



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 18 2015

Ms. Eileen M. Joseph, President/CEO
Carelink Community Support Services of Pennsylvania
Baldwin Tower
1510 Chester Pike, Suite 600
Eddystone, Pennsylvania 19022

RE: Carelink Community Support Services – Torrey House
3520 Darby Road
Haverford, Pennsylvania 19041
License #: 100070


Dear Ms. Joseph:

As a result of the Department of Human Services' licensing inspection on March 16, 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 August 8, 2015 to August 8, 2016 was issued on May 7, 2015. Your regular license remains in good standing.

Sincerely,


Matthew J. Jones
Director
/s/

Enclosure
License Inspection Summary

Violation Report: 10007 - 03/16/2015 - McIlvain, Shawn
 PCH Name: Carelink Community Support Services

1. REGULATION 55 Pa.Code §2600
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION
 On 3/16/15, the home did not have Resident 1 glucometer marked with the resident name.
 On 3/16/15, Resident 1 did not have his glucometer programmed.

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.

A PHARMACY LABEL WAS OBTAINED FOR THE GLUCOMETER AND THE METER WAS LABELED WITH THE RESIDENT'S NAME. THE GLUCOMETER WAS ALSO PROGRAMMED TO INDICATE THE PROPER DATE AND TIME. A PHOTO OF THE GLUCOMETER AND PHARMACY LABEL IS ATTACHED AND IS LABELED "ADDENDUM C."

Staff training will receive training on glucometer usage, labeling and programing. Training completion date is 5/6/15 *(W)*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Chris M. Small*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) CHRISTOPHER M. SMALL	Date 4/14/15
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The above plan of correction is approved as of 4/21/15
 (Date)

Plan of correction implementation status as of 4/21/15
 (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: 10007 - 03/16/2015 - McIlvain, Shawn
 PCH Name: Carelink Community Support Services

1. REGULATION 55 Pa.Code §2600
 2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION
 On 3/16/2015, the home has not yet completed an initial assessment plan for Resident 1, who was admitted on 12/10/2014.

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.

At the time of the inspection, Resident #1's initial assessment was in fact complete and present. It is filed in the admissions section of his chart. A copy of this initial assessment is attached and is labeled "Addendum D."

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Christopher M. Swanson Program Administrator	Date 4/14/15
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>4/21/15</u> (Date)	Plan of correction implementation status as of <u>4/21/15</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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