



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

AUG 23 2013

Mr. Michael P. Donlevy, Chairman  
Whitemarsh House, Inc.  
Whitemarsh House  
31 West Mill Road, P.O. Box 301  
Flourtown, Pennsylvania 19031

Dear Mr. Donlevy:

As a result of the Department of Public Welfare's licensing inspection on June 13, 2013, of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Licensing Inspection Summary were found.

All violations specified on the enclosed Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period September 13, 2013 to September 13, 2014 was issued on June 17, 2013. Your regular license remains in good standing.

Sincerely,

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

Ronald Melusky  
Director

Enclosure  
Licensing Inspection Summary



Violation Report: 12786 - 08/13/2013 - Kurtz, Andrea  
 PCH Name: WHITEMARSH HOUSE

**1. REGULATION 55 Pa.Code §2800**

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

**2a. DESCRIPTION OF VIOLATION**

Direct care staff person A, hired 9-8-12, does not have a high school diploma, GED diploma, or active registration status on the Pennsylvania nurse aide registry.

**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.*

Staff person A does have a high school diploma. It was not in her personnel file at the time of the survey. Staff person A was taken off the schedule until she provided her diploma, which she was able to do within a few days.

Effective immediately, the PCHA and Controller will make sure that every new hire will provide a high school diploma or required document prior to being hired.

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page) <i>Glenn Makela, MHA, MA, PCHA</i>		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <b>GLENN MAKELA</b>		Date <b>8/5/2013</b>
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>		
The above plan of correction is approved as of <u>8/7/13</u> (Date)	Plan of correction implementation status as of <u>8/7/13</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: 12786 - 06/13/2013 - Kurtz, Andrea  
 PCH Name: WHITEMARSH HOUSE

**1. REGULATION 55 Pa.Code §2600**  
 2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:  
 (1) Resident rights.  
 (2) Emergency medical plan.  
 (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).  
 (4) Reporting of reportable incidents and conditions.

**2a. DESCRIPTION OF VIOLATION**  
 Staff person A hired 9-6-12 and staff person B hired 2-18-13 did not receive training in Resident Rights, Older Adult Protective Services Act, Emergency medical plan, and Reportable incidents within 40 scheduled work hours.

**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.

Staff persons A and B received this training on June 25<sup>th</sup> and June 26<sup>th</sup> respectively. The PCHA and Controller will assure that all new hires will receive all the required training within the first 40 scheduled work hours. The PCHA and Controller will make sure that the "Training within 40 scheduled hours" form is completed and entered in the employee's personnel file.

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		
<i>Glenn Makele MHA, MA, PCHD</i>		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
GLENN MAKELE		8/5/2013

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Violation Report: 12786 - 08/13/2013 - Kurtz, Andrea  
 PCH Name: WHITEMARSH HOUSE

**1. REGULATION 66 Pa.Code §2800**

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

**2a. DESCRIPTION OF VIOLATION**

The telephone located outside of the dining area does not include the numbers for poison control, local emergency management, and the personal care home complaint hotline.

**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 day of the survey the correct list of required phone numbers was placed next to the phone. The PCHA will check to ensure that the correct list of phone numbers is next to the phone at all times.

*The required emergency phone numbers will be posted by all phones. The administrator will conduct monthly checks of each resident phone and all of the homes phones to ensure the numbers are posted, starting 9/1/13.*

*(S)*

Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page)	<i>Andrea Kurtz, NHA, MA, PCHA</i>
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>GLENN MAKELA</i>	<i>8/5/2013</i>

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Violation Report: 12786 - 08/13/2013 - Kurtz, Andrea  
 PCH Name: WHITEMARSH HOUSE

1. REGULATION 55 Pa.Code §2600  
 2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION  
 The window on the emergency exit door for the 3rd floor had a crack through the entire center of the window.

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 window in the 3<sup>rd</sup> floor emergency exit door, which was reinforced with wire mesh, was replaced on June 21<sup>st</sup> with a clear, shatter-proof polycarbonate plastic window.

The maintenance man will inspect all windows in the house at least weekly. Cracks in any windows will immediately be brought to the attention of the PCHA and will be replaced by the maintenance man or by an outside entity, if necessary.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Glenn Makela, MHA, MA, PCHA*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) **GLENN MAKELA**      Date **8/5/2013**

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 (Initials)

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 (Date)

- Fully Implemented
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- Not Implemented

Violation Report: 12786 - 08/13/2013 - Kurtz, Andrea  
 PCH Name: WHITEMARSH HOUSE

1. REGULATION 55 Pa.Code §2600  
 2600.104(b)(2) - Dishes, glassware, and utensils must be clean, and free of chips and cracks.

2a. DESCRIPTION OF VIOLATION  
 Two dinner size plates located in the kitchen cabinet each had a chip on the edges.

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.

At the time of the survey the chipped dishes were discarded. Staff members have been reminded that dishes or glassware with any chips must to be disposed of immediately.

