



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: March 8, 2016

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 September 25, 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 cursive script that reads "Roslyn Brewer".

Roslyn Brewer
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

PGH Name: NEW OPTIONS I		License Number: 128040
Address: 1419 21 POWELL STREET, NORRISTOWN, PA 19401		County: Montgomery
Administrator: Julie Phillips		Region: SOUTHEAST
Legal Entity Name: RESOURCES FOR HUMAN DEVELOPMENT INC		
Legal Entity Address: 4700 WISSAHICKON AVE SUITE 126, PHILADELPHIA, PA 19144		
Certificate(s) of Occupancy		
Staffing Hours		
Resident Support: 0	Total Daily Staff:	Working Staff:
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 09/25/2015: Kazimer, 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: 12 Number of Residents Served: 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: Number of Hospice Residents in past year:		Number of Residents who: Receive Supplemental Security Income: Are 60 Years of Age or Older: Have Mental Illness: Have an Intellectual Disability: Have a Mobility Need: Have a Physical Disability:

Violation Report: 12804 - 09/25/2015 - Kazimer, Lauren
 PCH Name: NEW OPTIONS I

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 8/27/2015 an allegation of abuse, specifically financial exploitation, against resident #1 was reported to staff person A. The home did not report the allegation to the local area agency.

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.

2600.15(a).

Plan of Correction (POC):

All future reports will be filed to all agencies in the guidelines described in the attached policy and per the regulation (Policy on Prevention, Reporting, Notification, Investigation and Management of Reportable Incidents and Conditions).

All Staff will be re-trained on the policy by 11/18/15. In addition, all staff were trained on the Older Adult Protective Service Act and PA code sections 15.21-15.27 on 10/28/15 and 10/29/15. Training sign-in sheet is attached.

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 Julie E Phillips, MSW
 (Required on EVERY Page) Date 11-9-15

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

The above plan of correction is approved as of 11/18/15
 (Date)

Plan of correction implementation status as of 11/18/15
 (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: 12804 - 09/25/2015 - Kazimer, Lauren
 PCH Name: NEW OPTIONS I

1. REGULATION 55 Pa.Code §2600

2600.18(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

- On 8/27/2015, resident #1 reported to the home an allegation of financial exploitation by staff person B and staff person C. The home did not report this to the Department until 9/4/2015.
 - Resident #1 also reported to the home on 8/27/15 that staff person D had potentially violated residents' rights. The home did not report this to the Department.

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.

2600.16(c)

Plan of Correction (POC):

All future reports will be filed to all agencies in the guidelines described in the attached policy and per the regulation (Policy on Prevention, Reporting, Notification, Investigation and Management of Reportable Incidents and Conditions).

All Staff will be re-trained on the policy by 11/18/15. In addition, all staff was trained on the Older Adult Protective Service Act and PA code sections 15.21-15.27 on 10/28/15 and 10/29/15. Training sign-in sheet is attached.

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 11.9.15
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 11/8/15
 (Date)

Plan of correction implementation status as of 11/8/15
 (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: 12804 - 09/25/2015 - Kazimer, Lauren
 PGH Name: NEW OPTIONS I

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

On 8/27/2015, resident #1 reported to staff person A that the resident had entered into an agreement with staff person B and staff person C to accept \$50.00 cash in exchange for \$100.00 from their Access food stamp card. According to the Electronic Transaction Activity statement for the Access card, the purchases began occurring in November 2014. The resident was at an in-patient rehab from [redacted] 2015 to [redacted] /2015 and the Access card was not in the resident's possession. During this time, ten transactions were made with their Access card. The resident, who is independent with their finances and caring for personal possessions, does not have a vehicle. Several transactions were made in a geographical region that is not within walking distance of the home. Transaction were made in areas the home does not transport residents.

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.

2600.42(b)

Plan of Correction (POC):

*Upon Administrators being informed of the allegations of financial exploitation by a resident, suspected staff was immediately suspended pending an internal investigation. The internal investigation gave credibility to the accusations and the two accused staff members were terminated from employment.

POC:

All staff members were informed of residents' Specific Rights Regulation 2600.42 (a through q) during training on 10/29/2015. Staff sign-in sheet is attached.

Residents are being prompted to voice their concerns and any changes they would like to see at the site during regularly scheduled house meetings. Every resident has a quarterly recovery conference in which administrators and any of the resident's supporters are invited. Residents are encouraged to express any concerns or suggestions regarding staff and the physical site during this time period and reminded that they can speak to staff as well as directly call administrators if concerns are to arise.

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 *11.9.15*

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 (Date)

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 (Date)

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 (Initials)

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Violation Report: 12804 - 09/25/2015 - Kazimer, Lauren
 PCH Name: NEW OPTIONS I

1. REGULATION 55 Pa. Code §2600
 2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

- Residents and staff of the home have expressed that staff person D does not treat residents in a respectful manner. During an interview with the Department on 9/25/2015, Resident #1 stated staff person D yells and screams and is often in a bad mood. The staff person has yelled, "Come here!" and "Sit!" at residents. When resident #1 brought it to staff person D's attention, they said, "What are you gonna do, tell on me?". Resident #2 stated staff person D gives direction, gets angry often, and can get "boiling mad". Staff person D gets aggravated when too many residents are in the kitchen. Resident #3 described staff person D as "very bossy".

- On 10/6/2015, staff person E reported to the home that they were uncomfortable working with staff person D due to their aggressive demeanor. Staff person E has observed staff person D being abrupt with the residents, restricts them from something they want. Staff person D tell residents they cannot always come into the kitchen when they are in there. Staff person D was observed taking a cup of juice from a resident's hand, which appeared unnecessary and a little aggressive to staff person E.

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.

See attached

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*

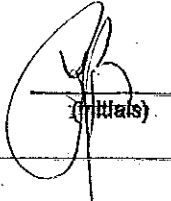
Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Julie E. Phillips, MSW

Date 11.9.15

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- Not Implemented

2600.42(c)

Plan of Correction (POC):

*Upon hearing resident concerns regarding staff person D on 8/27/15, staff person D was suspended pending an internal investigation. The investigation gave credibility to the fact that staff person D can be abrupt and abrasive. Staff person D resumed employment with a plan of correction barring any further resident complaints/concerns and offering support in terms of training on communication and supportive supervision with Site lead.

*On 10/6, administrators received another complaint regarding staff person D. Upon receiving the complaint from staff person E regarding staff person D, administrators immediately suspended staff person D pending an investigation. The internal investigation gave credibility to the accusations from staff person E. Staff person D was terminated from employment immediately.

POC:

Staff was retrained on resident rights and the transformation plan (10/29/15-signature sheet attached).

Administrators participated in interviews to replace the three staff members who were terminated through this investigative process. Resident rights and expectations of staff within the environment were stressed during the interview process.

In addition, New Options terminated employment with the former site lead of [REDACTED] in June due to concerns regarding her supervisory skills. A new site lead was hired immediately. The new site lead regularly does supervision with each employee and addresses resident rights. She frequently pops-into the site unannounced to monitor staff and maintains a dialogue with residents in order to ensure they're comfortable coming to her with concerns. This has improved the overall quality of the site and residents report a much more comfortable atmosphere. The reporting resident cites the change in leadership and environment as the reason he finally felt comfortable voicing his concerns over the financial exploitation and staff abuse.

Julie E Phillips, MSW (Admin)
Julie E Phillips, MSW