



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 13 2016

Mr. Michael P. Donlevy, Chairman
Whitemarsh House, Inc.
31 West Mill Road, P.O. Box 301
Flourtown, Pennsylvania 19031

RE: Whitemarsh House
License #: 127860

Dear Mr. Donlevy:

As a result of the Department of Human Services' annual licensing inspection on July 13, 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 cursive script, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 12786 - 07/13/2016 - Freeman, Sabrina
PCH Name: WHITEMARSH HOUSE

1. REGULATION 55 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person F, hired on [redacted] 2016, began providing unsupervised ADL services on [redacted] 2016. The staff person has not received the initial direct care staff training.

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.

As requested -Revised submission from original submission of August 15, 2016

Staff person F hired on [redacted] 2016 is not a direct care staff person and did not begin performing any ADL services on that date or since. Staff person F is the Associate Program Director of Whitemarsh House. She is an ancillary staff person. Regulation 65d states

"Ancillary staff persons are not required to complete the training specified in 65d. If a staff person provides ADL services, he/she is considered a direct care staff person and as such must meet the training requirements in 65d."

Although staff person F does not provide ADL services and is not required to have the training, she has since successfully completed the Direct Care Staff Training Course and Competency. The certificate is attached.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Glenn Makela

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

GLENN MAKELA, PCH#

Date 9/1/16

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

The above plan of correction is approved as of

9/2/16
(Date)

Plan of correction implementation status as of

9/2/16
(Date)

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

The above plan of correction was approved by

RB
(Initials)

Violation Report: 12786 - 07/13/2016 - Freeman, Sabrina
 PCH Name: WHITEMARSH HOUSE

1. REGULATION 55 Pa.Code §2600

2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

The kitchen trash can was not covered with a lid.

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 kitchen trash can lid was placed near the trash can and not covering it. All staff persons have been, and will continue to be trained and reminded that the lid must be placed on the trash can at all times, even when trash is being repeatedly disposed of. A printed sign has been taped to the lid to remind staff members to keep the lid on the trash can.

Additionally, the Associate Program Director, PCHA and Safety Officer check the kitchen area to make sure the lid is on top of the trash can.

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) GLENN MAX ELVA PCHA Date 8/15/16

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

The above plan of correction is approved as of 9/2/16 (Date)

Plan of correction implementation status as of 9/2/16 (Date)

The above plan of correction was approved by  (Initials)

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

Violation Report: 12786 - 07/13/2016 - Freeman, Sabrina
PCH Name: WHITEMARSH HOUSE

1. REGULATION 55.Pa.Code §2600
2600.103(d) - Food shall be stored off the floor.

2a. DESCRIPTION OF VIOLATION
On July 13, 2016, at 3:15 PM, a bag of potatoes was stored on the kitchen floor.

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.

As requested -Revised submission from original submission of August 15, 2016

At the time of the survey there was a storage shelf for the potatoes. Apparently the potatoes fell from the shelf onto the floor.

Potatoes are no longer stored on this shelf.

They are stored in a waterproof bin which will prevent any possibility of them falling onto the floor.

The Certified Food Handler will assure that the potatoes are always stored in the waterproof bin.

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) **GLENN MAKELA** Date **9/1/16**

DEPARTMENT USE ONLY HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>9/2/16</u> (Date)	Plan of correction implementation status as of <u>9/2/16</u> (Date)
The above plan of correction was approved by <i>[Handwritten 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: 12786 - 07/13/2016 - Freeman, Sabrina
 PCH Name: WHITEMARSH HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION
 The Home had leftover food in the kitchen refrigerator and freezer that was not labeled or dated.
 The food items were vegetables, cheese, unidentifiable food in storage containers and aluminum foil.

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.

All employees have been reminded that all opened food containers and all leftovers must be labeled and dated and must be appropriated wrapped for storage. The certified food handler will remind staff ongoing.

The certified food handler will check the refrigerator daily to check and dispose of any food that is not labeled or dated. On days that the certified food handler is not here he will designate a staff person who will do this.

Additionally, the Assistant Program Director and PCHA will check the refrigerator to make sure foods are properly labeled and dated.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) **GLENN MAKELA PCH** Date **8/15/16**

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

The above plan of correction is approved as of <u>8/2/16</u> (Date)	Plan of correction implementation status as of <u>8/2/16</u> (Date)
The above plan of correction was approved by <u>[Signature]</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: 12786 - 07/13/2016 - Freeman, Sabrina
PCH Name: WHITEMARSH HOUSE

1. REGULATION 65 Pa.Code §2600
2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
On July 13, 2016, at 3:15 PM and 5:35 PM, the temperature in the refrigerator was 60 degrees and 50 degrees Fahrenheit respectively.

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.

As requested -Revised submission from original submission of August 15, 2016

We have been checking the inside temperature of the refrigerator frequently since the survey.

It has consistently been in the acceptable range (the high 30 degrees).

The Safety Officer will check the inside temperature of the refrigerator every day he works (Monday thru Friday) for the next two weeks. He will maintain a written log of these daily temperatures.

