



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: SEP 15 2015**

Ms. Dania West, Person Care Administrator  
Philadelphia Presbytery Homes, Inc.  
2000 Joshua Road  
Lafayette Hill, Pennsylvania 19444

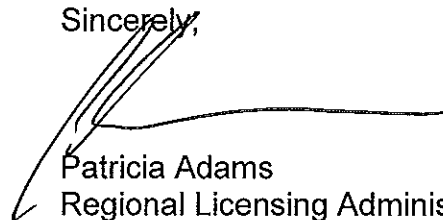
RE: Rydal Park Person Care  
1515 The Fairway  
Rydal, Pennsylvania 19046  
License #: 13812

Dear Ms. West:

As a result of the Department of Human Services' licensing inspection on February 25, 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.

Sincerely,



Patricia Adams  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary

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

Page 1 of 7

PCH Name: Rydal Park		License Number: 13812
Address: 1515 The Fairway, Rydal, PA 19046		County: Philadelphia
Administrator: Danla West		Region: SOUTHEAST
Legal Entity Name: Rydal Park		
Legal Entity Address: 2000 JOSHUA ROAD, LAFAYETTE HILL, PA		
<del>Certificate(s) of Occupancy</del>		
C-2 LP 03/27/1975 L & I		
Staffing Hours		
Resident Support:	Total Daily Staff: 78	Waking Staff: 59
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 02/25/2015: McIlvain, Shawn; 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: 52	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 52	
Area:	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 26	
Number of Current Hospice Residents: 2	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 11		

Violation Report: 13812 - 02/25/2015 - McIlvain, Shawn

PCH Name: Rydal Park

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 1/27/15, at 2:30 pm, resident #1, a SDCU resident was found by a staff member, who works in the doctor's office on the 1st floor near the parking garage entrance. The resident was found on the main pavilion of the parking garage. Resident #1 was last seen by direct care staff person A at 1:30 pm in the SDCU. For approximately one hour, the home was not aware of the resident's absence and ~~nor did they check on the resident's whereabouts. The home does not have an elopement policy.~~

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 2600.42(b)

Resident #1 was immediately brought back to the unit, assessment was completed no injuries were noted. Frequent check system was immediately initiated. See exhibit A.

Staff was immediately inserviced Please see exhibit B.

Elopement Policy reviewed Please see exhibit C.

Facilities director sent out a memo to all manager and staff of the facility regarding 4th floor memory

Support unit safety. Please see exhibit D.

going forward Personal care administrator will ensure that that this Process is being followed and will monitor compliance.

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, Dania West

Date 6/5/2015

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

The above plan of correction is approved as of

6/8/15 (Date)

Plan of correction implementation status as of

6/8/15 (Date)

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

The above plan of correction was approved by

(Initials)

Violation Report: 13812 - 02/25/2015 - McIlvain, Shawn  
PCH Name: Rydal Park

1. REGULATION 55 Pa.Code §2600

2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:

- (1) Identify the correct resident.
- (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
- (3) Remove the medication from the original container.
- (4) Crush or split the medication as ordered by the prescriber.
- (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
- (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
- (7) Complete documentation in accordance with § 2600.187 (relating to medication records).

2a. DESCRIPTION OF VIOLATION

On 2/3/15, 2/4/15, 2/5/15 and 2/6/15 at 9 am the home did not administer Lidoderm Patch 5% as ordered by the prescriber 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.

Re: Regulation 2600.182(c) Staff inserviced. (Exhibit ~~A~~ <sup>D</sup>)  
 Resident #1 treatment order was immediately reviewed.  
 Check system was put in place for the nurses to document daily application and removal of patch. (Exhibit F.)  
 Going forward the nurse manager will review all treatment orders for daily administration. The administrator will ensure that all treatment orders are initialed by staff at the time of administration. to maintain regulatory compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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, Dania West Date 6/5/2015

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Violation Report: 13812 - 02/25/2015 - McIlvain, Shawn  
PCH Name: Rydal Park

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

2a. DESCRIPTION OF VIOLATION  
Resident #1 was not administered Lidoderm Patch 5% on 2/2/15 thru 2/6/15 as prescribed by the prescriber.

~~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 treatment administration record was immediately reviewed. Daily check system was initiated for charge nurses to check Patch Placement and proper documentation. Staff was immediately inserviced. (Exhibit G).  
Going forward the nurse manager will review all treatment orders for daily administration. The administrator will ensure that all treatment orders are initiated by staff at time of administration to maintain regulatory compliance.

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) *Dania West* Personal Care Administrator Date *6/5/2015*

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Violation Report: 13812 - 02/25/2015 - McIlvain, Shawn  
 PCH Name: Rydal Park

**1. REGULATION 55 Pa.Code §2600**

2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

**2a. DESCRIPTION OF VIOLATION**

On 2/3, 2/4, 2/5 and 2/6/15 a medication error occurred involving failure to administer a Lidoderm patch 5%, 9:00 am daily, 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.*

Re: Regulation 2600.188(b)

Resident #1 was immediately assessed by charge nurse resident had no complaints of pain or discomfort. Medical Doctor was notified, orders received to continue current order resident POA was notified. Staff was removed from floor and educated on medication administration rights.

Going forward Nurse manager and charge nurse will review medication and treatment administration record after each med Pass. (Exhibit H).

The administrator will ensure that all systems that are put in place are being followed to maintain compliance.

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) *Dania West* Personal Care Administrator Date *6/5/2015*

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Violation Report: 13812 - 02/25/2015 - McIlvain, Shawn  
PCH Name: Rydal Park

1. REGULATION 55 Pa.Code §2600

2600.201 - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself/herself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

2a. DESCRIPTION OF VIOLATION

On January 27, 2015, The home did not ensure a secure and safe method of accountability for Resident #2.

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 2600.201

Resident #2 will be checked on Frequently with documentation  
Please see exhibit A

Staff was immediately inserviced Please see exhibit <sup>DJ</sup>~~A~~.B.  
facilities director sent out a memo to all managers and  
Staff of the facility regarding 4th floor memory Support  
Unit Safety.

Going forward Personal Care administrator will ensure  
that this Process is being followed for regulatory compliance  
and to maintain safety and accountability of residents.

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: *Dania West*      Date *6/5/2015*

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(Date)

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(Date)

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(Initials)

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Violation Report: 13812 - 02/26/2015 - Mclivain, Shawn

PCH Name: Rydal Park

**1. REGULATION 55 Pa.Code §2600**

2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

**2a. DESCRIPTION OF VIOLATION**

- An assessment was completed for resident #1 on 9/6/14 that does not indicate the resident removes the Lidoderm 5% patch from their back. On 2/3/15 thru 2/6/15 the patch was removed.

~~- An assessment was completed for Resident 2 on 10/10/14 that shows that the Resident can communicate her needs independently, the resident was unable to communicate on 2/25/15.~~

**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 2600.227(c)

The resident #1 assessment and support plan was updated to reflect resident status. The RASP was reviewed with staff. Effectively immediately the Personal Care Administrator will review all RASP to verify that all assessments are update (Please see exhibit H).

Assessment was updated on resident #2. RASP was reviewed with staff. Personal Care Administrator and nurse manager will review all RASP immediately to verify that all assessment are updated. The home quality management program will review for regulatory compliance.

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)

Dania West Personal Care Administrator Date 6/5/2015

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