



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: AUG 30 2017

Mr. Marco Giordano
Chief Financial Officer
Resources for Human Development, Inc.
Attn: Jesse Padgett
4700 Wissahickon Avenue, Suite 126
Philadelphia, Pennsylvania 19144

RE: New Options I
1419-21 Powell Street
Norristown, Pennsylvania 19401
License #: 128040

Dear Mr. Giordano:

As a result of the Department of Human Services' licensing inspection on December 23, 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,



Patricia Adams
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 12804 - 12/23/2016 - Gray, Dean PCH Name: NEW OPTIONS I	
1. REGULATION 55 Pa.Code §2600 2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.	
2a. DESCRIPTION OF VIOLATION On 12/13/2016, an allegation of abuse against resident #1 was reported to staff person A. The home did not report the allegation to the local Area Agency on Aging.	
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.	
See attached	
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)	Date
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>8/15/17</u> (Date)	Plan of correction implementation status as of <u>8/15/17</u> (Date)
The above plan of correction was approved by  (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

Plan of Correction

1. **Regulation 2600.15(a)** The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act and comply with the requirements regarding restrictions on staff persons.
 2. **Description of Violation:** On 12/13/2016, an allegation of abuse against a resident #1 was reported to staff person A. The home did not report the allegation to the local Area Agency on Aging.
 3. **Plan of Correction:**
 - At our mandatory all-staff meeting on February 15, 2017 we discussed the procedures for reporting suspected abuse of a resident according to the OAPSA regulations, and the completion of the ACT-13 AAA documentation. Staff recognize the importance of this step in abuse reporting and understanding that our completion of county/state abuse forms does NOT fulfill the ACT 13 requirements.
 - All suspected abuse (in any form) of a resident will be reported to the Area Agency on Aging immediately.
-

Juie E Phillips, MSW

7.31.17

Kate O'Reilly 7/31/17