



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL -- RETURN RECEIPT REQUESTED
MAILING DATE: JUL 24 2017

Ms. Antonia Mann-Ruane, MS
Residential Director
NHS Montgomery County
Attn: Patricia Neill
400 North Broad Street
Lansdale, Pennsylvania 19446

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

Dear Ms. Mann-Ruane:

As a result of the Department of Human Services' licensing inspection on June 29, 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.

Sincerely,

A handwritten signature in black ink, appearing to read 'Patricia Adams', written over a horizontal line.

Patricia Adams
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 12795 - 06/29/2017 - Thomas, Tahesia
 PCH Name: NORTHWESTERN HUMAN SERVICES OF MONTGOMERY COUNTY

1. REGULATION 55 Pa.Code §2600
 2600.5(a)(1) - The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to: Agents of the Department.

2a. DESCRIPTION OF VIOLATION
 On 06/29/17, at 1:00 pm, the Department, requested access to residents' records. Staff person A advised that the home's administrator and assistant administrator only have access to the financial documents.

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 the Agents of the Department will have access to the residents records at all times. The records will be placed in a file cabinet on the third floor outside of the Administrator office.
 Implemented 7/10/17, *The file cabinet must be secured at all times (u)*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *ARL MS*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Antonia Mann-Roane, MS <i>Residential Director</i> <i>administration</i>	Date 7/10/17
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>7/10/17</u> (Date) The above plan of correction was approved by <u><i>AR</i></u> (Initials)	Plan of correction implementation status as of <u>7/10/17</u> (Date) <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
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Violation Report: 12795 - 06/29/2017 - Thomas, Tahesia
 PCH Name: NORTHWESTERN HUMAN SERVICES OF MONTGOMERY COUNTY

1. REGULATION 55 Pa.Code §2600
 2600.221(b) - The program must provide social, physical, intellectual and recreational activities in a planned, coordinated and structured manner.

2a. DESCRIPTION OF VIOLATION
 The home's activities program calendar does not include any activities for June 28, 2017 through June 30, 2017.

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 Activity calendar will provide social, physical, intellectual and recreational activities in a planned, coordinated and structure manner. The Program Assistant will complete the calendar and it must be approved by the Administrator prior posting. Implemented 7/1/17

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) Antonia Mann-Roane, MS Date 7/10/17

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The above plan of correction is approved as of 7/10/17
 (Date)

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

Plan of correction implementation status as of 7/10/17
 (Date)

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