



JAN 28 2014

Ms. Dania D. West, Administrator  
Philadelphia Presbytery Homes, Inc.  
2000 Joshua Road  
Lafayette Hill, Pennsylvania 19444

RE: Rydal Park Personal Care  
1515 The Fairway  
Rydal, Pennsylvania 19046  
License #: 138120

Dear Ms. West:

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

Your regular license for the period February 19, 2014 to February 19, 2015 was issued on November 8, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long, sweeping horizontal line extending to the right.

Matthew J. Jones  
Acting Director

Enclosure  
License Inspection Summary

PCH Name: RYDAL PARK PERSONAL CARE		License Number: 138120
Address: 1515 THE FAIRWAY, RYDAL, PA 19046		County: Montgomery
Administrator: Dania West		Region: SOUTHEAST
Legal Entity Name: PHILADELPHIA PRESBYTERY HOMES INC		
Legal Entity Address: 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444		
Certificate(s) of Occupancy C-2 LP 03/27/1975 PA L&I		
Staffing Hours		
Resident Support:	Total Daily Staff: 74	Waking Staff: 56
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 11/21/2013: McHale, Christine 11/22/2013: McHale, Christine		
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: 73 Number of Residents Served: 49 Secured Dementia Care Unit in Home: Yes Area: 4th floor Secured Dementia Unit Capacity, if Applicable: 23 Number of Residents Served in Secured Dementia Care Unit, if applicable: 16 Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 5		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 45 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 25 Have a Physical Disability: 0



Violation Report: 13812 - 11/21/2013 - McHale, Christine

PCH Name: RYDAL PARK PERSONAL CARE

**1. REGULATION 55 Pa.Code §2600**

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

**2a. DESCRIPTION OF VIOLATION**

The contract for resident #1 was not signed by the resident, the payer, and the administrator/designee.

**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 resident contract was not signed by the resident, payer and the administrator/designee. The resident daughter was contacted and an appointment set for resident's daughter to be at the facility December 15, 2013 to review contract with administrator and resident, and at this time contract will be signed. Going forward Administrator or designee will make arrangement with resident/payer to sign contract upon the day of admission. The Home Quality Management program will include a continuing review to ensure compliance of this regulation.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Dania West

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

Dania West, Personal Care Administrator

Date 12/13/13

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

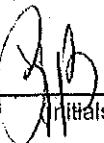
The above plan of correction is approved as of

12/17/13  
(Date)

Plan of correction implementation status as of

12/17/13  
(Date)

The above plan of correction was approved by

  
(Initials)

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

Violation Report: 13812 - 11/21/2013 - McHale, Christine  
 PCH Name: RYDAL PARK PERSONAL CARE

**1. REGULATION 55 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.*

The administrator met with resident on 11/21/13 and reviewed with her the resident's rights and compliant procedure. Resident signed document on 11/21/13. (attachment)

Appointment was set with resident daughter for 12/15/13 and at this time contract will be reviewed with resident and daughter. Going forward the home quality management program will include a continuing review to ensure compliance of this regulation.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Dania West*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Dania West, Personal Care Administrator*      Date *12/13/13*

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The above plan of correction was approved by <u><i>[Signature]</i></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: 13812 - 11/21/2013 - McHaie, Christine

PCH Name: RYDAL PARK PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.81(b) - Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

Resident #2 has an enabler on the top portion of their bed. The enabler is not covered and has open spaces where the resident could get their limbs caught in the device.

