



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

MAY 08 2014

Dr. Carolyn Lewis, Executive Director
NHS Human Services of Montgomery County
400 North Broad Street
Lansdale, Pennsylvania 19446

RE: Northwestern Human Services of Montgomery County
478 Bethlehem Pike
Fort Washington, Pennsylvania 19034
License #: 127950

Dear Dr. Lewis:

As a result of the Department of Public Welfare's licensing inspection on February 27, 2014, 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 May 26, 2014 to May 26, 2015 was issued on March 10, 2014. Your regular license remains in good standing.

Sincerely,

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

Matthew J. Jones
Director

Enclosure
License Inspection Summary

4/23/14

Violation Report: 12798 - 02/27/2014 - Foukes, Kimberl
 PCH Name: NORTHWESTERN HUMAN SERVICES OF MONTGOMERY COUNTY

1. REGULATION 88 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
 -Resident #1 was admitted to the home on 8/17/13. The contract for resident #1 was not signed by the the resident until 10/7/13.
 -Resident #2 was admitted to the home on 2/8/13. The contract for resident #2 was dated and signed 10/8/13.

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.

-2600.25(b)
 The home has had a changed in administrator's as of 11-16-13, going forward all contracts will be completed by the administrator and 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 resident agrees, prior to admission or within 24 hours after admission.
 On the first date of admission into the home, the administrator will complete the contract with the new admit.
 The administrator will monitor on a monthly basis.

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 Residence Director Date
 (Required on EVERY Page) Antonia Mann-Roane MS 4/23/14

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

The above plan of correction is approved as of 4/23/14 (Date) Plan of correction implementation status as of 4/23/14 (Date)

- The above plan of correction was approved by CRM (Initials)
- Fully Implemented
 - Partially Implemented - Adequate Progress
 - Partially Implemented - Inadequate Progress
 - Not Implemented

Violation Report: 12795 - 02/27/2014 - Foulkes, Kimberli
 PCH Name: NORTHWESTERN HUMAN SERVICES OF MONTGOMERY COUNTY

1. REGULATION 55 Pa.Code §2600
 2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Staff person A, whose first day of work was 11/8/13, did not receive any of the orientation required by this regulation.

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.

2600.65(a)

With the home having a new administrator in place, the administrator or the program assistant will ensure that prior to or during the first day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers will have an orientation in general fire safety and emergency preparedness that include the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

The home will have the new staff member complete a full day of orientation on the first day that they enter the PCH.

The administrator will confirm at the end of the first work day shift that the new staff had completed orientation.

As of 3/2/14, Staff A has had the above orientation. See Staff Member On-Site Orientation Checklist

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) Carolyn Lewis, Exec Dir Date 3/28/14

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 4/14/14
 (Date)

Plan of correction implementation status as of 4/14/14
 (Date)

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

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

Violation Report: 12795 - 02/27/2014 - Foulkes, Kimberil
 PCH Name: NORTHWESTERN HUMAN SERVICES OF MONTGOMERY COUNTY

1. REGULATION 58 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.

2. DESCRIPTION OF VIOLATION

Staff person A was hired on 11/8/13. The staff person did not receive any of the orientation required by this regulation.

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.

2600.65(b)

Starting 3/2/2014 the administrator or the program assistant will ensure that 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.

Staff will receive training on these topics by NHS training department, prior to starting at the home.

Program Evaluation Unit(PEU) will monitor this indicator monthly.

