



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Ms. Dyann M. Roth, CEO  
Resources for Human Development, Inc.  
Attn: Laura Morris  
4700 Wissahickon Avenue, Suite 126  
Philadelphia, Pennsylvania 19144

AUG 26 2016

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' annual licensing inspection on May 27, 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,

Jay Bausch  
Deputy Secretary

Enclosure  
License Inspection Summary



Violation Report: 12804 - 05/27/2016 - Colon, Lissette  
 PCH Name: NEW OPTIONS I

1. REGULATION 55 Pa.Code §2600  
 2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION  
 In front of building 1421, a small section of the front porch contained the following items,  
 - empty bottles  
 - empty soda cans  
 - several opened straws  
 - cigarette butts  
 - shredded paper

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.

1. Regulation 55 Pa. Code 2600.100(a)

**Violation:** Front of building 1421-at base of porch empty soda cans, opened straws, cigarette butts, shredded paper.

**Plan of Correction:** The area was cleaned immediately following the inspection on May 27, 2016 and is now monitored by all shifts on a daily basis. Likewise, residents were made aware of the importance of utilizing cigarette and trash receptacles located on the porch of the residence. Monitoring and checking the cleanliness of the front porch area is now on the list of duties for our 7-3am shift to check first thing each morning.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Julie E Phillips, MSW*

|   |                     |
|---|---------------------|
| Printed Name and Title of Legal Entity Representative<br>(Required on EVERY Page) <b>JULIE E. PHILLIPS, MSW</b> | Date <b>6.13.16</b> |
|---|---------------------|

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

|   |   |
|---|---|
| The above plan of correction is approved as of <u>7/1/16</u><br>(Date)        | Plan of correction implementation status as of <u>7/1/16</u><br>(Date)  |
| The above plan of correction was approved by <i>[Signature]</i><br>(Initials) | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |

Violation Report: 12804 - 05/27/2016 - Colon, Lissette  
 PCH Name: NEW OPTIONS I

1. REGULATION 55 Pa.Code §2600  
 2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

The home's designated evacuation time from a fire safety expert is 7 minutes and 30 seconds. The home's fire drill evacuation times on the following dates were;

- 05/05/15 - 10 minutes 45 seconds
- 06/12/15 - 8 minutes 2 seconds
- 07/08/15 - 10 minutes 15 seconds

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.*

2. Regulation 55 Pa.Code 2600.132(d)

**Violation:** Designated evacuation time exceeded the allotted 7 minutes and 30 seconds for 5/15, 5/15, 7/15.

**Plan of Correction:** This evacuation issue has been addressed since 7/15 with fire safety trainings for all staff and regular fire drills. Since 7/15 we have had no evacuations that have gone beyond the time designated by the fire safety expert. We will continue to require regular attendance for staff at fire safety trainings, will review procedures during house meetings with the residents and administrator will monitor on a monthly basis.

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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 *6.13.16*

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Violation Report: 12804 - 05/27/2016 - Colon, Lissette  
 PCH Name: NEW OPTIONS I

1. REGULATION 55 Pa.Code §2600  
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The medical evaluation for resident # 1, dated 5/10/16, did not include the following elements,

- General Physical Examination
- Special Health and Dietary Needs
- Body Positioning/Movement
- Mobility Needs Assessment

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.*

3. Regulation 55 Pa.Code 2600.141(a)(2)

**Violation:** Medical evaluation for resident #1 dated 5/10/16 did not include General Physical Exam, Special Health and Dietary Needs, Body Positioning/Movement and Mobility Needs Assessment.

**Plan of Correction:** Medical staff will review the Medical Evaluation for thoroughness and completion by physician when the physician returns the form to New Options staff. If there are boxes that were not checked by the physician, the medical staff will return the form to the physician for completion prior to inclusion in the medical chart at New Options.

Repeat Violation: No

Date(s) of Previous Violation(s):

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

Date 6.13.16

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*7/1/16*  
 (Date)

Plan of correction implementation status as of

*7/1/16*  
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The above plan of correction was approved by

*[Signature]*  
 (Initials)

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Violation Report: 12804 - 05/27/2016 - Colon, Lissette  
 PCH Name: NEW OPTIONS I

1. REGULATION 55 Pa.Code §2600  
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION  
 Resident # 1's last medical evaluation was completed on 4/21/15, the most current medical evaluation was completed on 5/10/16.

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.

4. Regulation 55 Pa.Code 2600.141(b)(1)

Violation: Resident #1's last medical evaluation was completed on 4/21/15 and was not completed again until 5/10/16.

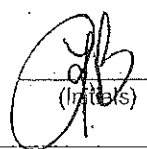
Plan of Correction: Medical Staff will continue to try to make annual doctor appointments so that they occur prior to the anniversary of the annual medical evaluation. Medical Staff will continue to advocate (for residents) to insurance companies to allow annual physicals to be completed before the anniversary of the previous check-up. Staff will document all appointments, attempts to make appointments within the allotted timeframe and any changes/cancellations that will force the facility to miss the required anniversary dates.

|                      |                                   |  |  |  |
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