



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUL 09 2015

Ms. Marina Hacking, Administrator
Philadelphia Presbytery Homes, Inc.
2000 Joshua Road
Lafayette Hill, Pennsylvania 19444

RE: Rosemont Presbyterian Village
404 Cheswick Place
Rosemont, Pennsylvania 19010
License #: 176630

Dear Ms. Hacking:

As a result of the Department of Human Services' licensing inspection on April 28, 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 June 7, 2015 to June 7, 2016 was issued on May 5, 2015. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones".

Matthew J. Jones
Director ^{LSH}

Enclosure
License Inspection Summary

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

PCH Name: ROSEMONT PRESBYTERIAN VILLAGE		License Number: 17863
Address: 404 CHESWICK PLACE, ROSEMONT, PA 19010		County: Delaware
Administrator: CARISA LIVINGSTON		Region: SOUTHEAST
Legal Entity Name: PHILADELPHIA PRESBYTERY HOMES INC.		
Legal Entity Address: 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444		
Certificate(s) of Occupancy 1 B 10/12/2007 RADNOR TOWN DPT OF COMM		
Staffing Hours Resident Support: 0 Total Daily Staff: 81 Working Staff: 61		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 04/28/2015: Keelty, Jennifer; Kazlmer, Lauren		
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: 221 Number of Residents Served: 70 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: 3 Number of Hospice Residents In past year: 10	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 70 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 11 Have a Physical Disability: 1	

Violation Report: 17663 - 04/28/2015 - Keelly, Jennifer
 PCH Name: ROSEMONT PRESBYTERIAN VILLAGE

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 cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION
 Resident # 1 was not given an opportunity to sign their contract.

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.

Preparation and/or execution of the Plan of Correction do not constitute admission by the providers of the truth of the facts alleged, or conclusions set forth in the statement of deficiencies. The Plan of Correction is prepared solely as a matter of compliance with state law.

Resident #1 was not able to sign her contract due to her condition. The contract was signed by the Power of Attorney instead. On the day of inspection, a notation was added to the contract to explain that the resident was unable to sign for herself.

Current contracts are being reviewed for compliance.

The Administrator / Designee will ensure that such notation is present on the contract if the resident is not able to sign with new contracts.

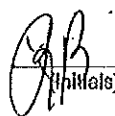
New contracts will be reviewed for compliance monthly and monitored through the community Quality Management Program.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) MARINA HACKING Executive Director	Date 5/29/15
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>6/8/15</u> (Date) The above plan of correction was approved by  (Initials)	Plan of correction Implementation status as of <u>6/9/15</u> (Date) <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
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Violation Report: 17663 - 04/28/2015 - Keelly, Jennifer
 PCH Name: ROSEMONT PRESBYTERIAN VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

Resident # 2's glucometer was used to test Resident # 3's blood glucose level on 4/5/2015 at 6:30 a.m., 4/5/2015 at 8:30 p.m., and 4/28/2015 at 6:30 a.m.

Resident # 3's glucometer was used to test Resident # 2's blood glucose level on 4/23/2015 at 4:30 p.m.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

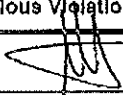
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Nursing staff re-education regarding glucometers and maintaining sanitary conditions was completed on 5/21/2015.

Monthly audits to be completed by nursing supervisors to ensure compliance. Findings to be presented and monitored through Community Quality Management Program.

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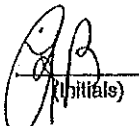
Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Executive Dir. Admin.	Date
MARINA HACKING		5/29/15

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 (Date)

Plan of correction implementation status as of 6/8/15
 (Date)

The above plan of correction was approved by 
 (Initials)

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

Violation Report: 17663 - 04/28/2015 - Keelly, Jennifer
 PCH Name: ROSEMONT PRESBYTERIAN VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
 There were three rugs that did not have a slip-resistant backing on the linoleum bathroom floor in bedroom # 120. This presents a slipping hazard to the resident.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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The rugs in the resident bathroom of bedroom 120 were removed at the time of inspection. Non-skid backing was applied to the rugs by the community.

Housekeeping team to be re-educated on the need for slip resistant backing on rugs by 6/5/2015.

Apartments to be audited monthly for compliance by the Housekeeping Manager or Designee. Findings to be presented through the Community Quality Management Program.

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Executive Director	Date
MARINA HACKING		5/29/15

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Violation Report: 17663 - 04/28/2016 - Keelly, Jennifer
 PCH Name: ROSEMONT PRESBYTERIAN VILLAGE

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
 On 4/28/2016, 14 packets of triple antibiotic ointment that had expired in July 2011 were in a medical supply box in the home's medication room.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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The medical supply box and its contents were discarded during the inspection and will no longer be used in the home.

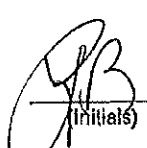
Monthly medication storage room audits will be completed by assigned nursing staff to ensure compliance. Findings to be monitored through the monthly Quality Management Program.

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) MARINA HACKING <i>Executive Director</i>	Date 5/29/15
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Violation Report: 17883 - 04/28/2015 - Keely, Jennifer
 PCH Name: ROSEMONT PRESBYTERIAN VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
 (1) The resident's name.
 (2) The name of the medication.
 (3) The date the prescription was issued.
 (4) The prescribed dosage and instructions for administration.
 (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION
 Resident # 4's Senna 8.6 mg is ordered to be administered at 8:30 a.m. and 6:30 p.m. The labels on the medication strip packaging indicate to administer the medication at 9 a.m. and 9 p.m.
 Resident # 4's Coumadin 3 mg is ordered to be administered at 6 p.m. The labels on the medication strip packaging indicate to administer the medication at 8:30 p.m.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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Direction change labels were applied to the medication packages for resident #3 and #4 post- inspection. The medications for both residents were administered as per physicians orders.

Nursing staff re-education in process and will be completed by 6/20/2015 in regards to use of direction change labels, and ensuring administration times match on packaging and medication administration record.


Audits of packaging / medication administration record to be completed by nursing supervisor or designee to ensure compliance. Findings to be reported through the Quality Management Program.

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Violation Report: 17663 - 04/28/2015 - Keelly, Jennifer
 PCH Name: ROSEMONT PRESBYTERIAN VILLAGE

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
 The home did not implement procedures for the safe use of medical equipment. Resident # 2's glucometer was used to test Resident # 3's blood glucose level on 4/6/2015 and 4/28/2015. Resident # 3's glucometer was used to test Resident # 2's blood glucose level on 4/23/2015.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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Residents who require blood glucose monitoring have their own glucometers.

Staff were re-educated on the community's procedure for safe use of medical equipment on 5/21/2015.

Nursing Supervisor / designee to audit for compliance with safe use of glucometers monthly. Findings to be reported at the monthly Quality Management Program.

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