Staff person A was trained in HUSL topics on 3/2/14 CRM

Repeat Violation: No.	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Cardyn Lewis Exec Dir* Date *3/28/14*

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

The above plan of correction is approved as of 4/14/14
 (Date)

Plan of correction implementation status as of 4/14/14
 (Date)

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

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

3/21/14

Violation Report: 12795 - 02/27/2014 - Foulkes, Kimberli	
POH Name: NORTHWESTERN HUMAN SERVICES OF MONTGOMERY COUNTY	
1. REGULATION 55 Pa. Code §2600 2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.	
2a. DESCRIPTION OF VIOLATION Direct care staff person B received only 7.6 hours of annual training in the 2013 training year.	
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>-2600.65(e)</p> <p>All direct care staff persons will have at least 12 hours of annual training to their jobs duties. The administrator will follow the staff training plan that was completed to adhere to the 12 hours of training specific to the direct care staff job duties. The administrator will complete a training record for each direct care staff and monitor the staff training hours quarterly to ensure that all direct care staff have 12 hours annually. Effective 3/2/14.</p> <p>Staff B had training in Safe Crisis Management on 11-13-14 ^{11/13/13} <i>from</i>, please see certificate total to 11.5.</p> <p>Staff also reports that on 5/23/13 the training for Aspiration/ Choking Response training was for a 1 hour. Time was not collected during the inspection due to previous administrator not writing down time of training. (See staff training record). That would put Staff B training at 12.5</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>AS [Signature]</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Ariona M. Lane, MS</i>	Date <i>4/23/14</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>4/23/14</u> (Date)	Plan of correction implementation status as of <u>4/23/14</u> (Date)
The above plan of correction was approved by <u>[Signature]</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: 12796 - 02/27/2014 - Foukes, Kimberl
 PCH Name: NORTHWESTERN HUMAN SERVICES OF MONTGOMERY COUNTY

1. REGULATION 55 Pa.Code §2600
 2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:
 (1) Medication self-administration training.
 (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
 (3) Care for residents with dementia and cognitive impairments.
 (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
 (5) Personal care service needs of the resident.
 (6) Safe management techniques.
 (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION
 The annual training provided to direct care staff person B in training year 2013 did not include the following topics:
 -Medication Self administration
 -Meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
 -Care for residents with dementia and cognitive impairments.
 -Infection Control.
 -Personal care service needs of the residents.
 -Care for residents with mental illness or an intellectual disability or both.

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.
 Effective 3/2/14 with the new administrator providing these trainings, all direct care staff annual training will include:
 (1) Medication self-administration training.
 (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
 (3) Care for residents with dementia and cognitive impairments.
 (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
 (5) Personal care service needs of the resident.
 (6) Safe management techniques.
 (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.
 These topics will be reflected on the Staff Training Plan for 2014
 Please see the Staff Training Plan for 2014
 The administrator will monitor on a monthly basis.

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) Carlyn Lewis, Executive Date 3/28/14

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The above plan of correction is approved as of 4/14/14
 (Date)
 The above plan of correction was approved by OMM
 (Initials)

Plan of correction implementation status as of 4/14/14
 (Date)

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

9/23/14

Violation Report: 12706-02/27/2014 - Foukes, Kimberli
 POH Name: NORTHWESTERN HUMAN SERVICES OF MONTGOMERY COUNTY

1. REGULATION 88 Pa.Code §2600
 2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
 (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
 (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
 (3) Resident rights.
 (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
 (5) Falls and accident prevention.
 (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION
 Direct care staff person B did not receive training in falls and accident prevention during the 2013 training year.

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.

2600.65(g)
 All direct care staff persons ancillary staff persons, substitute personnel and regularly scheduled volunteers will be trained annually in the following areas: effective 3/2/14
 (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
 (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
 (3) Resident rights.
 (4) The Older Adult Protective Services Act (35 P. S. § 10225.101-- 10225.5102).
 (5) Falls and accident prevention.
 (6) New population groups that are being served at the home that were not previously served, if applicable.

