



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

**MAILING DATE: DEC 18 2014**

Ms. Lori Gresko, Administrator  
Philadelphia Presbytery Homes, Inc.  
2002 Joshua Road  
Lafayette Hill, Pennsylvania 19444

RE: Spring Mill Presbytery Village  
License # 127920

Dear Ms. Gresko:

As a result of the Department of Public Welfare's (Department) licensing inspection on July 15, 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. 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, appearing to read "Roslyn Brewer" followed by a stylized flourish.

Roslyn Brewer  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary

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

PCH Name: SPRING MILL PRESBYTERIAN VILLAGE		License Number: 12792
Address: 2002 JOSHUA ROAD, LAFAYETTE HILL, PA 19444		County: Montgomery
Administrator: Lori Gresko		Region: SOUTHEAST
Legal Entity Name: PHILADELPHIA PRESBYTERY HOMES INC		
Legal Entity Address: 2002 JOSHUA ROAD, LAFAYETTE HILL, PA 19444		
Certificate(s) of Occupancy		
<b>Staffing Hours</b>		
Resident Support:	Total Daily Staff: 124	Waking Staff: 93
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Complaint, Incident		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
07/16/2014: McHale, Christine; Braswell, Natasha		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:	Random Indicators:	
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 107 Number of Residents Served: 81 Secured Dementia Care Unit in Home: Yes Area: Secured Dementia Unit Capacity, if Applicable: 33 Number of Residents Served in Secured Dementia Care Unit, if applicable: 32 Number of Current Hospice Residents: 2 Number of Hospice Residents in past year: 7	<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 81 Have Mental Illness: 32 Have an Intellectual Disability: 0 Have a Mobility Need: 43 Have a Physical Disability: 1	

Violation Report: 12792 - 07/16/2014 - McHale, Christine  
PCH Name: SPRING MILL PRESBYTERIAN VILLAGE

1. REGULATION 65 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

Resident #1 exhibited aggressive behaviors in the home on 2/17/14, 2/24/14, 3/2/14, 4/15/14, 4/27/14, 5/1/14, and 5/15/14. On 5/1/14, resident #1 went into resident #2's room and hit them in the mouth. Resident #2 was not injured as a result. Resident #1 also has a history of going into other resident's rooms and disturbing their belongings. The home did not address resident #1's behaviors or increase resident #1's supervision. On 6/2/14, resident #1 went into resident #3's room and was pulling the bedding off of the resident's bed. Resident #3 had been in their bathroom and when they discovered resident #1 there told them to leave. Resident #1 refused and pushed resident #3. Resident #3 responded by hitting resident #1 in the face near their right eye. The resident received a small bruise.

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.

Preparation and/or execution of this Plan of Correction do not constitute

admission by the providers of the truth of the facts alleged, or conclusions

set forth in the statement of deficiencies. The Plan of Correction is prepared solely as

a matter of compliance with state law.

These incidents stated above in the description of violation were on a secured unit with residents with cognitive disabilities. We have had training for the staff called "Gems" which was presented by our Genesis rehab department and continue with training and education. Additionally, prior to the inspection on July 16, 2014 home had put several procedures in place to ensure the safety of all resident's. We updated the daily assignment sheet to reflect the increase care and watch of resident #1. We also had a care conference with resident #2 families and gave resident #2 a key to her room and put a stop sign on her door to make her feel safer. Resident #1 was being monitored, all behaviors of resident #1 were documented in the 24 hour report. The home also increased the activity staff to be able to offer more activities and keep resident occupied in an effort to decrease behaviors. We also removed the med tech off the cart and put the manager on the cart which allow for 3 CNA's hands on, on the unit.

In order to maintain the safety and well-being of our resident's we are continuing to closely monitor them, work with PCP's and specialist to manage behaviors.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Lori B Gresko RD*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Lori B. Gresko RD, Administrator* Date *9/5/14*

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

The above plan of correction is approved as of *9/5/14* (Date)

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

Plan of correction implementation status as of *9/5/14* (Date)

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

Violation Report: 12702 - 07/16/2014 - McHale, Christine

PCH Name: SPRING MILL PRESBYTERIAN VILLAGE

1. REGULATION 55 Pa.Code §2600

2600.225(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

Resident #1, admitted 2/26/14, exhibited aggression and agitation in the home on 2/17/14, 2/24/14, 3/2/14, 4/15/14, 4/27/14, 5/1/14, and 5/16/15. On 3/2/14, 4/15/14, and 6/15/14 resident #1 was found in other residents' room and disturbing their belongings. The resident's assessment was not updated to reflect these behaviors.

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.

*Preparation and/or execution of this Plan of Correction do not constitute admission by the providers of the truth of the facts alleged, or conclusions set forth in the statement of deficiencies. The Plan of Correction is prepared solely as a matter of compliance with state law.*

Resident #1 RASP was updated, please see attached document A. The RASP are reviewed on a weekly basis and updated daily with needed information. For example, behaviors, PT/ OT diet changes and or ambulation needs. This information is also shared with staff in the 24 hour report, and on their daily assignment sheets.

This was started directly following the inspection on July 16 and will continue indefinitely.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Lori B. Gresko, RN*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Lori B. Gresko, RN, Administrator* Date *9/5/14*

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