

**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

FEB 27 2015

Ms. Dania West, Personal Care Administrator  
Philadelphia Presbytery Homers, 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 Human Services' licensing inspection on November 19, 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 February 19, 2015 to February 19, 2016 was issued on November 4, 2014. Your regular license remains in good standing.

Sincerely,

Matthew J. Jones  
Director  
/s/

Enclosure  
License Inspection Summary

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

Page 1 of 3

PCH Name: RYDAL PARK PERSONAL CARE		License Number: 13812
Address: 1515 THE FAIRWAY, RYDAL, PA 19046		County: Montgomery
Administrator: Danla West		Region: SOUTHEAST
Legal Entity Name: PHILADELPHIA PRESBYTERY HOMES INC		
Legal Entity Address: 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444		
Certificate(s) of Occupancy		
Other 09/11/2012 Abington Township	C-2 LP 03/27/1975 PA Dept L&I	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 83	Waking Staff: 62
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Incident		
On-Site Inspections Dates and Department Representatives On-Site 11/19/2014: Colon, Lissette; Braswell, Natasha		
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: 72	Number of Residents who:	
Number of Residents Served: 51	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit In Home: Yes	Are 80 Years of Age or Older: 50	
Area: 4th floor	Have Mental Illness: 0	
Secured Dementia Unit Capacity, If Applicable: 23	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, If applicable: 18	Have a Mobility Need: 32	
Number of Current Hospice Residents: 2	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 5		

Violation Report: 13812 - 11/19/2014 - Colon, Lissette  
 PCH Name: RYDAL PARK PERSONAL CARE

1. REGULATION 56 Pa.Code §2800  
 2800.42(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  
 On 10/31/14, 11/1/14, and 11/2/14, Staff person A neglected to follow prescriber's orders and nursing procedures regarding wound treatment for Resident # 1. The Resident was admitted to the hospital on 11/3/14 with a diagnosis of deep sternal wound infection.

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.

Staff person A was suspended following the incident and subsequently terminated following investigation.

All treatment orders were immediately reviewed and double check system put in place. Going forward nurse manager will double check all treatment orders. Personal Care administrator will ensure that this process is being followed and will monitor compliance.

Personal care administrator will ensure that this violation is a part of the facilities monthly QUALITY Management program. Continuous in service with the personal care staff will be conducted monthly.

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) Personal Care Administrator Date 1/7/2015  
Dania West

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

The above plan of correction is approved as of <u>1/15/15</u> (Date)	Plan of correction implementation status as of <u>1/15/15</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: 13812 - 11/19/2014 - Colon, Lissette  
 PCH Name: RYDAL PARK PERSONAL CARE


**1. REGULATION 55 Pa.Code §2600**  
 2600.187(d) - The home shall follow the directions of the prescriber.

**2a. DESCRIPTION OF VIOLATION**  
 - Resident #1 is prescribed treatment to cleanse chest wound with NSS or warm soap and water. Pat dry and cover with BloIn foam and Alldress daily. On 10/31/14, 11/1/14, and 11/2/14, Staff person A, failed to follow the prescriber's order regarding wound treatment; but documented the treatment was completed on each occasion.  
 - During the month of October 2014, resident # 5's accu-check for 7:30 AM and 6:30 PM were not done on the following days;  
 - 10/4/14  
 - 10/7/14  
 - 10/21/14  
 - 10/26/14  
 - 10/29/14

**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.  
 Re: Regulation 2600.187(d)

Resident #1 was immediately seen by the Nurse Practitioner for evaluation and treatment. Staff person A was terminated. Going forward when a treatment order is received a double check system will be put in place to ensure the treatment is being completed. The nurse manager will ensure the treatment orders are being entered. The PC Administrator will monitor compliance.

Acc-check order was immediately reviewed for resident #5 and the medical doctor was notified. The acc-check machine placed in resident #5's room. Going forward nurse manager will double check that all acc-check is being done as ordered. PC Administrator will monitor compliance. Personal care staff in serviced about 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)		Date	11/7/2015
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
The above plan of correction is approved as of <u>11/11/15</u> (Date)		Plan of correction implementation status as of <u>11/21/15</u> (Date)	
The above plan of correction was approved by  (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	