These trainings will be reflected on the Staff Training Plan 2014 and recorded on the Staff Record of Training.
 The administrator will monitor on a monthly basis.
 Staff B will be trained on falls and accident prevention on 5/2/14

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Antonia Mann Rowe, ms* *decentral Director* Date *4/23/14*

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The above plan of correction is approved as of *4/23/14* (Date)
 Plan of correction implementation status as of *4/23/14* (Date)

The above plan of correction was approved by *DEM* (Initials)

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

C
4/26/14

Violation Report: 12795 - 02/27/2014 - Foulkes, Kimberl
 PCH Name: NORTHWESTERN HUMAN SERVICES OF MONTGOMERY COUNTY

1. REGULATION 55 Pa. Code §2800
 2600.86(l) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

2a. DESCRIPTION OF VIOLATION
 -The training record for staff person B's training in Aspiration/Choking Response does not include the length of the training.
 -The training record for staff person B's training on the medication policy does not include a date or the length of the training.

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.

2600.65(l)
 The home will keep a Record of Training for each staff member working in the home that would include, the staff person trained, date, source, content, length of each course and copies of any certificates received.
 The home will be using the DPW record of training to record all training.
 Staff B reports that on 5/23/13 the training for Aspiration/ Choking Response training was for a 1 hour. Time was not collected during the inspection due to previous administrator not writing down time of training. See staff training record.
 This record will be completed and monitor by the administrator. Effective 3/2/14

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)		Residential Director	Date 4/23/14
Artonia Moore-Lewis MS			

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The above plan of correction is approved as of 4/23/14 (Date)	Plan of correction implementation status as of 4/23/14 (Date)
The above plan of correction was approved by (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: 12796 - 02/27/2014 - Foulkes, Kimberli
 PCH Name: NORTHWESTERN HUMAN SERVICES OF MONTGOMERY COUNTY

1. REGULATION 66 Pa.Code §2600
 2600.100(b) - The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

2a. DESCRIPTION OF VIOLATION
 On 2/27/14 at approximately 4:30pm, there was a layer of snow and ice on the fire escape landing and steps leading from the 2nd and 3rd floors.

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.

2500.100(b)

The administrator will ensure that ice, snow and obstruction are removed from outside walkways, ramps steps recreational areas and exterior fire escapes. Direct care staff will check the outside walkways, ramps, steps, recreational areas and exterior fire escapes several times a day during all 3 shifts to ensure that there is no ice snow or obstructions. Effective 2/27/14

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) Carolyn Lewis Exec Dir Date 3/28/14

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

The above plan of correction is approved as of <u>4/14/14</u> (Date)	Plan of correction implementation status as of <u>4/14/14</u> (Date)
The above plan of correction was approved by <u>Oram</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

S. 4/23/14

Violation Report: 12786 - 02/27/2014 - Foulkes, Kimbarr
 PCH Name: NORTHWESTERN HUMAN SERVICES OF MONTGOMERY COUNTY

1. REGULATION 56 Pa.Code §2600
 2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION
 There were 1 can of green beans, 2 cans of tomato paste, 1 can of peas and 1 can of cream style corn that were dented in the home's kitchen cupboard to the left of the dishwasher.

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.

-2600.103(i)

The direct care staff morning shift will check the pantry, cabinets and refrigerators daily to ensure that the home is free of outdated or spoiled food or dented cans. Staff will throw out any spoiled or outdated food and dented cans.

Food was thrown out at the time of the inspection.

The administrator will do monthly inspections to ensure that the home is free of dented cans, outdated and spoiled food. Effective 3/2/14

Repeat Violation: Yes Date(s) of Previous Violation(s): 02/22/2013

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative: Residential Director Date: 4/23/14
 (Required on EVERY Page) *Anthony Jean-Benoit*

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

The above plan of correction is approved as of 4/23/14
 (Date)

The above plan of correction was approved by *[Signature]*
 (Initials)

Plan of correction implementation status as of 4/23/14
 (Date)

- Fully implemented
- Partially implemented - Adequate Progress
- Partially implemented - Inadequate Progress
- Not implemented

Violation Report: 12795 - 02/27/2014 - Foulkes, Kimberl
 PCH Name: NORTHWESTERN HUMAN SERVICES OF MONTGOMERY COUNTY

1. REGULATION 56 Pa.Code §2600

2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION

The home's written emergency procedures have not been submitted to the municipal emergency management agency since 2010.

