



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED  
MAILING DATE: APR 26 2017

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

RE: Whitemarsh House  
Certificate # 127860

Dear Mr. Donlevy:

As a result of the Department of Human Services' licensing inspection on 11/22/2016 on which we conducted on-site inspections] 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,

Roslyn Brewer  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary

**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

Page 1 of 2

|  |  |   |
|--|--|---|
| PCH Name: WHITEMARSH HOUSE   |  | License Number: 127860                    |
| Address: 31 WEST MILL ROAD, FLOURTOWN, PA 19031  |  | County: Philadelphia                      |
| Administrator:   |  | Region: SOUTHEAST                         |
| Legal Entity Name: WHITEMARSH HOUSE INC  |  |   |
| Legal Entity Address: PO BOX 301 31 WEST MILL ROAD, FLOURTOWN, PA 19031  |  |   |
| Certificate(s) of Occupancy<br>Other<br>01/17/1985<br>Commonwealth of PA   |  |   |
| Staffing Hours<br>Resident Support: 24   |  | Total Daily Staff: 32<br>Waking Staff: 24 |
| Type of Inspection: Partial  |  | BHA Docket Number:<br>Notice: Unannounced |
| Reason(s) for Inspection(s)<br>Complaint   |  |   |
| On-Site Inspections Dates and Department Representatives On-Site<br>11/22/2016: Brewer, Roslyn   |  |   |
| Off-Site Inspection Dates and Inspectors, If Applicable  |  |   |
| Other Details<br>Partial or Full Triggers: Random Indicators:  |  |   |
| Resident Demographic Data as of Inspection Dates   |  |   |
| Licensed Capacity: 26<br>Number of Residents Served: 6<br>Secured Dementia Care Unit in Home: No<br>Area:<br>Secured Dementia Unit Capacity, If Applicable:<br>Number of Residents Served in Secured Dementia Care Unit, If applicable:<br>Number of Current Hospice Residents: 0<br>Number of Hospice Residents in past year: 0 | Number of Residents who:<br>Receive Supplemental Security Income: 3<br>Are 60 Years of Age or Older: 4<br>Have Mental Illness: 2<br>Have an Intellectual Disability: 0<br>Have a Mobility Need: 2<br>Have a Physical Disability: 0 |   |

Violation Report: 12786 - 11/22/2016 - Brewer, Roslyn

PCH Name: WHITEMARSH HOUSE

1. REGULATION 55 Pa. Code §2600

2600.187(b) - The information in §.2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

Resident #1 has an order for Aborvastatin Calcium HC 20 mg. The medication was not initiated by staff on the MAR on 11/7/16, 11/8/16, 11/10/16 and 11/19/16.

Resident #2 has an order for Clonazpan 0.5 mg tabs, 1 tab twice daily every 12 hours. The medication was not signed out on the narcotic count sheet on the following dates 10/26/16, 10/29/16, 11/2/16, 11/3/16, 11/4/16, 11/5/16, 11/6/16, 11/7/16, 11/8/16 and 11/9/16.

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.

Effective immediately upon this survey, all medication staff have been repeatedly reminded to sign for each administered medication at the time it is given.

This will be reinforced at regular staff trainings.

Each shift will review the MAR to make sure all boxes are initialed.

Additionally, effective immediately medication staff will take turns doing a weekly audit of the MAR to assure all boxes are initialed.

The narcotic medication for Resident #2 was signed out on the MAR but not on the narcotic count sheet.

Effective immediately upon this survey, the narcotic count sheet is signed at change of shift by the outgoing medication person and by the incoming medication person.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

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

GLENN MAKELA, PCHA

Date

11/16/17

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

The above plan of correction is approved as of

1/17/17 (Date)

Plan of correction implementation status as of

1/17/17 (Date)

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

The above plan of correction was approved by

(Initials)