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 enabler was covered immediately on 11/22/13. Resident and Companion educated about safety and ensuring enabler is covered so that it is free from hazards. Enabler will be checked daily by Rydal Park Personal Care nursing assistant and nurses. Resident assessment and support plan updated to include daily checks by staff. To maintain compliance with the regulations. Going forward the Home Management<sup>DN</sup> quality management program will include a continuing review to ensure compliance. (See attachment 2)

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Donia West* Date *12/13/12*

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Violation Report: 13812 - 11/21/2013 - McHale, Christine

PCH Name: RYDAL PARK PERSONAL CARE

**1. REGULATION 55 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**

Resident #3 had three large linen napkins on their bathroom floor in place of a rug. These napkins did not have a slip-resistant backing and posed a tripping hazard for this 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.*

On the day of the inspection napkins were removed from the floor immediately. Resident was educated about slipping hazard. Resident assessment and support plan was updated. Staff to check resident room daily for hazard. (attachment 3)

Going forward the Home quality management program will include a continuing review of this regulation to ensure compliance

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

Signature of Legal Entity Representative (Required on EVERY Page) Dania West

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Dania West, Personal Care Administrator Date 12/13/13

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Violation Report: 13812 - 11/21/2013 - McHale, Christine  
 PCH Name: RYDAL PARK PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

The bed in resident room #4224 does not have a source of light that can be turned on/off from bedside.

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.

On the day of the inspection an operable lamp was placed next to resident bedside and within reach from the bed. Resident was educated about this regulation. Resident assessment and support plan was updated. Staff will check resident's room daily to ensure that lamp is at resident bedside and within reach to turn on and off. (attachment 4) To ensure compliance of this regulation, going forward, The Home Quality Management program will include a continuing review of the regulation.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Dania West, Personal Care Administrator Date 12/13/13

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Violation Report: 13812 - 11/21/2013 - McHale, Christine  
 PCH Name: RYDAL PARK PERSONAL CARE

**1. REGULATION 55 Pa.Code §2600**  
 2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

**2a. DESCRIPTION OF VIOLATION**  
 On 11/22/13, there was an accumulation of lint in the lint trap of the dryer in the third floor 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.*

On the day of the inspection the lint was removed immediately from lint trap. Staff was educated to reducing risk of fire hazard lint shall be removed from lint trap after each use. Memo was designed instructing staff to check lint trap before and after use. Staff inservice and memo placed in laundry room. (attachments)

Going forward the Home Quality Management program will include a continuous review to ensure compliance of this regulation.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Denia West*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Denia West Personal Care Administrator*      Date *12/13/13*

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 Not Implemented

Violation Report: 13812 - 11/21/2013 - McHale, Christine  
 PCH Name: RYDAL PARK PERSONAL CARE

1. REGULATION 55 Pa.Code §2600  
 2600.191 - The home shall educate the resident on 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.

The administrator met with resident 11/21/13. Administrator review and educated resident, that resident has the right to question or refuse a medication, if the resident believes there may be a medication error. Resident signed document on 11/21/13 and expressed understanding of rights (attachment).  
 Going forward Administrator/designee will make arrangement for resident/payer to sign document on the day of admission. The Home Quality Management program will include a continuous review to ensure compliance of this regulation.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Dania West Personal Care Administrator*, Date *12/13/13*

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Violation Report: 13812 - 11/21/2013 - McHale, Christine  
 PCH Name: RYDAL PARK PERSONAL CARE

**1. REGULATION 55 Pa.Code §2600**  
 2600.231(e) - Each resident record shall have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

**2a. DESCRIPTION OF VIOLATION**  
 - Resident #3 was admitted to the SDCU on 8/8/13. The home has no documentation that the resident and the resident's designated person have not objected to the admission.  
 - Resident #4 was admitted to the SDCU on 5/22/13. The home has no documentation that the resident has not objected to the admission.

**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 # 3 signed agreement stating she has no objection to living on the secured dementia unit. The daughter and POA is aware and has no objections. (Attachment 7).

Resident # 4 signed agreement stating he does not have any objections to living on the secured dementia unit. The Son and POA is aware and has no objections. Effective immediately administrator/designee will review with resident/payer on admission the Objection Statement stating if they agree or disagree to live on the secured unit (attachment 8). All memory support resident agreement was audited and corrective action taken.

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

Signature of Legal Entity Representative (Required on EVERY Page) Dania West

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Dania West - Personal Care Administrator      Date 12/13/13

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