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.

2600.107(d)

The administrator mailed off the emergency procedures on 3/25/14 to the Office of Emergency Management of WhiteMarsh Township to Scott Lynch. Please see certification mail receipt. The home is currently awaiting letter of receipt from the emergency management agency.

The administrator will review, update and submit the emergency procedures annually to the local emergency management agency annually.

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)	Date
Carolyn Lewis, Exec. Dir	3/28/14

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

The above plan of correction is approved as of 4/14/14
 (Date)

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

Plan of correction implementation status as of 4/14/14
 (Date)

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

CA 4/23/14

Violation Report: 12798 - 02/27/2014 - Foulkes, Kimbrell
POH Name: NORTHWESTERN HUMAN SERVICES OF MONTGOMERY COUNTY

1. REGULATION 56 Pa.Code §2600
2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

2a. DESCRIPTION OF VIOLATION
The home has not notified the local fire department in writing of the address of the home, the location of resident bedrooms or the assistance needed in an evacuation.

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.

2600.124

The home wrote the local fire department on 3/18/14 to inform them of the address of the home, the location of resident bedrooms and inform them of assistance if any needed in an evacuation.

See attached letter

The administrator will notify the fire department of any changes or any resident's needs changes.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Arbina Mann - Case no. Residential Director Date 4/23/14*

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

The above plan of correction is approved as of 4/23/14
(Date)

Plan of correction implementation status as of 4/23/14
(Date)

The above plan of correction was approved by [Signature]
(Initials)

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

Violation Report: 12795 - 02/27/2014 - Foulkes, Kimberli
 PCH Name: NORTHWESTERN HUMAN SERVICES OF MONTGOMERY COUNTY

1. REGULATION 56 Pa. Code §2600
 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 home did not have a fire safety inspection or a fire drill observed by a fire safety expert in 2013.

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.

2600.132(b)

The home will have a fire safety inspection and fire drill conducted by a fire safety expert annually. The Fire Marshal came in October 2013 and will resend the letter of training to the administrator. The Fire Marshal came to the home 1/30/14 to complete the inspection for 2014. The administrator will call the Fire Marshal yearly to schedule the inspection. See 2013 and 2014 inspection.

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

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

The above plan of correction is approved as of <u>4/23/14</u> (Date)	Plan of correction implementation status as of <u>4/23/14</u> (Date)
The above plan of correction was approved by <u>DJM</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

GA
4/23/14

Violation Report: 12798 - 02/27/2014 - Faulkes, Kimbrell
POH Name: NORTHWESTERN HUMAN SERVICES OF MONTGOMERY COUNTY

1. REGULATION 65 Pa. Code §2600
2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION
Resident #1 was admitted on 6/17/13. A medical evaluation has not been completed for 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.

2600.141(a)(1)

Effective 3/1/14 all residents will have a medication evaluation by a physician, physician assistant, or certified registered nurse practitioner documented on a form specified by the Department of Public Welfare within 60 days prior to admission or within 30 days. Resident 1 form was completed on a MA-51 on 4/30/13. Resident 1 has an appointment scheduled for 4/22/14 for her physical and will be complete on the DME. The home will fax DPW a copy once it's complete.

The administrator will monitor all charts on a monthly basis to ensure that the DME is complete and current for all residents.

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Andrea Mann-Rose, MD* *Medical Director* Date *4/23/14*

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

The above plan of correction is approved as of 4/23/14 (Date)

Plan of correction implementation status as of 4/23/14 (Date)

The above plan of correction was approved by *[Signature]* (Initials)

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

Violation Report: 12795 - 02/27/2014 - Foulkes, Kimberl
 PCH Name: NORTHWESTERN HUMAN SERVICES OF MONTGOMERY COUNTY

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
 -The medical evaluation for resident #2, signed by their physician on 12/24/13, does not include the resident's medications.
 -The medical evaluation for resident #3, dated 12/16/13, does not include the resident's ability to self administer medications.