The certified food service handler will spot check dinnerware routinely.

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <b>GLENN MAKELA</b>		Date <b>8/5/2013</b>	
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Violation Report: 12786 - 06/13/2013 - Kurtz, Andrea

PCH Name: WHITEMARSH HOUSE

1. REGULATION 55 Pa.Code §2800  
 2800.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The medical evaluation for Resident #1, dated 6-13-13, does not include information regarding the resident's health status or cognitive functioning.

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 medical evaluation of Resident #1 has been updated so that the boxes regarding health status and cognitive functioning have been completed.

The Nurse and PCHA will assure all boxes are completed by the physician or will enter data into the form for the physician's review, final completion and signature.

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page) <i>Glenn Makela</i> MHA, MA, PCHA		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) GLENN MAKELA		Date: 8/5/2013

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 (Date)

Plan of correction implementation status as of *8/7/13*  
 (Date)

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 (Initials)

- Fully Implemented
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- Not Implemented

Violation Report: 12786 - 06/13/2013 - Kurtz, Andrea  
 PCH Name: WHITEMARSH HOUSE

1. REGULATION 55 Pa.Code §2600  
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #1 had a medical evaluation completed on 6-13-13. The previous medical evaluation was completed on 4-10-12.

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 Nurse and PCHA will double check the due dates for annual physical to assure that all physicals are completed on time. In instances where a resident is getting medical tests or procedures nearing their physical due date, the Nurse and PCHA will attempt to have the annual physical done at that time.

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page) <i>Glen Makele, MHA, MA, PCHA</i>		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <b>GLEN MAKELA</b>		Date <b>8/5/2013</b>

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Violation Report: 12786 - 06/13/2013 - Kurtz, Andrea  
 PCH Name: WHITEMARSH HOUSE

1. REGULATION 55 Pa.Code §2600  
 2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION  
 On 6-13-13, the first aid kit in the car used to transport residents did not contain safety glasses.

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.

Safety glasses for the first aid kit in the car were obtained on the day of the survey.

The Nurse will inventory the first aid kits routinely to assure that they are complete of all required items.

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page) <i>[Signature]</i> MAKELA, MHA, MA, PCH A		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) GLENN MAKELA		Date 8/5/2013

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 (Date)

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Violation Report: 12786 - 06/13/2013 - Kurtz, Andrea  
 PCH Name: WHITEMARSH HOUSE

**1. REGULATION 55 Pa.Code §2800**

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

**2a. DESCRIPTION OF VIOLATION**

- Staff person C completed the Department-approved medications administration course on 3-31-12. The annual practicum was not completed at the time of the inspection.
- Staff person D completed the Department-approved medications administration course on 1-4-12. The annual practicum was not completed at the time of the inspection.
- Staff person E completed the Department-approved medications administration course on 5-9-12. The annual practicum was not completed at the time of the inspection.
- Staff person F completed the Department-approved medications administration course on 1-3-12. The annual practicum was not completed at the time of the inspection.
- Staff person G completed the Department-approved medications administration course on 5-9-12-12. The annual practicum was not completed at the time of the inspection.

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

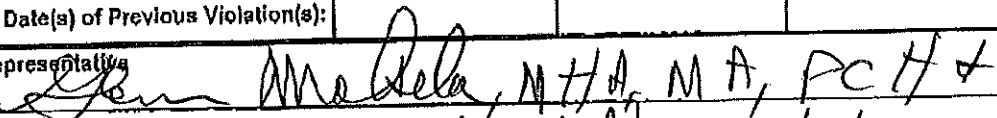
*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

The annual practicums for staff persons C,D,E,F and G were completed on June 29<sup>th</sup> based on the guidance to us from Ann Favarella, Nursing Services Consultant, Office of Developmental Programs, DPW. (Advised by Andrea Kurtz)

Our Nurse has pre-registered for the next Train the Trainer course so that she will be able to perform all training for medication management. (We believed she was registered for Spring 2013 course but we were not informed that her registration had not gone through) The PCHA and Controller will maintain frequent contact with the training organization to assure that there is confirmation of her attendance in the course.

The Nurse and PCHA will assure that training and practicums for medication administration will be completed on time.

Since the date of the training has not been established, in the interim we will utilize the trainer who did the recent annual practicums, if necessary.

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
GLENN MAKELA		8/5/2013

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Violation Report: 12786 - 06/13/2013 - Kurtz, Andrea  
 PCH Name: WHITEMARSH HOUSE

1. REGULATION 65 Pa.Code §2600  
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION  
 Resident #2 participated in the development of their support plan on 7-1-12. The resident did not sign the 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.

Resident #2 signed the support plan. In the future the Program Director and PCHA will ensure that the resident signs the support plan. If the Resident refuses it will be so noted.

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
CLEMIA MAKELIA		8/5/2013
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