If he finds the temperature is not in the acceptable range, he will contact a refrigerator repair person to check the refrigerator. If the refrigerator is found to be defective it will be replaced.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Glenn Makela*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) **GLENN MAKELA** Date **9/1/16**

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

The above plan of correction is approved as of 9/2/16
(Date)

Plan of correction implementation status as of 9/2/16
(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: 12786 - 07/13/2016 - Freeman, Sabrina
 PCH Name: WHITEMARSH HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION
 The last drill conducted during sleeping hours was on November 6, 2015.

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.

While all other monthly fire drills were done, the Safety Officer failed to come in during overnight hours to do the required drill within the 6 month period. An overnight drill has been completed and documented.

Going forward the back-up Safety Officer (the PCHA) will place his Initials along with the Safety Officer to assure all monthly drills and overnight drills are done within the required timeframe.

Additionally, the Safety Officer will report at each monthly management meeting the status of the overnight drill in addition to reporting on the regular monthly drill.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Glenn Matela*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) GLENN MATELA PCHA Date 8/15/16

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

The above plan of correction is approved as of *9/21/16*
 (Date)

Plan of correction implementation status as of *9/21/16*
 (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: 12786 - 07/13/2016 - Freeman, Sabrina
 PCH Name: WHITEMARSH HOUSE

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 January 16, 2016, does not include special health or dietary needs or an assessment of resident # 1's mobility 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.

The Associate Program Director will contact the physician who completed the annual physical for resident # 1 to fill in all sections of the form.

The Associate Program Director and the PCHA will review each Documentation of Medical Evaluation when complete to assure all sections are filled in by the doctor.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>CLEAN MAKELA ACHD</i>	Date <i>8/15/16</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>9/2/16</i> (Date)	Plan of correction implementation status as of <i>9/2/16</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: 12786 - 07/13/2016 - Freeman, Sabrina
 PCH Name: WHITEMARSH HOUSE

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
 The Home failed to provide resident # 2's PRN medication; 2 mg Loperamide.

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 #2 has not been requesting the prn 2 mg Loperamide. As a result, it appears this has not been refilled for some time.

In our regular meeting with our Medical Director the issue of unused PRNs was reviewed. As a team we agreed we would work with the prescribing doctors and with the pharmacy to discontinue PRN's which are clearly not being used.

The Associate Program Director and PCHA will work with the doctors and the pharmacy to review PRN's.

When PRN's are prescribed, the Associate Program Director and PCHA will make sure that the medication is available via regular checks of the MAR.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) **GLENN MAKELA PCH** Date **2/15/16**

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

The above plan of correction is approved as of <u>9/2/14</u> (Date) The above plan of correction was approved by <u>[Signature]</u> (Initials)	Plan of correction implementation status as of <u>9/2/16</u> (Date) <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
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Violation Report: 12786 - 07/13/2016 - Freeman, Sabrina
 PCH Name: WHITEMARSH HOUSE

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
 The Home did not verify or provide the 2015 annual Medication Administration Training for employee A, B, C, D and E, and the 2016 training was incomplete.

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.

Medication Administration training and passing of the test was completed for employees A,B,C,D and E. Documentation of trainings does not appear to be complete. This may be due to the departure of the Nurse Manager who was the Train the Trainer.

We had employed a Train the Trainer to double check and verify the skill level of all certified medication staff. Although he had done this, it was beyond anyone's ability to restore what appears to be missing documentation of intervening training sessions.

The current Train the Trainer will assure that all documentation of all required trainings is thorough and complete.

The PCHA will work directly with the Train the Trainer to make sure that there is a complete record of every training for every certified staff person.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *GLENN MARIELA PCHA* Date *8/19/16*

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

The above plan of correction is approved as of <i>9/2/16</i> (Date)	Plan of correction implementation status as of <i>9/2/16</i> (Date)
The above plan of correction was approved by <i>[Handwritten 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: 12786 - 07/13/2016 - Freeman, Sabrina
 PCH Name: WHITEMARSH HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.190(c) - A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

2a. DESCRIPTION OF VIOLATION
 The home's medication administration training record for staff person A does not include successful completion of the Initial Medication Administration Training.
 The Home's annual medication administration training record for staff person B, C and D does not include the date of completion for the first and second medication administration record review.

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.

Medication Administration training and passing of the test was completed for employees B, C and D. Documentation of trainings does not appear to be complete. This may be due to the departure of the Nurse Manager who was the Train the Trainer.

We had employed a Train the Trainer to double check and verify the skill level of all certified medication staff. Although he had done this, it was beyond anyone's ability to restore what appears to be missing documentation of intervening training sessions.

The current Train the Trainer will assure that all documentation of all required trainings is thorough and complete, including the dates of all trainings.

The PCHA will work directly with the Train the Trainer to make sure that there is a complete record of every training for every certified staff person.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) GLENN MARZLA ACHA Date 2/15/16

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

The above plan of correction is approved as of <u>9/2/16</u> (Date)	Plan of correction implementation status as of <u>9/2/16</u> (Date)
The above plan of correction was approved by <u>[Handwritten Signature]</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