



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAR 03 2016

Ms. Dania West, Personal Care Administrator
Philadelphia Presbytery Homes, Inc.
2000 Joshua Road
Lafayette Hill, Pennsylvania 19444

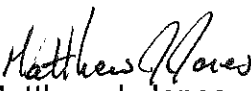
RE: Rydal Park Personal Care
1515 The Fairway
Rydal, Pennsylvania 19046
License #: 138120

Dear Ms. West:

As a result of the Department of Human Services' annual licensing inspection on November 10, 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

Enclosure
License Inspection Summary

Violation Report: 13812 - 11/10/2015 - McHale, Christine
 PCH Name: RYDAL PARK PERSONAL CARE

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

The contract for resident #1 was not signed by the resident.

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.

The resident contract was not signed by the resident.
 Resident contract was immediately signed and reviewed by the resident.

Please see attachment 1

going forward administrator or designee will ensure that all contracts are reviewed and signed by resident and their designee within the specified time.

The home quality management program will include a continuing review to ensure compliance of this regulation.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Dania West

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

Dania West

Core Administrator

Date 12/3/2015

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: 13812 - 11/10/2015 - McHale, Christine
 PCH Name: RYDAL PARK PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.41(e) - A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in § 2600.41(d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION
 Resident #1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

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.

Resident #1 record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures. Administrator met with resident on 11/10/2015 resident signed document after resident's rights and complaint procedures was reviewed. Please see attachment #1. Going forward Administrator or designee will ensure that on the day of admission Resident Rights procedures are reviewed with resident and the home quality management program will include a continuing review to ensure compliance of this regulation.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Dania West*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Dania West* Personal Care Administrator Date *12/3/2015*

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

The above plan of correction is approved as of <u>12/14/15</u> (Date)	Plan of correction implementation status as of <u>12/14/15</u> (Date)
The above plan of correction was approved by <u><i>JB</i></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: 13812 - 11/10/2015 - McHale, Christine
 PCH Name: RYDAL PARK PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION
 Direct care staff person A received only three hours of annual training in training year January 2014 to December 2014.

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.

Direct care staff person A proceeded on her maternity leave in december and returned in march.
 going forward all annual training hours will be completed within the specified training period.
 going forward administrator, designee and human Resource department will ensure that all trainings are completed within the specified training period. Staff will be taken off schedule until trainings are completed.
 Please see attachment #2
 Going forward the home quality management program will include a continuous review to ensure compliance of this regulation, at a minimum twice a year review

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Dania West Personal Care Administrator* Date *12/3/2015*

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

The above plan of correction is approved as of *12/4/15*
 (Date)

Plan of correction implementation status as of *12/4/15*
 (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: 13812 - 11/10/2015 - McHale, Christine
 PCH Name: RYDAL PARK PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
 (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
 (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
 (3) Resident rights.
 (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
 (5) Falls and accident prevention.
 (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION
 Direct care person A did not receive training in Fire Safety, Emergency Preparedness, Resident Rights, the Older Adult Protective Services Act, and Falls and Accident Prevention during training year January 2014 to December 2014.

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.

Direct Care person A did not receive training in fire safety, emergency preparedness, Residents rights, the older adult protective services Act, and fall and accident prevention during training year January 2014 to December 2014. Direct care staff training schedule was immediately reviewed with staff so that going forward all annual training will be completed within the specified training period. (Attachment)
 Administrator will ensure that all training is completed within the specified training period. Staff will be taken off schedule until all training are completed.
 The home quality management program will ~~ensure~~^{error} include a continuing review to maintain compliance, at least twice a year (2)

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

Signature of Legal Entity Representative (Required on EVERY Page) *Dania West*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Dania West Personal Care Administrator* Date *12/3/2015*

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Violation Report: 13812 - 11/10/2015 - McHale, Christine
 PCH Name: RYDAL PARK PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Staff person B, who completed the Department-approved medications administration course on 3/30/12, has not completed an annual practicum in 2013, 2014, or 2015. Staff person A administered medications to residents of 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.

Staff person B, has not completed an annual practicum in 2013, 2014 or 2015. Observation was completed on staff person B in 2013, 2014, 2015 please see attachment 4.

Going forward Administrator or designee will ensure that all document requested will be received in a timely manner the home quality management program will include a continuous review to maintain compliance, at least twice a year (2)

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Dania West* Personal Care Administrator Date *12/3/2015*

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Violation Report: 13812 - 11/10/2015 - McHale, Christine
 PCH Name: RYDAL PARK PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION

Resident #1 has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

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.

