



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

JUL 19 2013

Ms. Marina Hacking, Administrator  
Philadelphia Presbytery Homes, Inc.  
2000 Joshua Road  
Lafayette Hill, Pennsylvania 19444

RE: Rosemont Presbyterian Village  
404 Cheswick Place  
Rosemont, Pennsylvania 19010

Dear Ms. Hacking:

As a result of the Department of Public Welfare's licensing inspection on May 8, 2013 and May 9, 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 June 7, 2013 to June 7, 2014 was issued on February 19, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky".

Ronald Melusky  
Director

Enclosure  
Violation Report

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

PCH Name: ROSEMONT PRESBYTERIAN VILLAGE		License Number: 17663
Address: 404 CHESWICK PLACE, ROSEMONT, PA 19010		County: Delaware
Adminletrator: Marina Hacking		Region: SOUTHEAST
Legal Entity Name: PHILADELPHIA PRESBYTERY HOMES INC		
Legal Entity Address: 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444		
Certificate(s) of Occupancy Other 10/11/2007 Radnor Township		
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 80	Waking Staff: 60
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 05/08/2013: Scharpf, Amy; Kurtz, Andrea 05/09/2013: Scharpf, Amy; Kurtz, Andrea		
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: 221	Number of Residents who:	
Number of Residents Served: 73	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit In Home: No	Are 60 Years of Age or Older: 73	
Area:	Have Mental Illness: 0	
Secured Dementia Unit Capacity, If Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, If applicable:	Have a Mobility Need: 7	
Number of Current Hospice Residents: 5	Have a Physical Disability: 1	
Number of Hospice Residents in past year: 1		

Violation Report: 17663 - 05/08/2013 - Scharpf, Amy  
 PCH Name: ROSEMONT PRESBYTERIAN VILLAGE

**1. REGULATION 65 Pa.Code §2600**  
 2600.16(b) - The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.

**2a. DESCRIPTION OF VIOLATION**  
 The home's written policy on reportable incidents does not address prevention.

**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.*

Policy on reportable incidents has been updated to include prevention. Preventative measures were already in place as demonstrated during the survey. The updated policy is attached for your review.

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) Marina Hacking, Administrator	Date 6/14/13
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 6/18/13  
 (Date)

The above plan of correction was approved by DM  
 (Initials).

Plan of correction implementation status as of 6/14/13  
 (Date)

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

Violation Report: 17663 - 05/08/2013 - Scharpf, Amy  
 PCH Name: ROSEMONT PRESBYTERIAN VILLAGE

**1. REGULATION 55 Pa.Code §2600**

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

**2a. DESCRIPTION OF VIOLATION**

Glade Air Freshener and Lysol spray with a manufacture's label indicating "if swallowed, contact poison control", was unlocked and accessible to residents on the second floor of home.

**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.*

Housekeeping carts are locked and not accessible to residents. Staff member whose cart was unlocked was re-educated on locking the housekeeping carts when not in eye sight.

Housekeeping staff was re-inserviced on regulation 82C May 9, 2013.

Audits will be performed weekly to monitor compliance by the Plant Operations Manager/Designee and results will be reported at the monthly Quality Management Committee meeting.

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) Marina Hacking, Administrator	Date 6/14/13
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The above plan of correction is approved as of 6/14/13  
 (Date)

Plan of correction implementation status as of 6/14/13  
 (Date)

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

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

Violation Report: 17663 - 05/08/2013 - Scharpf, Amy  
 PCH Name: ROSEMONT PRESBYTERIAN VILLAGE

1. REGULATION 55 Pa.Code §2600  
 2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION  
 On 5/8/13, the flour, baking soda and splenda located in the cabinet of the activity room kitchenette of the home was opened and unsealed.

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 flour, baking soda and splenda were removed and discarded at the inspection. Plastic food bags are available and will be used for the activity room food storage.

Activity Staff was re-inserviced on proper storing of opened food items. Activity Director/Designee will audit bi-weekly for compliance. Results will be presented at the monthly Quality Management Committee meeting.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/31/2012
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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) Marina Hackling, Administrator	Date 6/14/13
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The above plan of correction is approved as of <u>6/14/13</u> (Date)	Plan of correction implementation status as of <u>6/14/13</u> (Date)
The above plan of correction was approved by <u>AMH</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: 17663 - 05/08/2013 - Scharpf, Amy  
 PCH Name: ROSEMONT PRESBYTERIAN VILLAGE

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 5/8/13, pepperoni and salsa located in the refrigerator of the activity room kitchenette of the home was not dated.

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.*

Pepperoni and salsa kept in the activity room kitchenette refrigerator were discarded at the inspection. Food items opened will be dated with the day that they are opened and discarded per standards.

