



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUL 09 2015

Ms. Dyann M. Roth, CEO
Resources for Human Development, Inc.
Attn: Mark Elasser
4700 Wissahickon Avenue, Suite 126
Philadelphia, Pennsylvania 19144

RE: New Options I
1419-21 Powell Street
Norristown, Pennsylvania 19401
License #: 128040

Dear Ms. Roth:

As a result of the Department of Human Services' licensing inspection on May 4, 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 April 29, 2015. Your regular license remains in good standing.

Sincerely,

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

Matthew J. Jones
Director *ISH*

Enclosure
License Inspection Summary

Violation Report: 12804 - 05/04/2015 - McHale, Christine
 PCH Name: NEW OPTIONS I

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 #1 had an order for Tobramycin-Dexameth Opth filled on 4/15/15. This medication was to be administered for five days and then discontinued. On 5/4/15, this medication was being stored with the resident's current 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.

1. 2600.183(f):

Resident #1 had an order for Tobramycin-Dexameth Opth filled on 4.15.15 that was to be administered for five days. At inspection on 5.4.15 the medication remained stored with the resident's current medication. The day of inspection, this medication was removed from the resident's medication box. The steps taken to prevent this from occurring again include enhanced orientation to medication procedures by the new New Options Nurse and regular weekly checks of all resident medication boxes. In addition, a pill count and daily inspection is completed by all staff who administer medications that day.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Julie E. Phillips*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Julie E. Phillips	Date 5.27.15
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <i>6/8/15</i> (Date)	Plan of correction implementation status as of <i>6/8/15</i> (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

Violation Report: 12804 - 05/04/2015 - McHale, Christine
 PCH Name: NEW OPTIONS I

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
 Resident #1 has an order for Bisacodyl 5 mg as needed. On 5/4/15, this medication was not present in the home.

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.

2. 2600.185(a):

Resident #1 has an order for Bisacodyl 5mg as needed. At the time of inspection, this prn was not in the resident's medication box. This was remedied the day of inspection. New Options no longer has "house stock" of common medications. The steps taken to prevent this from occurring again include enhanced orientation to medication procedures by the new New Options Nurse and regular weekly checks of all resident medication boxes. In addition, a pill count and daily inspection is completed by all staff who administer medications that day.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Julie E. Phillips, MSW*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Julie E. Phillips, MSW	Date 5.27.15
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The above plan of correction was approved by <u>[Signature]</u> (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: 12804 - 05/04/2015 - McHale, Christine
 PCH Name: NEW OPTIONS I

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #1 has an order for Desonide lotion as needed for flare ups to be used daily for seven to 14 days. This medication was present in the home but not included on the resident's medication administration record.

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.

3. 2600.187(a)

Resident #1 had an order for Desonide lotion as needed for flare ups to be used daily for 7-14 days. At the time of the inspection, the medication was present in the home but was not included on the resident's MAR record. This violation was addressed the day of inspection and was added to the MAR sheet. We have taken steps to prevent this oversight from happening again by having the nurse and wellness coordinator do regular weekly checks of all resident medication boxes. In addition, a pill count and daily inspection is completed by all staff who administer medications that day.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Julie E. Phillips, MSW*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Julie E. Phillips, MSW* Date *5.27.16*

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The above plan of correction is approved as of *6/8/16*
 (Date)

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

Plan of correction implementation status as of *6/8/16*
 (Date)

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

Violation Report: 12804 - 05/04/2015 - McHale, Christine	
PCH Name: NEW OPTIONS I	
1. REGULATION 55 Pa.Code §2600 2600.190(c) - A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.	
2a. DESCRIPTION OF VIOLATION - The home's medication administration training record for staff person A does not include documentation of successful completion of the training. - The home's medication administration training record for staff person B does not include documentation of successful completion of the training.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
<p>4. 2600.190(c)</p> <p>The home's medication administration training record for staff persons A and B did not include documentation of successful completion of the training. At the time of inspection, administrator explained that our previous program nurse had completed regular training and medication observations but failed to complete necessary certificates prior to her discharge by the company. We hired an outside trainer for Medication Administration and are now able to demonstrate successful completion of medication administration because we had staff members re-trained.</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Julie E. Phillips, NSW</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Julie E. Phillips, NSW</i>	Date <i>5.27.15</i>
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