



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: JUN 22 2017

Dr. Carolyn Lewis
Psy.D, Executive Director
NHS Human Services of Montgomery County
ATTN: Patricia Bell
400 North Broad Street
Lansdale, Pennsylvania 19446

RE: Northwestern Human Services of
Montgomery County
478 Bethlehem Pike
Fort Washington, Pennsylvania 19034
Certificate/License # 127950

Dear Dr. Lewis:

As a result of the Department of Human Services' licensing inspection on 01/26/17, [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 - 56 Pa.Code Chapter 2600**

PCH Name: NORTHWESTERN HUMAN SERVICES OF MONTGOMERY COUNTY		License Number: 12795
Address: 478 BETHLEHEM PIKE, FORT WASHINGTON, PA 19034		County: Montgomery
Administrator: Antonia Mann-Roane		Region: SOUTHEAST
Legal Entity Name: NHS MONTGOMERY COUNTY		
Legal Entity Address: 400 NORTH BROAD STREET, LANSDALE, PA 19446		
Certificate(s) of Occupancy		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 7	Working Staff: 5
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 01/26/2017: Kazimer, Lauren; Parker, Shawn		
Off-Site Inspection Dates and Inspectors, If Applicable 01/26/2017: Kazimer, Lauren; Parker, Shawn		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 8	Number of Residents who:	
Number of Residents Served: 7	Receive Supplemental Security Income: 3	
Secured Dementia Care Unit in Home: NO	Are 60 Years of Age or Older: 4	
Area:	Have Mental Illness: 7	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 0	
Number of Current Hospice Residents: 0	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 0		

Violation Report:

PCH Name: NORTHWESTERN HUMAN SERVICES OF MONTGOMERY COUNTY

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired on [redacted] 16, does not have a high school diploma or active registration status on the PA nurse aide registry in their file.

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 home will ensure that all direct care staff will have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry. it will be in the resident file at all times. Direct care staff person A has a high school diploma (see attached)

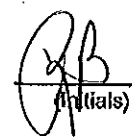
Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

Signature of Legal Entity Representative
(Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i> Antonia Mann-Roane, MS	Date 3/3/17
---	-------------

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

The above plan of correction is approved as of 3/8/17
(Date)

The above plan of correction was approved by 
(Initials)

Plan of correction implementation status as of 3/8/17
(Date)

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

Violation Report:
PCH Name: NORTHWESTERN HUMAN SERVICES OF MONTGOMERY COUNTY

1. REGULATION 55 Pa.Code §2600
2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION
 The home had a total of 8 residents from 1/1-1/20, requiring one staff per shift to be certified in CPR and first aid. Staff person A, who was not CPR certified until 1/20, was the only staff working in the home from 11pm to 7am on 1/1, 1/7, 1/8, 1/14, and 1/15.
 On 1/8 and 1/14 from 3pm to 11pm, there were no staff working in the home that were certified in CPR and first aid.

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 home will ensure that at least one staff person is trained in first aid and certified in obstructed airway techniques and CPR during each shift. The administrator will complete staff schedules monthly and ensure that at least one staff member per shift is trained in first aid and certified in obstructed airway techniques and CPR. The administrator has implemented a Compliance Tracker on 2/1/17 that will be monitored monthly by the administrator to ensure that we remain in compliance with 2600.63a. All of the homes current staff as of 1/24/17 are certified in first aid and CPR

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *AR ms*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Antonia Mann-Roane, MS	Date 3/3/17
--	-------------

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

The above plan of correction is approved as of <u>3/8/17</u> (Date)	Plan of correction implementation status as of <u>3/8/17</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