission screening will be conducted by the administrator or her/his designee. The policy went into effect on April 23, 2013.
- 2) Staff will be trained on the policy by May 31, 2013 and will be asked to sign off on the policy to indicate their understanding.
- 3) The administrator or her/his designee will review the pre-screening form before the consumer is admitted and deny admission if the form was not completed 30 days prior to admission date, and wait until the 30 days has passed to admit the resident.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Sharon E. Exe. Dir. Date 2/24/13

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

The above plan of correction is approved as of <u>2/23/13</u> (Date) The above plan of correction was approved by  (Initials)	Plan of correction implementation status as of <u>2/23/13</u> (Date) <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
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