



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: AUG 28 2015**

Mr. Michael P. Donlevy, Chairman  
Whitemarsh House, Inc.  
31 West Mill Road, P.O. Box 301  
Flourtown, Pennsylvania 19031

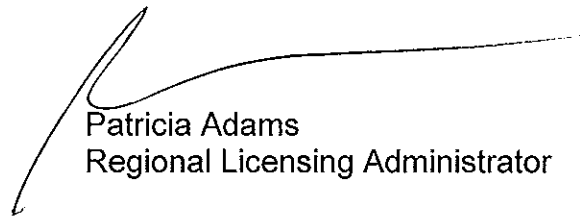
RE: Whitemarsh House  
License #: 127860

Dear Donlevy:

As a result of the Department of Human Services' licensing inspection on April 7, 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**

PCH Name: WHITEMARSH HOUSE		License Number: 127860
Address: 31 WEST MILL ROAD, FLOURTOWN, PA 19031		County: Montgomery
Administrator: Glenn Makela		Region: SOUTHEAST
Legal Entity Name:		
Legal Entity Address: PO BOX 301 31 WEST MILL ROAD, FLOURTOWN, PA		
Certificate(s) of Occupancy		
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 7	Waking Staff: 5
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 04/07/2015: Keppel, Autumn; Kazimer, Lauren		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 26 Number of Residents Served: 7 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: 0 Are 60 Years of Age or Older: 7 Have Mental Illness: 4 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 127860 04/07/2015 - Keppel, Autumn  
 PCH Name: WHITEMARSH HOUSE

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 2/6/15, an allegation of abuse was reported to Staff Member A. The home did not report the allegation to the local area agency on aging or complete an Act 13 form.

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.

Whitemarsh House provides all required trainings on all required topics, including reporting abuse and suspected abuse.

1. Training on reporting abuse and suspected abuse will be provided to all staff June 24, 2015 to assure complete understanding.
2. This training will be facilitated by the PCHA and the Clinical Director.
3. This training will include a competency instrument to test staff understanding of content.
4. This training will be repeated at required intervals to assure ongoing understanding and new hires will receive training upon initial orientation.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Glenn R. Makela*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **GLENN R. MAKELA, PCHA**      Date **6/17/15**

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

The above plan of correction is approved as of 7/6/15 (Date)      Plan of correction implementation status as of 7/6/15 (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: 127860407/2015 - Keppel, Autumn  
PCH Name: WHITEMARSH HOUSE

1. REGULATION 55 Pa. Code §2600

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Staff Person B's initial medication administration training was completed 6/1/13. The annual practicum for medication administration requires that four medication administration record reviews be completed annually. The fourth review for staff Member B was completed September 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.

Whitemarsh House provides the required training for any staff who will administer medications for residents.

1. Required reviews will be completed within the required timeframes.
2. The Nurse Manager will assure reviews are scheduled well enough in advance to assure timely completion.
3. The Nurse Manager and PCHA will assure required reviews are completed within required timeframes (1 year) ongoing.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Glenn R. Makela*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

GLENN R. MAKELA, PCHA

Date

6/17/15

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The above plan of correction is approved as of

*7/6/15*  
(Date)

Plan of correction implementation status as of

*7/6/15*  
(Date)

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- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
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*(Signature)*  
(Initials)