



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 13 2015

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

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

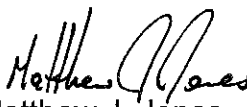
Dear Dr. Lewis:

As a result of the Department of Human Services' licensing inspection on February 5, 2015 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 May 26, 2015 to May 26, 2016 was issued on February 12, 2015. Your regular license remains in good standing.

Sincerely,


Matthew J. Jones
Director *SH*

Enclosure
License Inspection Summary

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2800

PCH Name: Northwestern Human Services of Montgomery County		License Number: 12795
Address: 478 South Bethlehem Pike, Fort Washington, PA 19034		County: Montgomery
Administrator: Antonia Mann-Roane		Region: SOUTHEAST
Legal Entity Name: NHS MONTGOMERY COUNTY		
Legal Entity Address: 400 NORTH BROAD STREET, LANSDALE, PA		
Certificate(s) of Occupancy Other 05/12/1998 Whitemarsh Township		
Staffing Hours Resident Support:		Total Daily Staff: 8 Waking Staff: 5
Type of Inspection: Full		BHA Docket Number: Notice: Unannounced
Reason(s) for inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 02/05/2016; McHale, Christine		
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: 8 Number of Residents Served: 8 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: 0 Number of Hospice Residents in past year: 1	Number of Residents who: Receive Supplemental Security Income: 5 Are 60 Years of Age or Older: 2 Have Mental Illness: 8 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 12795 - 02/05/2015 - McHale, Christine
 PCH Name: Northwestern Human Services of Montgomery County

1. REGULATION 55 Pa.Code §2800
 2800.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2800.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION
 On 3/10/14, resident #1 received Klonopin 0.75 mg instead of Klonopin 0.50 mg, as ordered. The home did not submit an incident report to the Department.

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 report all reportable incidents to the Department personal care home regional office or compliant hotline within 24 hours in a manner designated by the Department.

Staff was informed at our monthly staff meeting on 2/25/15 what consists of reportable incidents and that all reportable incidents needs to be reported within 24 hours following the DHS regulations.

The administrator will add reportable incidents to the monthly staff meeting agenda as a topic to discuss every month.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *AMS*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Antonio Mann-Frene, ms Director* Date *3/3/15*

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

The above plan of correction is approved as of *3/24/15*
 (Date)

Plan of correction implementation status as of *3/24/15*
 (Date)

The above plan of correction was approved by *AMS*
 (Initials)

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

Violation Report: 12785 - 02/05/2015 - McHale, Christine
 PCH Name: Northwestern Human Services of Montgomery County

1. REGULATION 55 Pa.Code §2600
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and co-signed by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION
 The contract for resident #2 was not signed by the resident and administrator.

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 ensure that all contracts are signed by the resident and the administrator at the time of admission.

The administrator will check all documents for all necessary signatures prior to filing the documents into the resident chart.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *ASL, MS*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Antonia Mann-Rouse, MS Director* Date *3/3/15*

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

The above plan of correction is approved as of *3/24/15*
 (Date)

Plan of correction implementation status as of *3/24/15*
 (Date)

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

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

Violation Report: 12785 - 02/05/2015 - McHale, Christine
 PCH Name: Northwestern Human Services of Montgomery County

1. REGULATION 55 Pa.Code §2600
 2600.28(a) - If, after the home gives notice of discharge or transfer in accordance with § 2600.228(b) (relating to notification of termination) and the resident moves out of the home before the 30 days are over, the home shall give the resident a refund equal to the previously paid charges for rent and personal care services for the remainder of the 30-day time period. The refund shall be issued within 30 days of discharge or transfer. The resident's personal needs allowance shall be refunded within 2 business days of discharge or transfer.

2a. DESCRIPTION OF VIOLATION
 On 11/18/14, resident #3 moved out of the home, removing all personal belongings. The resident was due a refund of \$424.08 for the thirteen remaining days in the month. The home has not yet provided the resident with a refund.

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 complete a check request immediately for any resident who moves out of the home before 30 days are over, so that the resident would receive a refund equal to the previously paid charges for rent and personal care services for the remainder of the 30 day time period within 30 days of discharge.

The refund was sent on 2-26-15(see attached)

The home fiscal department will monitor on a monthly basis.

