



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: November 20, 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 Adult Residential licensing inspection on August 27, 2013 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Human Services Licensing so that compliance can be verified.

Sincerely,

A handwritten signature in black ink that reads "Roslyn Brewer BK". The signature is written in a cursive style with a large, stylized "R" and "B".

Roslyn Brewer  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary

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

PCH Name: WHITEMARSH HOUSE		License Number: 12786
Address: 31 WEST MILL ROAD, FLOURTOWN, PA 19031		County: Montgomery
Administrator: Glenn Makela		Region: SOUTHEAST
Legal Entity Name: WHITEMARSH HOUSE INC		
Legal Entity Address: PO BOX 301 31 WEST MILL ROAD, FLOURTOWN, PA 19031		
Certificate(s) of Occupancy		
Staffing Hours		
Resident Support:	Total Daily Staff: 18	Waking Staff: 14
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 08/27/2013: McHale, Christine		
Off-Site Inspection Dates and Inspectors, if Applicable 08/29/2013: McHale, Christine		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 26 Number of Residents Served: 16 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0		Number of Residents who: Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 10 Have Mental Illness: 6 Have an Intellectual Disability: 1 Have a Mobility Need: 2 Have a Physical Disability: 0

Violation Report: 12786 - 08/27/2013 - McHale, Christine  
 PCH Name: WHITEMARSH HOUSE

**1. REGULATION 55 Pa.Code §2600**

2600.23(a) - A home shall provide each resident with assistance with activities of daily living as indicated in the resident's assessment and support plan.

**2a. DESCRIPTION OF VIOLATION**

The most recent assessment and support plan for resident #1, dated 7/2/13, indicates that the resident requires full physical assistance with securing and managing health care. The resident was prescribed Antivert 25 mg every 8 hours by an ENT specialist due to dizziness. This medication ran out on 8/4/13 and did not have any refills available. The home did not contact the prescribing physician to determine if the resident continued to need this medication. On 8/5/13 at 12:00 am, 8:00 am, and 4:00 pm, and 8/6/13 at 12:00 am the resident did not receive the medication. On 8/6/13, the home was able to confirm with the prescriber that the resident was to continue to take the medication and prescribed a refill. The home failed to provide the resident with assistance with managing their health care as indicated in the resident's assessment and 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.*

Whitemarsh House is providing the resident assistance with managing her healthcare as indicated in the resident's support plan.


The Nurse Manager and PCHA will ensure that Whitemarsh House will continue to provide this assistance to all residents.

The Nurse Manager and PCHA will ensure that all refills for all medications will be available at all times.

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)

GLENN M. McHALE, MHA, MA, PCHA

Date 9/11/13

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

The above plan of correction is approved as of

9/18/13  
 (Date)

Plan of correction implementation status as of

9/18/13  
 (Date)

The above plan of correction was approved by

AB  
 (Initials)

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