



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 25 2016

Ms. Eileen M. Joseph, President/CEO
CareLink Community Support Services of Pennsylvania
Baldwin Tower
1510 Chester Pike, Suite 600
Eddystone, Pennsylvania 19022

RE: Carelink Community Support Services – Torrey House
3520 Darby Road
Haverford, Pennsylvania 19041
License #: 100070

Dear Ms. Joseph:

As a result of the Department of Human Services' annual licensing inspection on March 22, 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 "Jay Bausch".

Jay Bausch
Deputy Secretary

Enclosure
License Inspection Summary

Violation Report: 10007 - 03/22/2016 - Colon, Lissette
 PCH Name: CARELINK COMMUNITY SUPPORT SERVICES TORREY HOUSE

1. REGULATION 55 Pa. Code §2600
 2600.51 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults)

2a: DESCRIPTION OF VIOLATION
 Staff member A was hired on [redacted] 15, however, the criminal history background was completed on 9/17/15.

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.

The Program Administrator reviewed the Agency's Policy and Procedures as it relates to hiring practices with the Human Resources Department at the corporate office on 4/21/16. No employee, new or returning, shall be granted access to the site without first having a criminal background check completed.

The administrator will ensure the violation does not reoccur. RB

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Date 4/21/16
 CHRISTOPHER M. SWALLOW

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of *4/21/16* (Date)

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

Plan of correction implementation status as of *4/27/16* (Date)

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

Violation Report: 10007 - 03/22/2016 - Colijn, Lissette
 PCH Name: CARELINK COMMUNITY SUPPORT SERVICES TORREY HOUSE

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

2a. DESCRIPTION OF VIOLATION
 On 3/22/16, there was a pungent odor of urine inside room #9.

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 3/22/16, room #9 was thoroughly cleaned. The walls were wiped down, floor was mopped, furniture was wiped down, bed rails cleaned, linens changed and mattress cleaned. Staff will continue to assist the resident with daily hygiene tasks and also change bed sheets daily to ensure that all linens are clean. If the resident has a bout of urinary incontinence, staff will assist with completing her ADL's and also have wear clean Depends. The trash will then also be removed from the room so that no soiled Depends linger in the room and emit pungent odors.

All staff will report incontinences or bad odors to the lead person.
The administrator will ensure monitoring and compliance.
CB

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Date *4/21/16*
Christine M. Sullivan

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

The above plan of correction is approved as of *4/21/16* (Date)

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

Plan of correction implementation status as of *4/21/16* (Date)

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

Violation Report: 10007 - 03/22/2016 - Colon, Lissette
 PCH Name: CARELINK COMMUNITY SUPPORT SERVICES TORREY HOUSE

1. REGULATION 65 Pa.Code §2600
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION
 The red garbage bin located in the dining room, had a gaping 9 inch hole on the side of the bin.

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 garbage bin was disposed of on 3/22/16 and a new one was ordered on 3/29/16. The new garbage bin arrived to the site and was placed in the dining room on 3/31/16. All staff are aware that any objects in the home that are damaged or broken must be removed from the area immediately. This is to be discussed at our next staff meeting on 5/4/16. Attached please find a copy of the invoice for the new garbage bin, labeled "Addendum A".

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

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


CHRISTOPHER M. SWANSON

Date
 4/21/16

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The above plan of correction is approved as of 4/21/16
 Date

Plan of correction implementation status as of 4/21/16
 Date

The above plan of correction was approved by 

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

Violation Report: 10007 - 03/22/2016 - Colon, Lissette
 PCH Name: CARELINK COMMUNITY SUPPORT SERVICES, TORREY HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.102(f) - An individual towel, washcloth and soap shall be provided for each resident.

2a. DESCRIPTION OF VIOLATION
 Inside the 2nd floor center bathroom, there was a common bar of soap inside the bathtub.
 Inside the 2nd floor end bathroom, there was a common towel hanging on the shower rod.

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 have been educated on the importance of removing a resident's personal items from the bathroom after they are finished with their ADL's. This will be re-addressed at the next staff meeting on 5/4/16, where staff will sign off on a memo regarding the issue. Attached, please find a copy of the memo to staff, labeled "Addendum B".

Repeat Violation: Nc Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Christine M. Szwed*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Date 4/21/16
 Christine M. Szwed

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The above plan of correction is approved as of *5/4/16* (Date)

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

Plan of correction implementation status as of *5/4/16* (Date)

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