



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: MAR. 20, 2015

Dr. Carolyn Lewis, Executive Director
Northwestern Human Services of Montgomery County
400 North Broad Street
Lansdale, Pennsylvania 19446

RE: Northwestern Human Services of
Montgomery County
478 S. Bethlehem Pike
Fort Washington, Pennsylvania 19034
License # 127950

Dear Dr. Lewis:

As a result of the Department of Public Welfare's licensing inspection on 12/18/2014 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.

Sincerely,

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

Roslyn Brewer
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report:

PCH Name: NORTHWESTERN HUMAN SERVICES OF MONTGOMERY COUNTY

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 12/17/2014, an allegation of sexual assault against Resident # 1 was reported to Staff Member A. The home did not immediately report the allegation to the local police, the local area agency on aging, or the State Department of Aging.

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 home will immediately report any sexual assault allegations to the local police, the local area on aging or State Department of Aging.

The administrator completed a training on Reporting Resident Abuse on 12/19/14 (see attached) All staff attended this mandatory training. The administrator also hung up the Suspected Resident Abuse Reporting and Investigating Requirements page 181 from the Regulatory Compliance Guide in the staff office and Program Assistant office to be used as a guide to follow and adhere to.

The home will add Reporting Resident Abuse to its annual training.

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)

Antonia Mann-Pearny, MS Resident Abuse Director

Date *2/9/15*

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

The above plan of correction is approved as of

2/26/15
(Date)

Plan of correction implementation status as of

2/25/15
(Date)

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

The above plan of correction was approved by

[Handwritten Initials]
(Initials)