



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

AUG 02 2017

Ms. Eileen M. Joseph,  
President/CEO  
Carelink Community Support Services of Pennsylvania  
Baldwin Tower  
1510 Chester Pike, Suite 600  
Eddystone, Pennsylvania 19022

RE: Carelink Community Support Services – Torrey House  
3520 Darby Road  
Haverford, Pennsylvania 19041  
License #: 100070

Dear Ms. Joseph:

As a result of the Department of Human Services' annual licensing inspection on March 7, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary

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

PCH Name: CARELINK COMMUNITY SUPPORT SERVICES TORREY HOUSE		License Number: 10007
Address: 3520 DARBY ROAD, HAVERFORD, PA-19041		County: Delaware
Administrator: Chris Swallow		Region: SOUTHEAST
Legal Entity Name: CARELINK COMMUNITY SUPPORT SERVICES OF PENNSYLVANIA		
Legal Entity Address: 1510 CHESTER PIKE, SUITE 600, EDDYSTONE, PA 19022		
Certificate(s) of Occupancy C-2 LP 03/03/1986 Commonwealth of PA, L&I		
Staffing Hours Resident Support: 0      Total Daily Staff: 12      Working Staff: 9		
Type of Inspection: Full      BHA Docket Number:      Notice: Unannounced		
Reason(s) for inspection(s) Renewal		
On-Site Inspection Dates and Department Representatives On-Site 03/07/2017: Gray, Dean		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers:      Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 17	Number of Residents who:	
Number of Residents Served: 12	Receive Supplemental Security Income: 8	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 4	
Area:	Have Mental Illness: 12	
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: 1		

Violation Report: 10007 - 03/07/2017 - Gray, Dean  
 PCH Name: CARELINK COMMUNITY SUPPORT SERVICES TORREY HOUSE

1. REGULATION 56 Pa.Code §2600  
 2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION  
 The bed in room #1 does not have a source of light that can be turned on/off from bedside.

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 room did have an operable lamp on the night stand, but the resident commonly moves the table to the other side of the room. Staff moved the table back next to the bed in front of the inspector, but after a few short minutes, it was found that the resident had moved the furniture once more. The furniture has since been re-arranged and a tall post lamp was found and placed in the bedroom. This will remain next to the bed so that the night stand can be placed wherever the resident wishes. Staff will also check the resident rooms to ensure that all beds have a source of light within reach of the bed. Please find the attached facility checklist labeled "Addendum A"

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Christopher M. Swallow*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Christopher M. Swallow, Assistant Regional Director	Date 5/24/17
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE**

The above plan of correction is approved as of <i>5/24/17</i> (Date)	Plan of correction implementation status as of <i>5/24/17</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: 10007 - 03/07/2017 - Gray, Dean PCH Name: CARELINK COMMUNITY SUPPORT SERVICES TORREY 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 Resident #1's glucometer listed a date and time of 06/20/15, 6:07 AM at 3:20 PM on 03/07/17.	
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 glucometer was re-programmed immediately on-site and in front of the inspector. Also, this issue was discussed at a staff meeting on 4/5/17. During the meeting, a training was conducted to educate staff on how to properly program the glucometer machine whenever it does not display the proper time and date. Please see the attached document labeled Addendum B for the memo regarding the training.	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Chp M. Swallow</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Christopher M. Swallow, Assistant Regional Director	Date 5/24/17
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <i>5/17/17</i> (Date)	Plan of correction implementation status as of <i>5/17/17</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