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) *Arbina Marie Coan, MS President Director* Date *3/3/15*

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

The above plan of correction is approved as of *3/24/15*
 (Date)

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

Plan of correction implementation status as of *3/24/15*
 (Date)

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

Violation Report: 12785 - 02/06/2015 - McHale, Christine
 POH Name: Northwestern Human Services of Montgomery County

1. REGULATION 85 Pa.Code §2800
 2800.65(i) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

2a. DESCRIPTION OF VIOLATION
 The home did not have documentation that direct care staff member A and direct care staff member B completed training for care for residents with dementia and cognitive impairments during training year 2014.

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 kept a record of training, including the staff person trained, date, source, content, length of each course and copies of any certificates received.

The administrator will complete a DHS record of training form for all scheduled trainings at the home.

The administrator will file the original form in a binder and also make a copy for backup.

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

Signature of Legal Entity Representative (Required on EVERY Page) *ASX, ms*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Antonia Mann-Rose, ms Director* Date *3/3/15*

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

The above plan of correction is approved as of *3/24/15*
 (Date)

Plan of correction implementation status as of *3/24/15*
 (Date)

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

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

Violation Report: 12785 - 02/05/2015 - McHale, Christine
 PCH Name: Northwestern Human Services of Montgomery County

1. REGULATION 85 Pa. Code §2800

2800.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

The home conducted a fire drill on 12/17/14 at 12:00 am. Two out of seven residents did not evacuate during this drill.

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.

All residents living in the home will evacuate the home during a fire drill. On 12/17/14 two residents at the home refused to evacuate the home during the fire drill. On 12/18/14 the two residents was counseled on how important it is to evacuate the home during a fire drill. The home redid the fire drill on 12/22/14 (see attached) in accordance to the companies policies and procedure and all residents evacuated the building.

The home will discuss fire drills and the importance of evacuating the building during fire drills with all of the residents at their monthly house meetings every month.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *ASL, ms*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Antonia Mann-Rice, ms Residential Director* Date *3/3/15*

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

The above plan of correction is approved as of *3/24/15*
 (Date)

Plan of correction implementation status as of *3/24/15*
 (Date)

The above plan of correction was approved by *RB*
 (Initials)

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

Violation Report: 12795 - 02/05/2016 - McHale, Christine
 PCH Name: Northwestam Human Services of Montgomery County

1. REGULATION 85 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #1's most recent medical evaluation was completed on 11/10/14. The resident's previous medical evaluation was completed on 9/24/13.

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.

All residents will have a medical evaluation annually. Resident #1 had an appointment on 9/8/14 with her PCP to receive her annual physical. The resident went to that appointment with staff, the PCP refused to complete a physical during that time. The PCP stated that he saw the resident the previous month and would not complete the physical on 9/8/14. The PCP then gave resident #1 an appointment date for 11/10/14 for her annual physical.

In the future if a resident PCP denies to complete an annual physical at the time of their appointment, the home will take the resident to a Urgent Care Facility to ensure that the resident receives their annual physical on time.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *ASL MS*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Antonia Mann Rogers, MS Director* Date *3/3/15*

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

The above plan of correction is approved as of 3/25/15
 (Date)

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

Plan of correction implementation status as of 3/24/15
 (Date)

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

Violation Report: 12795 - 02/05/2015 - McHale, Christine
 PCH Name: Northwestern Human Services of Montgomery County

1. REGULATION 55 Pa. Code §2600

2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION

Resident #4 was prescribed Levaquin 500 mg for seven days from 4/7/14 until 4/14/14. On 2/5/15, this medication was found on the home's medication cart being stored with the resident's active medications.

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 will complete an inventory of the resident's medication bins weekly and remove and destroy any expired or discontinued medications in a safe manner.

The administrator will monitor biweekly.

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)			
Antonio Marmore, MD		Residential Director	Date 3/3/15
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of 3/24/15 (Date)		Plan of correction implementation status as of 3/24/15 (Date)	
The above plan of correction was approved by [Signature] (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: 12795 - 02/05/2015 - McHale, Christine
 PCH Name: Northwestern Human Services of Montgomery County

1. REGULATION 55 Pa.Code §2600
 2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION
 Resident #2 has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

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 educate all residents on the right to question or refuse a medication if the resident believed there may be a medication error. Documentation will be kept in the resident chart.

Resident #2 was educated on the right to question or refuse a medication if the resident believed there may be a medication error on 2/27/15(see attached).

The administrator or personal assistant will educate residents at the time of admission and file the documentation in the residents chart.

The home will complete a chart audit monthly to ensure that this document is in the residents chart.

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) *Christine McHale*
Resident
 Date *3/3/15*

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

The above plan of correction is approved as of *3/24/15*
 (Date)

Plan of correction implementation status as of *3/24/15*
 (Date)

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

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