



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: APR 14 2015

Ms. Marina Hacking Administrator
Philadelphia Presbytery Homes, Inc
2000 Joshua Road
Lafayette Hill Pennsylvania

RE: Rosemont Presbyterian Village
404 Cheswick Place
Rosemont Pennsylvania 19010
License #: 176630

Dear Ms. Hacking:

As a result of the Department of Human Services' licensing inspection on November 30, 2014 which we conducted on-site inspections] 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Roslyn Brewer".

Roslyn Brewer
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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

PCH Name: Rosemont Presbyterian Village		License Number: 17663
Address: 404 Cheswick Place, Rosemont, PA 19010		County: Montgomery
Administrator: Carisa Livingston		Region: SOUTHEAST
Legal Entity Name: PHILADELPHIA PRESBYTERY HOMES INC		
Legal Entity Address: 2000 JOSHUA ROAD, LAFAYETTE HILL, PA		
Certificate(s) of Occupancy		
Staffing Hours		
Resident Support:	Total Daily Staff: 80	Waking Staff: 60
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Incident		
On-Site Inspections Dates and Department Representatives On-Site		
11/20/2014: McHale, Christine; McIlvain, Shawn		
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: 221 Number of Residents Served: 73 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 2 Number of Hospice Residents in past year: 5		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 73 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 7 Have a Physical Disability: 0

Violation Report: 17663 - 11/20/2014 - McHale, Christine
 PCH Name: Rosemont Presbyterian Village

1. REGULATION 55 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

On 11/18/14, resident #1 used their call bell to obtain assistance for an episode of bowel incontinence. Direct care staff member A responded to the call. Upon seeing the condition of the resident and the resident's room, the staff member began yelling "Jesus, Jesus, Jesus!" Direct care staff member A proceeded to leave the resident to find a housekeeper and left the door to the room and the resident's bathroom open. The staff member returned and put the resident in the shower with the resident's bra and socks on. When Resident #1 told the staff member that they were cold and needed a towel, the staff member refused to give it to them. Direct care staff member A told Resident #1 that they were going to get a supervisor, direct care staff member B. Direct care staff member B entered the room to find resident #1 asking direct care staff member A for a towel. Direct care staff member A replied to resident #1 that the resident had thrown a wash cloth at them. The resident was upset and crying. Direct care staff member B asked direct care staff member A to leave the room. After continued arguing between direct care staff member A and resident #1, direct care staff member A did leave the room. Direct care staff member B was then able to provide proper care to resident #1.

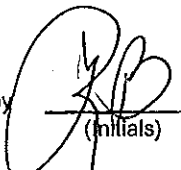
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

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 the 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.

Upon discovery of potential abuse, the RCA was immediately suspended pending investigation. Statements were obtained from resident and witnesses and upon conclusion of investigation, the employer determined that the RCA failed to handle herself in a professional manner and engaged in inappropriate conduct resulting in termination. Resident was assessed and displayed no emotional or physical harm. Family, physician and Area on Aging were notified of the incident. Staff were re-inserviced regarding abuse and abuse prevention. Incident was reviewed at the Quality Management meeting. Existing policies regarding abuse prevention and reporting remain appropriate.

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	
MARINA HACKING, Executive Director		3/4/2015	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>3/3/15</u> (Date)		Plan of correction implementation status as of <u>3/13/15</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	