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.

2600.141(a)(2)

The administrator will ensure that the medication evaluations will include 1 through 10. Staff will fill out the DME prior taking the resident to the doctor, once there the doctor could fill out the rest of the form and sign. Effective 3/2/14

The PCH nurse contacted Resident #2 PCP and they faxed over the list of medications see attached DME.

The PCH nurse contacted Resident #3 PCP and the PCP completed the section pertaining to the resident's ability to self administers medications. See attached DME

Filling out the form prior to the PCP visit was discussed at the home mandatory staff meeting on 3/17/14

The administrator will check all DME forms for all information, after the resident come back from their appointment.

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)	Date
Carolyn Lewis, Executive	3/28/14

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

The above plan of correction is approved as of <u>4/14/14</u> (Date)	Plan of correction implementation status as of <u>4/14/14</u> (Date)
The above plan of correction was approved by <u>OP2M</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: 12795 - 02/27/2014 - Foulkes, Kimberl
 PCH Name: NORTHWESTERN HUMAN SERVICES OF MONTGOMERY COUNTY

1. REGULATION 58 Pa.Code §2800
 2800.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

-Resident #3's previous medical evaluation was completed on 7/9/12. The resident's current medical evaluation was completed on 12/16/13.

-Resident #4's most current medical evaluation was completed on 1/7/14, however there was no medical evaluation completed in 2013.

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.

2600.141 (b)(1)

Prior to 11/16/2013 the home was under another administrator, effective 3/2/14 the new administrator will ensure that all residents receive a medical evaluation annually, with the assistance of the nurse and the program assistant. The home will keep a list for when the resident's upcoming medical evaluations are due.

See current list.

The administrator will monitor on a monthly basis.

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)	Date
CADYN LORIS EXEC DIR	3/28/14

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

The above plan of correction is approved as of <u>4/14/14</u> (Date)	Plan of correction implementation status as of <u>2/14/14</u> (Date)
The above plan of correction was approved by <u>DEM</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

CG 9/23/14

Violation Report: 12786 - 02/27/2014 - Poulkas, Kimberl
 PCH Name: NORTHWESTERN HUMAN SERVICES OF MONTGOMERY COUNTY

1. REGULATION #5 Pa. Code §2600
 2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION
 -On 2/3/14, 2/4/14, 2/6/14, 2/7/14, 2/8/14, 2/12/14, 2/13/14, 2/14/14, 2/16/14, 2/17/14, 2/18/14, 2/20/14, 2/21/14, 2/22/14, 2/23/14, 2/24/14, 2/26/14 and 2/27/14 at 8am resident #3 was administered gold bond medicated foot powder, but the staff member(s) who administered this medication on these dates did not initial the resident's medication administration record.
 -On 2/12/14 at 8am resident #4 was administered Spiriva Inhaler 1 cap via Inhaler. The staff member who administered this medication did not initial the resident's medication administration record.

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.

All medications would be signed out on the MAR once the medications have been given. The home will inform staff that all medications are signed out on the MAR. All direct care staff and nurses administering medications would check the MAR after each medication pass to ensure that all medications were given and signed out. This was stated at a mandatory staff meeting on 3/17/14. See agenda for staff meeting on 3/17/14.

The administrator will monitor on a monthly basis.

The head of nursing will monitor on a monthly basis.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative Date
 (Required on EVERY Page) *Kimberl Poulkas, Director* 9/23/14

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The above plan of correction is approved as of 9/23/14
 (Date)

Plan of correction implementation status as of 9/23/14
 (Date)

The above plan of correction was approved by [Signature]
 (Initials)

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

C. J. F. / m

Violation Report: 12795 - 02/27/2014 - Foulkes, Kimberl
 POH Name: NORTHWESTERN HUMAN SERVICES OF MONTGOMERY COUNTY

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
 -There is no preadmission screening form for resident #1, admitted 6/17/13.
 -There is no preadmission screening form for resident #2, admitted 2/8/13.

