



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUL 19 2013

Mr. Robert Fishman, Executive Director
Resources for Human Development, Inc.
Attn: Loretta Mooney
4700 Wissahickon Avenue, Suite 12
Philadelphia, Pennsylvania 19144

RE: New Options I
1419-21 Powell Street
Norristown, Pennsylvania 19401

Dear Mr. Fishman:

As a result of the Department of Public Welfare's licensing inspection on May 21, 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.

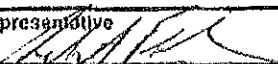
Your regular license for the period of June 7, 2013 to June 7, 2014 was issued on February 22, 2013. Your regular license remains in good standing.

Sincerely,

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

Ronald Melusky
Director

Enclosure
Violation Report

Violation Report: 12804 - 05/21/2013 - Scharpf, Amy PCH Name: NEW OPTIONS I	
1. REGULATION 65 Pa.Code §2600 2600.05(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.	
2a. DESCRIPTION OF VIOLATION The home has 8 outside trash receptacles. 5 of the trash receptacles have holes in the lids that range from 2" by 3" to 4" by 4" where it appears rodents have infested.	
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.	
<p>As of 5/27/13, all outside trashcans with holes in the lids were replaced. Extra outside trashcans were purchased to replace future occurrences of squirrel-created holes. House Manager will report to Facility Manager, any trashcans that are in need of replacement via phone, and via the Shift Report. Facility Manager will assure replacement of trashcans, and Administrator will oversee. (See Attachment #1)</p>	
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) Robert Fishman	Date 6/13/13
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
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>DRM</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: 12804 - 05/21/2013 - Scharpf, Amy PCH Name: NEW OPTIONS I	
1. REGULATION 55 Pa.Code §2600 2600.93(a) - Each ramp, interior stairway and outside steps must have a well-secured handrail.	
2a. DESCRIPTION OF VIOLATION The step from the laundry room to the outside of the home does not have a handrail.	
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.	
<p>As of 5/22/13, a handrail was installed on the wall/doorway, from the outside to the laundry room to assist Residents in safely stepping up into the residence. Proper placement and functionality of the handrails will be assured monthly by the New Options Facility Manager via the Monthly Property Inspection form. Administrator will oversee compliance. (See Attachment #2)</p>	
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Signature of Legal Entity Representative (Required on EVERY Page) <i>[Signature]</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Robert Fishman</i>	Date <i>6/13/13</i>
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Violation Report: 12804 - 05/21/2013 - Scharpf, Amy PCH Name: NEW OPTIONS I	
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 kitchen does not include a thermometer	
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.	
<p>As of 5/21/13, a Temp e dot thermometer was included in the first aid kit in the kitchen at New Options. When an order was placed for more Temp e dot thermometers, and it was found that they need to be refrigerated per the manufacturer's instructions, to protect the temperature sensitive coloring. This makes them inappropriate for further use in the New Options First Aid kits. Several new digital thermometers and covers were purchased and placed in all the first aid kits at New Options. The contents of the first aid kits will be checked monthly by the Medical Case Manager, and documented on the First Aid Kit checklist. (See Attachment #3) New Options Medical Coordinator will oversee to assure compliance.</p>	
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Violation Report: 12804 - 05/21/2013 - Scharf, Amy PGH Name: NEW OPTIONS I	
1. REGULATION 55 Pa.Code §2806 2800.98(b)(2) - The combined living room or lounge areas shall accommodate all residents at one time	
2a. DESCRIPTION OF VIOLATION The living room area has seating for 9 people. On 6/21/13, the home was serving 11 residents.	
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.	
<p>As of 6/11/13, 3 new arm chairs were purchased for the living room at New Options. New Options will also be keeping the 2nd floor lounge open at all times for additional seating up to 7 more people. New Options Facility Manager will assure adequate seating as part of a monthly property inspection, and New Options House Manager will report needed seating when a chair is out of repair. New Options Administrator will oversee to assure compliance. (See Attachment #4)</p>	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Robert Fishman	Date 6/13/13
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Violation Report: 12804 - 05/21/2013 - Schardt, Amy
 PCH Name: NEW OPTIONS I

1. REGULATION 55 Pa.Code §2600
 2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION
 The home's emergency procedures are not posted in a conspicuous and public place in the 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.

