



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 06 2015

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

RE: Spring Mill Presbyterian Village
License #: 127920

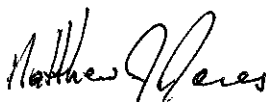
Dear Ms. Gresko:

As a result of the Department of Human Services' licensing inspection on October 7, 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 December 15, 2014 to December 15, 2015 was issued on September 3, 2014. Your regular license remains in good standing.

Sincerely,


Matthew J. Jones
Director ^{MSH}

Enclosure
License Inspection Summary

DEC. 2. 2014 12:34PM

NO. 9607 P. 2

**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 I-1 10/16/2007 Whitemarsh Township		
Staffing Hours Resident Support: 0 Total Daily Staff: 95 Working Staff: 71		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal, Complaint		
On-Site Inspection Dates and Department Representatives On-Site 10/07/2014: Keppel, Autumn; Colon, Lisette		
Off-Site Inspection Dates and Inspectors, if Applicable 10/22/2014: Keppel, Autumn		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 107 Number of Residents Served: 57 Secured Dementia Care Unit in Home: Yes Area: Cedar Grove 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: 4		Number of Residents Who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 57 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 36 Have a Physical Disability: 10

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NO. 9607 P. 3

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Violation Report: 12792 - 10/07/2014 - Keppel, Autumn
POH Name: SPRING MILL PRESBYTERIAN VILLAGE

1. REGULATION 65 Pa.Code §2800

2800.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

The following poisons were found in a top cabinet in the kitchen located in the secured dementia care unit, and were unlocked and accessible to residents:

- Comet Bleach, with a manufacturer's label indicating "May be harmful if swallowed or inhaled. In case of accidental contact, contact a doctor/poison control."
- Linc Breeze Aerosol Air Freshener, with a manufacturer's label indicating "Harmful or fatal if swallowed. Contact doctor/poison control."
- Windex Aerosol Spray, with a manufacturer's label indicating "In case of contact or if swallowed seek medical attention."

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 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.

Plan of Correction:

All staff was re-educated on the importance of having poisonous materials locked and inaccessible to all residents in the memory support unit and any resident that is not deemed to be safe with chemicals.

Noticed on day of survey that lock on the cabinet was broken, lock was then fixed and now functioning properly. Memory Care coordinator will conduct random audits to ensure compliance and will report findings through the Quality Management meeting. *see attachment 2*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature]

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

Lori Gresko, RN Administrator

Date: 12/2/14

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

The above plan of correction is approved as of

12/18/14
(Date)

Plan of correction Implementation status as of

12/18/14
(Date)

The above plan of correction was approved by

[Handwritten Initials]
(Initials)

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

DEC. 2. 2014 12:34PM

NO. 9607 P. 4

Violation Report: 12792 - 10/07/2014 - Keppel, Autumn
PCH Name: SPRING MILL PRESBYTERIAN VILLAGE

1. REGULATION 85 Pa. Code §2800
2600.85(a) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION
The trash can located in the courtyard of Cedar Grove did not have a lid.

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.

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Plan of Correction:

This trash can was on the resident patio and emptied every shift and as needed. During the inspection while the inspector was completing their tour the trash can was removed from the patio.

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) *Lori B. Grisko RD Administrator*

Date

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

The above plan of correction is approved as of 12/5/14
(Date)

Plan of correction implementation status as of 12/5/14
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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

DEC. 2, 2014 12:34PM

NO. 9607 P. 5

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Violation Report: 12792 - 10/07/2014 - Keppel, Autumn
PCH Name: SPRING MILL PRESBYTERIAN VILLAGE

1. REGULATION 55 Pa. Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

The telephone located in room #110 did not have the emergency service numbers posted nearby.

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.

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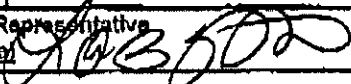
Plan of Correction:

Previously a sticker was used with the emergency services numbers; this was very easily removed by the resident. Therefore, we have now used a laminated paper with the emergency numbers on it and have zipped tie it onto the phone cord so the resident is not able to remove. This is checked weekly by the housekeeping department and on a monthly basis by a member of the safety committee. The chair of the safety committee will conduct random audits to ensure compliance and will report findings through the Quality Management meeting. *See attachment 3*

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)

Lori B. Gresco RD Administrator

Date 12/2/14

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

The above plan of correction is approved as of

12/5/14
(Date)

Plan of correction implementation status as of

12/5/14
(Date)

The above plan of correction was approved by


(Initials)

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

DEC. 2. 2014 12:34PM

NO. 9607 P. 6

Violation Report: 12792 - 10/07/2014 - Keppel, Autumn
PCH Name: SPRING MILL PRESBYTERIAN VILLAGE

1. REGULATION 55 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 3/10/14. The resident's medical evaluation was completed on 11/15/13.

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.