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.

2600.224(a)

The home has had a changed in administrator's as of 11-16-13, all potential or incoming PCH residents will have an preadmission screen completed by the administrator or her/his designee 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. Effective 3/2/14

The administrator will complete all preadmission screens prior to the resident moving into the home.

The administrator will monitor all residential charts on a monthly basis to ensure that the preadmission screen is complete.

Repeat Violation: Yes Date(s) of Previous Violation(s): 02/22/2013

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Antonia Manlove, MS Resident Home Director* Date *4/23/14*

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

The above plan of correction is approved as of *4/23/14* (Date)

Plan of correction implementation status as of *4/23/14* (Date)

The above plan of correction was approved by *[Signature]* (Initials)

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

CG 4/23/14

Violation Report: 12795 - 02/27/2014 - Poulkes, Kimberl
PCH Name: NORTHWESTERN HUMAN SERVICES OF MONTGOMERY COUNTY

1. REGULATION 55 Pa.Code §2800
2800.225(c) - The resident shall have additional assessments as follows:
(1) Annually.
(2) If the condition of the resident significantly changes prior to the annual assessment.
(3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION
The most recent assessment for resident #4 was completed on 10/23/12. There was another assessment in the resident's record that did not have the date assessment completed filled in or dates for when it was signed. There was no way to determine when this Assessment was completed.

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.

2600.225(c)

All assessments that are completed will be filled out completely with dates and signatures.
Administrator went over this violation with staff at our mandatory staff meeting on 3/17/14. The home will have a full training regarding how to complete the RASP no later than 6/30/14

The administrator will check all RASP once they are complete and monitor on a monthly basis.

See Staff Training Plan.

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kimberl Poulkes - Director* Date *4/23/14*

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

The above plan of correction is approved as of *4/23/14* (Date)

Plan of correction implementation status as of *4/23/14* (Date)

The above plan of correction was approved by *[Signature]* (Initials)

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

9/23/14

Violation Report: 12766 - 02/27/2014 - Foukes, Kimberli
 PCH Name: NORTHWESTERN HUMAN SERVICES OF MONTGOMERY COUNTY

1. REGULATION 55 Pa. Code §2600

2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the home on 8/17/13. The home did not develop a support plan until 11/1/13.

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.

2600.277(a)

The home has had a changed in administrator's as of 11-16-13 and going forward the new administrator will ensure that support plans will be developed and implemented within 30 days of admission into the home and completed on the Department's support plan form.

The administrator will complete all initial support plans for all incoming residents.

The administrator will monitor all charts on a monthly basis to ensure that all DPW required documents are completed and are in the charts.

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)	Residential Director	Date
Arbina McInnis		9/23/14

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

The above plan of correction is approved as of 9/23/14
 (Date)

Plan of correction implementation status as of 9/23/14
 (Date)

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

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

Handwritten initials and date: 4/24/14

Violation Report: 12795 - 02/27/2014 - Foulkes, Kristen
 PCH Name: NORTHWESTERN HUMAN SERVICES OF MONTGOMERY COUNTY

1. REGULATION 66 Pa.Code §2600
 2600.251(b) - The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

2a. DESCRIPTION OF VIOLATION
 White out was used on resident #2's medical evaluation signed by the physician on 12/24/13 in the medical diagnosis section of the form.

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.

-2600.251(b)

The home had a mandatory staff meeting on 3/17/2014 and the administrator reminded staff that white out should never be used on any papers in the resident record. The administrator went over the Department's policy of 2600.251(b)

Whiteout is no longer in the PCH and staff is not allowed to bring whiteout into the PCH.

The administrator will check all charts on a monthly basis to ensure that whiteout is not being use on any forms in the charts.

Repeat Violations 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)		Residential Director	Date 4/23/14

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

The above plan of correction is approved as of <u>4/23/14</u> (Date)	Plan of correction implementation status as of <u>4/23/14</u> (Date)
The above plan of correction was approved by <u>[Signature]</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