Resident #1 was not educated on the rights to refuse medication. Administrator met with resident on 11/10/2015 and reviewed with resident, resident's right and the right to refuse medication if there is an error. Please see attachment #1

Going forward Administrator or designee will ensure that on the day of admission Resident rights procedures are reviewed with resident and the home quality management program will include a continuous review to ensure compliance of this regulation, at least twice a year. S

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Dania West Personal Care Administrator Date 12/3/2015

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Plan of correction implementation status as of 12/4/15 (Date)

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

Violation Report: 13812 - 11/10/2015 - McHale, Christine
 PCH Name: RYDAL PARK PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

On 1/17/15, resident #2 was assessed to have needs associated with CHF, dysphagia, fractured sacrum/coccyx, Dementia, Generalized Anxiety, and Depressive Disorder. The resident's support plan does not address how the home will assist the resident in meeting these needs.

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.

On 1/17/15 resident #2 was assessed to have needs associated with CHF, dysphagia, fractured sacrum/coccyx, Dementia, Generalized Anxiety and depressive Disorder. Resident's support plan was immediately reviewed. nurse manager immediately reviewed document and addressed all diagnosis to ensure ~~the~~ resident needs will be met. Please see attachment 6

Going forward Administrator and nurse manager will ensure that all resident ~~support~~ Assessment and Support plan will be completed in its entirety in a timely manner. The home quality management program will include a continuous review to maintain compliance of this regulation.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Dania West

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

Dania West Personal Care Administrator

Date 12/3/2015

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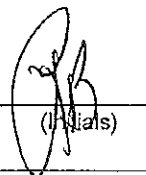
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- Not Implemented

Violation Report: 13812 - 11/10/2015 - McHale, Christine
 PCH Name: RYDAL PARK PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident #1, admitted to the SDCU on [redacted] 15 had a medical evaluation on 1/23/15. Changes were made to the medical evaluation including: the addition of II after Diabetes, the diagnoses of esophageal reflux, hyperlipidemia, hx. of TIA/stroke, hx. fx femur closed, the resident's need for a secured dementia care unit, temperature, and diet. There is no documentation of who made the changes and if permission was obtained from the initial evaluator.

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.

Resident #1 had a medical evaluation on 1/23/15. Changes were made, there is no documentation of who made the changes. Resident medical Evaluation was immediately faxed to the medical Doctor, medical doctor initialed all changes. Please see attachment 7

Going forward Administrator and nurse manager will ensure that ~~documented~~ all changes or addition made to the DME will be approved by medical Doctor along with Documented time, Date Person spoken to next to the correction.

The home quality management program will include a continuous review to maintain compliance of this regulation.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Dania West*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Dania West Personal Care Administrator* Date *12/3/2015*

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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: 13812 - 11/10/2015 - McHaie, Christine
 PCH Name: RYDAL PARK PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.231(c) - A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident #3 was admitted to the SDU on [redacted] 15. The resident's cognitive screening dated 4/27/15 was incomplete. The screening did not include all behaviors exhibited and that the applicant requires secure care due to Alzheimer's disease or other dementia.

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.

Resident #3 cognitive screening dated 4/27/15 was incomplete the administrator and nurse manager immediately review resident's pre-admission screening and completed cognitive screening portion. Please see attachment. 8

Going forward Administrator and nurse manager will ensure that the pre-admission screen form will be completed in its entirety within 72 hrs prior to admission to the Secured Dementia unit and will include all behaviors that will require a Secured area due to Dementia.

The home quality management program will include a continuous review to ensure compliance of this regulation.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Dania West*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Dania West Personal Care Administrator* Date *12/3/2015*

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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: 13812 - 11/10/2015 - McHale, Christine
 PCH Name: RYDAL.PARK PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.236 - Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation).

2a. DESCRIPTION OF VIOLATION
 Direct care staff person A did not have any hours of training in dementia care during training year January 2014 to December 2014.

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.

Direct care staff person A. did not have any hours of training in dementia care during training year January 2014 to December 2014
 Direct care staff person A perceeded on her maternity leave in december and returned in march
 going forward administrator and human resources will ensure that all training is completed within the training year. staff will be taken off schedule if training is not completed within the specified time.
 Please see attachment #2

The home quality management program will include a continuous review to ensure Compliance of this regulation, at least twice a year. &

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Donia West Personal Care Administrator*
 Date *12/3/2015*

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

The above plan of correction is approved as of <i>12/16/15</i> (Date)	Plan of correction implementation status as of <i>12/14/15</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