



pennsylvania
DEPARTMENT OF HUMAN SERVICES

FEB 03 2017

Ms. Lori B. Gresko, Administrator
Philadelphia Presbytery Homes, Inc.
2002 Joshua Road
Lafayette Hill, Pennsylvania 19444

RE: Spring Mill Presbyterian Village
License #: 127920

Dear Ms. Gresko:

As a result of the Department of Human Services' annual licensing inspection on November 15, 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 that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 12792 - 11/15/2016 - Colon, Lissette
 PCH Name: SPRING MILL PRESBYTERIAN VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION
 The preadmission screening form for resident # 1, admitted [redacted] 15, which includes the determination that the home can meet the resident's service needs, is dated 1/17/16.

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.

Preparation and/or execution of this Plan of Correction do not constitute admission by the providers of the truth of the facts alleged, or conclusions set forth in the statement of deficiencies. The Plan of Correction is prepared solely as a matter of compliance with state law.

The incident 2600.224 (a)- States for the pre-admission assessment to be completed within 30 days prior to admission. We have developed a QA plan to complete random audits on a quarterly basis to ensure completeness of this form. Administrator reviewed with nurse managers the regulation and the proper documentation for personal care admission. Quarterly audits will begin January 2017 by the nurse manager.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Lori B. Greshko*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Lori B. Greshko* Date *11/30/16*

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The above plan of correction is approved as of *12/2/16*
 (Date)

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

Plan of correction implementation status as of *12/2/16*
 (Date)

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

Violation Report: 12792 - 11/15/2016 - Colon, Lissette
 PCH Name: SPRING MILL PRESBYTERIAN VILLAGE

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

The initial assessment for resident # 1, admitted [redacted] 16, was completed on 8/10/16.

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.

Preparation and/or execution of this Plan of Correction do not constitute admission by the providers of the truth of the facts alleged, or conclusions set forth in the statement of deficiencies. The Plan of Correction is prepared solely as a matter of compliance with state law.

The incident 2600.225 (a)- States for the initial assessment to be completed within 15 days of admission. We have developed a QA plan to complete random audits on a quarterly basis to ensure completeness of this form. Administrator reviewed with nurse managers the regulation and the proper documentation for personal care admission and all yearly regulated documentation. A tickler has been developed to ensure dates are not missed or out of compliance. Quarterly audits will begin January 2017 by the nurse manager.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Lori B. Grestko*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *LORI B. GRESTKO* Date *11/30/16*

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The above plan of correction is approved as of *12/2/16* (Date)

Plan of correction implementation status as of *12/2/16* (Date)

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

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