Activity Staff have been re-inserviced on food dating procedures. Activity Director/Designee will audit bi-weekly for compliance. Results will be presented at the monthly Quality Management Committee meetings.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/31/2012
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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)	Date
Marina Hacking, Administrator	6/14/13

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The above plan of correction is approved as of <u>6/14/13</u> (Date)	Plan of correction implementation status as of <u>6/14/13</u> (Date)
The above plan of correction was approved by <u>OHM</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: 17683 - 05/08/2013 - Scharpf, Amy PCH Name: ROSEMONT PRESBYTERIAN VILLAGE	
<b>1. REGULATION 55 Pa.Code §2600</b> 2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.	
<b>2a. DESCRIPTION OF VIOLATION</b> On 5/7/13, 2 outdoor chairs blocked the egress from the home's lobby level hallway emergency exit.	
<b>3. PLAN OF CORRECTION (POC)</b> (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 outdoor chairs blocking the egress from the lobby level hallway emergency exit have been removed. Security Staff/Designee will check area daily for compliance. Any incidents of non-compliance will be reported monthly by the Plant Operations Manager/Designee at monthly Quality Management Committee meetings.	
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) Marina Hacking, Administrator	
Date 6/14/13	
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
The above plan of correction is approved as of <u>6/14/13</u> (Date)	Plan of correction implementation status as of <u>6/14/13</u> (Date)
The above plan of correction was approved by <u>DPM</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: 17663 - 05/08/2013 - Scharpf, Amy  
PCH Name: ROSEMONT PRESBYTERIAN VILLAGE

1. REGULATION 55 Pa.Code §2600  
2600.181(d) - If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

2a. DESCRIPTION OF VIOLATION  
Resident #1 self administers medications and stores medications in the resident's room. On 5/8/13, Dorzolamide and Tobramycin (eye drops) were unlocked in the resident's room. Resident #1 reports the door remains unlocked when the resident leaves the 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.*  
Locking cabinet has been installed in resident apartment on 5/9/2013. Resident agreed to keep medication stored in the cabinet. Residents who self administer medications are being reminded that they must lock their apartment door when leaving or store medications in secure locked area when the medication is unattended. Cabinet locks are available for those who choose not to lock their apartments when leaving.  
Random audits will be conducted monthly by Resident Services Manager/Designee to ensure compliance. Findings will be reported at the monthly Quality Management Committee meeting.

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)      Date

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The above plan of correction is approved as of 6/14/13  
(Date)

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

Plan of correction implementation status as of 6/14/13  
(Date)

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

Violation Report: 17663 - 05/08/2013 - Scharpf, Amy  
 PCH Name: ROSEMONT PRESBYTERIAN VILLAGE

1. REGULATION 55 Pa.Code §2600  
 2600.183(d) - Only current prescription, OTC, sample and CAM for Individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION  
 On 5/9/13, Novolog vial prescribed for Resident #2, was opened 4/7/13. The prescription label on the bottle reads "expires in 28 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.*

Novolog was disposed of and re-ordered during inspection. As of 6/13/13, all insulins include "discard by date" as recommended. Nursing Staff will be re-educated on discarding expired medication. Bi-weekly medication cart audits are being conducted by designated nursing staff. Overnight Supervisor will also complete random monthly audit of the medication cart. Findings will be reported at the monthly Quality Management Committee meeting.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/31/2012
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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) Marina Hacking	Date 6/14/13
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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: 17663 - 05/08/2013 - Scharpf, Amy  
 PCH Name: ROSEMONT PRESBYTERIAN VILLAGE

1. REGULATION 55 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 #3, admitted 4/2/13 does not include a determination that the home can meet the service needs of the resident.

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.

Pre-admission screening form was corrected while DPW was on site 5/8/2013. Personal Care charts have been audited for compliance.  
 Future pre-screens will include a determination that the home can meet the service needs of the resident and will be verified by Resident Services Manager/Designee for compliance.

Audits will be performed monthly and reported at the Quality Management Committee meeting.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Marina Hacking, Administrator	Date 6/14/13
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The above plan of correction was approved by <u>OHM</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: 17663 - 05/08/2013 - Scharpf, Amy  
 PCH Name: ROSEMONT PRESBYTERIAN VILLAGE

1. REGULATION 56 Pa.Code §2600  
 2600.227(h) - If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

2a. DESCRIPTION OF VIOLATION  
 The home did not make a notation as to the reason why Resident #4 did not sign the resident's 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.

Notation was made on Resident #4's record of the reason why the resident did not attend the support plan meeting on 5/8/2013. RASPs have been audited for signatures or reasons for not signing. Social Services Manager and Resident Services Manager were re-educated regarding regulation 227(h). Social Services /Designee will monitor for compliance monthly and report findings at the Quality Management Committee meeting.

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) Marina Hacking, Administrator

Date 6/14/13

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The above plan of correction was approved by <u>MH</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