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Plan of Correction:

The Administrator re-educated the Nurse Managers on the timing of the state forms. Resident records were reviewed on 11/3/14 for compliance with DME acceptable time frame for admissions. The Director of Resident Services will complete random audits and report findings at the Quality Management Meetings. *See attachment 2*

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) *Lori B. Grako RN Administrator* Date *12/2/14*

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

The above plan of correction is approved as of *12/5/14* (Date)

Plan of correction implementation status as of *12/5/14* (Date)

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

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

DEC. 2. 2014 12:34PM

NO. 9607 P. 7

Violation Report: 12792 - 10/07/2014 - Keppel, Autumn
PCH Name: SPRING MILL PRESBYTERIAN VILLAGE

1. REGULATION 55 Pa. Code §2600
2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

- On 10/7/14, Amlodipine 10mg prescribed for Resident #2 was located in the home's medication cart. This medication was discontinued on 9/26/14.
- On 10/7/14, Quetiapine 26mg prescribed for Resident #3 was located in the home's medication cart. This medication was discontinued on 8/20/14.

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 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.

Plan of Correction:

Director of Resident Services has put a procedure in place for the nurse who received the order to mark each pillow pack with a red circle around the discontinued medication. Discontinued medication will then be destroyed by the nurse.


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) Lori B. Grasko RN administrator Date 12/2/14

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The above plan of correction is approved as of 12/18/14 (Date)

The above plan of correction was approved by  (Initials)

Plan of correction implementation status as of 12/18/14 (Date)

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

DEC. 2. 2014 12:35PM

NO. 9607 P. 8

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Violation Report: 12792 - 10/07/2014 - Keppel, Autumn PCH Name: SPRING MILL PRESBYTERIAN VILLAGE	
1. REGULATION 55 Pa.Code §2000 2600.186(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.	
2a. DESCRIPTION OF VIOLATION - On 10/7/14, Resident #2's Acetaminophen 325mg taken every four hours as needed, and Milk of Magnesia 400mg 5ml taken as needed, was not available in the home. - On 10/7/14 Resident #4's Salonpas Hot Patch 0.026%, was not available in the home.	
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 style="text-align: center;"><i>Preparation and/or execution of this Plan of Correction</i></p> <p style="text-align: center;"><i>do not constitute admission by the providers of the truth</i></p> <p style="text-align: center;"><i>of facts alleged, or conclusions set forth in the statement</i></p> <p style="text-align: center;"><i>of deficiencies. The plan of correction is prepared solely</i></p> <p style="text-align: center;"><i>as a matter of compliance with state law.</i></p>	
Plan of Correction: Director of Resident Services will re- educate the med techs and the nursing staff on the procedure to ensure that the medications are in the home. A monthly PRN report has been generated from pharmacy, this began October 2014, which will alert the staff and ensure availability of medications. This will be reviewed monthly by the nurse during medication reconciliation. <i>See attachment 4</i>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>[Signature]</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Lori Gresko RN Administrator</i>	Date <i>12/2/14</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>12/18/14</u> (Date)	Plan of correction implementation status as of <u>12/18/14</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

DEC. 2. 2014 12:35PM

NO. 9607 P. 9

Violation Report: 12792 - 10/07/2014 - Keppel, Autumn
PCH Name: SPRING MILL PRESBYTERIAN VILLAGE

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 #5 was admitted to the home on 11/22/13. The support plan was not completed until 1/5/14.

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.

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Plan of Correction:

The Administrator re- educated the Nurse Managers on the timing of the state forms. Resident records were reviewed on 11/3/14 for compliance with RASP acceptable time frame for admissions. The Director of Resident Services will complete random audits and report findings at the Quality Management Meetings. *see attachment 2*

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) *Cori Girasole RD Administrator* Date *12/2/14*

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

The above plan of correction is approved as of *12/18/14* (Date)

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

Plan of correction implementation status as of *12/18/14* (Date)

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

DEC. 2. 2014 12:35PM

NO. 9607 P. 10

Page 8 of 9

Violation Report: 12792 - 10/07/2014 - Keppel, Autumn
 PCH Name: SPRING MILL PRESBYTERIAN VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION
 Resident #5 participated in the development of their support plan on 1/5/14. It was not signed or dated by the assessor. It was signed by the resident but there was no date documenting when it was signed.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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Plan of Correction:

The Administrator re- educated the Nurse Managers on the timing of the state forms. Resident records were reviewed on 11/3/14 for compliance with RASP signatures. The managers of the personal care unit will be holding care conferences with the resident, families and staff to complete the RASP format. At this time the RASP will be signed and dated with all parties. The Director of Resident Services will complete random audits and report findings at the Quality Management Meetings. *attachment 2*

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *LORI B. GRASKO RD Administrator* Date *12/2/14*

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

The above plan of correction is approved as of 12/18/14 (Date)

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

Plan of correction implementation status as of 12/18/14 (Date)

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