



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 30 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 Mr. Donlevy:

As a result of the Department of Human Services' annual licensing inspection on July 15, 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,

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

Matthew J. Jones
Director */s/*

Enclosure
License Inspection Summary

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

PCH Name: Whitemarsh House		License Number: 12786
Address: 31 West Mill Road, , PA		County: Montgomery
Administrator: GLENN MAKELA		Region: SOUTHEAST
Legal Entity Name: WHITEMARSH HOUSE INC		
Legal Entity Address: PO BOX 301 31 WEST MILL ROAD, FLOURTOWN, PA 19031		
Certificate(s) of Occupancy C-2 LP 01/17/1985 LABOR & INDUSTRY		
Staffing Hours		
Resident Support:	Total Daily Staff: 17	Waking Staff: 13
Type of Inspection: Ind - 49 Indicators	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Indicator		
On-Site Inspections Dates and Department Representatives On-Site		
07/15/2015: 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: 26 Number of Residents Served: 14 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: 9 Are 60 Years of Age or Older: 8 Have Mental Illness: 4 Have an Intellectual Disability: 10 Have a Mobility Need: 3 Have a Physical Disability: 0	

Violation Report: 12786 - 07/15/2015 - Braswell, Natasha
PCH Name: Whitemarsh House

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

The medication administration record for Resident #1 does not include the staff initials for the administration of Polyethylene Glycol powder on 7/13/15.

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.

- 1. The Nurse Manager trains and supervises the medication staff persons. The Nurse Manager also monitors the Medication Administration Record to make sure all medications are signed for when given, *on a weekly basis, starting 10/1/15*
- 2. Anytime the Nurse Manger finds a box has not been Initialed she will notify the PCHA.
- 3. The Nurse Manager and PCHA will meet with the staff person to discipline and train, as necessary.
- 4. The Nurse Manager will continue to provide ongoing, documented training for all medication certified staff.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature]

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

GLENN R. MAKELA PCHA

Date

8/27/15

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

The above plan of correction is approved as of

9/3/15
(Date)

Plan of correction implementation status as of

9/3/15
(Date)

The above plan of correction was approved by

[Handwritten Initials]
(Initials)

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