



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

AUG 01 2014

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

RE: Whitemarsh House  
License #: 127860

Dear Mr. Donlevy:

As a result of the Department of Public Welfare's licensing inspection on June 12, 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 September 13, 2014 to September 13, 2015 was issued on June 10, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones".

Matthew J. Jones  
Director

/s/

Enclosure  
License Inspection Summary



Violation Report: 12786 - 06/12/2014 - Keely, Jennifer  
 PCH Name: WHITEMARSH HOUSE

1. REGULATION 55 Pa.Code §2600  
 2600.102(h) - Toilet paper shall be provided for every toilet.

2a. DESCRIPTION OF VIOLATION  
 On 6/12/2014, there was not toilet paper for the toilet in the 2nd floor, hallway bathroom that is closest to the stairs.

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 one resident who was collecting toilet paper from the hall bathroom is no longer residing in the main building.

Staff will perform routine checks on all shifts to assure there is toilet paper present at all times.

This will be reviewed with all staff at regular training.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) GLENN MAKELA	Date 7/10/14
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>7/14/14</u> (Date)	Plan of correction implementation status as of <u>7/14/14</u> (Date)
The above plan of correction was approved by <u>RB</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: 12786 - 06/12/2014 - Keelly, Jennifer  
 PCH Name: WHITEMARSH HOUSE

**1. REGULATION 55 Pa.Code §2600**

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

**2a. DESCRIPTION OF VIOLATION**

On 6/12/2014, the home reported that Resident # 1 needs support to reduce hoarding behavior. The resident's support plan does not address how the home will assist the resident in meeting these needs.

On 6/12/2014, the home reported that Resident # 2 needs support to reduce hoarding behavior as well as support to not clog toilets with items that should not be flushed. The resident's support plan does not address how the home will assist the resident in meeting these needs.

**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.*

Supporting documentation of this hoarding behavior was provided at the time of the survey.

The hoarding behavior of resident #1 will be specifically added to and addressed in the resident support plan.

Training will continue to be provided to staff regarding this behavior.

Supporting documentation of this hoarding behavior was provided at the time of the survey.

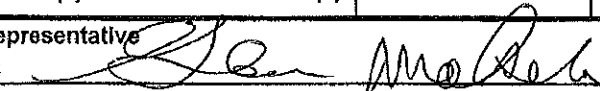
The hoarding behavior of resident #2 will be specifically added to and addressed in the resident support plan.

Training will continue to be provided to staff regarding this behavior.

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 MAKELY

Date 7/10/14

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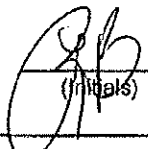
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(Initials)

- Fully Implemented
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