As of 5/22/13, New Options Emergency Procedures have been moved from the binder in the kitchen area, to the bulletin board in the kitchen area, along with a copy on the board by the front entrance to the building. The New Options House Manager will assure their continued accessibility and New Options Administrator will oversee to assure compliance.

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) Robert Fishman Date 6/13/13

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Violation Report: 12604 - 05/21/2013 - Scharpf, Amy PCH Name: NEW OPTIONS I	
1. REGULATION 56 Pa.Code §2600 2600.132(a) - An unannounced fire drill shall be held at least once a month.	
2a. DESCRIPTION OF VIOLATION The fire drills conducted on 12/13/12, 2/28/13, 4/16/13 and 5/2/13 had 2 staff persons participating; the drill was announced to 1 staff person who conducted the drill and participated in the drill.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.</i>	
<p>A Revision of the New Options Fire Drill Record was completed on 6/6/13 and will be presented to Staff and Residents via memo the week of 6/17/13. The revision is a re-do of the PCH home Model form for Fire Drill recording. (See Attachment #5) It includes a place for the location of the fire, and for the signature of the Staff person running the fire drill. Fire drills during normal business hours will be run by the New Options Administrator, and evening and overnight fire drills will be run by the Supervisor on-call.</p>	
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Violation Report: 12904 - 05/21/2013 - Scharpf, Amy PCH Name: NEW OPTIONS I	
1. REGULATION 55 Pa.Code §2800 2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.	
2a. DESCRIPTION OF VIOLATION The last fire safety inspections and drills observed by a fire safety expert were conducted on November 1, 2012 and June 9, 2011; 1 year and 5 months apart.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.</i>	
<p>Due to a miscommunication with Jim Hill, the usual Fire Safety Inspector for New Options, the annual Fire Drill and Fire Safety Inspection was 5 months late. This was an egregious oversight, and will not occur again. Annual Fire Safety Inspections and Fire Drills will be scheduled by the New Options Facility Manager. He will inform the New Options Office Manager of the scheduled dates and times, and together, they will follow up to assure proper scheduling. Administrator will oversee to assure compliance.</p>	
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Violation Report: 12804 - 05/21/2013 - Scharpf, Amy PCH Name: NEW OPTIONS I	
1. REGULATION 55 Pa.Code §2600 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.	
2a. DESCRIPTION OF VIOLATION The fire drills conducted during sleeping hours were 4/18/13 and 8/2/12; 8 months apart.	
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.	
<p>In the future, overnight fire drills will be scheduled for the year by the Administrator and overseen by the New Options Office Manager to assure reminders of the schedule. The next overnight fire drill at New Options is scheduled for _____ and will be run by the House Manager of New Options. Administrator will oversee to assure compliance as well.</p>	
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Violation Report: 12804 - 05/21/2013 - Scharf, Amy PCH Name: NEW OPTIONS I	
1. REGULATION 55 Pa.Code §2600 2600 262 - Each resident's record must include the following information: (1) through (26)	
2a. DESCRIPTION OF VIOLATION Resident #1's record does not include the name, address, telephone number and relationship of a designated person to be contacted in case of an emergency, identify marks, color of eyes, or religious affiliation.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.</i>	
<p>Due to a transfer of data to our new PCH Software for Resident Record keeping, Resident 1's electronic record was missing demographic information. As of 5/23/13, all Resident Records have been electronically updated, including Resident 1. (See Attachment #6a and #6b) Future compliance will be assured by New Options Medical Coordinator and overseen by New Options Administrator.</p>	
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(Initials)	