



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 15 2016

Dr. Carolyn Lewis, Executive Director
NHS Human Services
400 North Broad Street
Lansdale, Pennsylvania 19446

RE: NHS Human Services of Montgomery County
478 Bethlehem Pike
Fort Washington, Pennsylvania 19034
License #: 127950

Dear Dr. Lewis:

As a result of the Department of Human Services' annual licensing inspection on January 12, 2016 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 ^{SH}

Enclosure
License Inspection Summary

Violation Report: 12795 - 01/12/2016 - McIvain, Shawn
 PCH Name: NORTHWESTERN HUMAN SERVICES of MONTGOMERY COUNTY

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION
 On 1/12/2016 a mat in the first floor bathroom, nearest to the washer/dryer had an black and brown substance which appeared to be mold or and mildew.
 On 1/12/2016 the second floor bathroom, had opened un-labeled toothpaste, on the sink counter.

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 home will ensure that sanitary conditions are maintained. The mat was replaced on 1/12/16. All staff will check all bathmats daily, to ensure that they are free of mold or mildew. The mats would be replaced immediately if mold or mildew is found. The toothpaste was removed on 1/12/16, staff will check all bathrooms daily to remove any items that does not belong in the bathroom. Staff will also remind residents at monthly meeting to remove all personal items from the restroom upon leaving the restroom.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]* MS

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Antonia Mann-Kane, MS</i>	<i>Residential Director</i>	Date <i>1/26/16</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <i>2/22/16</i> (Date)	Plan of correction implementation status as of <i>2/22/16</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: 12795 - 01/12/2016 - McIvain, Shawn
 PCH Name: NORTHWESTERN HUMAN SERVICES of MONTGOMERY COUNTY

1. REGULATION 55 Pa.Code §2600
 2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION
 On 1/12/2016 in the main kitchen freezer an cup of orange/red colored liquid was open, unsealed and unlabeled.

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 will ensure that all food are stored in closed or sealed containers.
 A memo was placed on all refrigerators and freezers in the kitchen to ensure that all foods will be closed or sealed with containers. Any food that is not closed or sealed with containers are to be thrown out immediately. Staff will check the refrigerators and freezers daily for compliance.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *ABZ, ms*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Antonia Mann-Pearce, ms Director* Date *1/26/16*

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The above plan of correction is approved as of <i>2/2/16</i> (Date)	Plan of correction Implementation status as of <i>2/2/16</i> (Date)
The above plan of correction was approved by <i>AB</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: 12795 - 01/12/2016 - McIvain, Shawn
 PCH Name: NORTHWESTERN HUMAN SERVICES of MONTGOMERY COUNTY

1. REGULATION 55 Pa.Code §2600
 2600.185(b) - At a minimum, the procedures in § 2600.185(a) shall include:
 (1) Documentation of the receipt of controlled substances and prescription medications.
 (2) A process to investigate and account for missing medications and medication errors.
 (3) Limited access to medication storage areas.
 (4) Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply for a resident who self-administers medication without the assistance of a staff person and stores the medication in his/her room.

Za. DESCRIPTION OF VIOLATION
 On 1/12/2016 Resident #3 medication drawer did not include the ordered prn medications of:
 -Ibuprofen tab 200mg-take 1 to 2 tabs by mouth every 6 hours as needed for pain-take with food or milk.
 -Hydrocortin-for eucerin-apply to affected are three times daily as needed for dry skin.
 -Ventolin HFA 90MCG-Inhale 2 puffs by mouth every four hours as needed.

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 home will ensure that all medications, including PRNS are in the resident medication bin at all times. The medications mentioned above are currently at the site as of 1/22/16. The home called the medical doctor to have new prescriptions completed for the above mention medications. Please see the attached RH#1 and RH#2. Staff will check the medication ^{bin} ~~been~~ daily to ensure that all medications are in the medication bin. The Program Assistant will complete a weekly audit of all medications to ensure that they are at the site and in the proper medication bin for each resident.

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature] MS*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Residentive*
Antonia Mann-Rose MS Director Date *1/26/16*

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The above plan of correction is approved as of *2/22/16* (Date) Plan of correction implementation status as of *2/22/16* (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: 12795 - 01/12/2016 - McIlvain, Shawn
 PCH Name: NORTHWESTERN HUMAN SERVICES of MONTGOMERY COUNTY

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 #2, Divalproex tab 500mg take 2 tablets (1000 MG) by mouth at bedtime. The diagnosis was written for CAD, Divalproex is used for mood stabilization.
 The medication administration record for the home, on 1/12/2016, does not include a master signature list.

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 home will ensure that all medications have the correct diagnosis on the MAR. The MAR was corrected on 1/12/16. The MAR will be audited by staff every month, when a new MAR is received to ensure that all diagnosis are correct. The Program Assistant will also review the MAR for completeness for all mentioned above for compliance with 2600.187(a). The home will have a master signature list. The Administrator will have all staff members who administer medications sign the master signature list. The home will have this completed by 2/1/15.

Monthly

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *ASL, MS*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Antonia Man-loas, MS Residential Director* Date *1/26/16*

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The above plan of correction was approved by <u><i>RB</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