



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAR 03 2016

Ms. Lori Gresko, Administrator  
Philadelphia Presbytery Homes, Inc.  
2002 Joshua Road  
Lafayette Hill, Pennsylvania 19444


RE: Spring Mill Presbyterian Village  
License #: 127920

Dear Ms. Gresko:

As a result of the Department of Human Services' annual licensing inspection on October 22, 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,

  
Matthew J. Jones  
Director <sub>/SH</sub>

Enclosure  
License Inspection Summary

PCH Name: SPRING MILL PRESBYTERIAN VILLAGE		License Number: 127920
Address: 2002 JOSHUA ROAD, LAFAYETTE HILL, PA 19444		County: Montgomery
Administrator: Lori Gresko		Region: SOUTHEAST
Legal Entity Name: PHILADELPHIA PRESBYTERY HOMES INC		
Legal Entity Address: 2002 JOSHUA ROAD, LAFAYETTE HILL, PA 19444		
Certificate(s) of Occupancy		
I-1 10/15/2007 Whitemarsh Township	C-2 LP 06/02/1997 PA L&I	
Staffing Hours		
Resident Support:	Total Daily Staff: 100	Waking Staff: 75
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
10/22/2015: McHale, Christine; McIlvain, Shawn		
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: 107 Number of Residents Served: 76 Secured Dementia Care Unit In Home: Yes Area: Cedar Grove Secured Dementia Unit Capacity, If Applicable: 33 Number of Residents Served in Secured Dementia Care Unit, if applicable: 24 Number of Current Hospice Residents: 3 Number of Hospice Residents in past year: 7		Number of Residents who: Receive Supplemental Security Income: 2 Are 60 Years of Age or Older: 52 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 24 Have a Physical Disability: 0

Violation Report: 12792 - 10/22/2015 - McHale, Christine  
 PCH Name: SPRING MILL PRESBYTERIAN VILLAGE

1. REGULATION 55 Pa.Code §2600  
 2600.102(d)(1) - Toilet and bath areas must have grab bars, hand rails or assist bars.

2a. DESCRIPTION OF VIOLATION  
 There is no grab bar, hand rail or assist bar at the toilet in the bathroom of resident room #225.

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 this 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.*

The grab bar in room 225's bathroom was added to the room the following day from inspection. Monthly the maintenance department does life safety inspections and checking the status of the grab bars in bathroom has been added. The safety committee will also check the bathrooms for the proper devices when they do room checks. Please see attached picture.

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

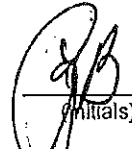
Signature of Legal Entity Representative (Required on EVERY Page) *Lori B. Grosko RN*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Lori B. Grosko, RN Administrator* Date *12/11/15*

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

The above plan of correction is approved as of 12/14/15  
 (Date)

Plan of correction implementation status as of 12/14/15  
 (Date)

The above plan of correction was approved by   
 (Initials)

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

Violation Report: 12792 - 10/22/2015 - McHale, Christine  
 PCH Name: SPRING MILL 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  
 Resident #1 has an order for Promethazine Hcl 25 mg to be given rectally every 12 hours as needed and Tylenol 325 mg. These medications were not available 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.

*Preparation and/or execution of this 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.*

The PRN medications for resident #1 were not available according to the resident's medical administration record. All Staff was re-educated on the importance of having the MAR match what is available for each resident. Please see attached sign in in-service sheet. Monthly this regulation is reviewed in our monthly Quality Management meeting.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/07/2014
-----------------------	-----------------------------------	------------

Signature of Legal Entity Representative (Required on EVERY Page) *Lori B. Ciresko RN*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Lori B. Ciresko RN Administrator* Date *12/11/15*

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

The above plan of correction is approved as of *12/14/15*  
 (Date)

Plan of correction implementation status as of *12/14/15*  
 (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: 12792 - 10/22/2015 - McHale, Christine  
 PCH Name: SPRING MILL PRESBYTERIAN VILLAGE

1. REGULATION 55 Pa.Code §2600  
 2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

2a. DESCRIPTION OF VIOLATION  
 Resident #2 refused to take their prescribed dose of Tussionex Penn Kinetic at 8:00 am from 10/10/15 to 10/22/15. The home did not report these refusals to the prescriber as required.

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 this 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 number #2 has refused medication and the nurse did not notify the prescriber when the resident refused the medication. All nurses and med-techs were re-educated on the procedure when a resident refuses medication, which is to notify the prescriber. Please see attached sign in sheet for in-service.

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) *Lon B. Bresko RN, Administrator* Date *12/11/15*

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

The above plan of correction is approved as of *12/14/15* (Date) Plan of correction implementation status as of *12/14/15* (Date)

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

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