



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: OCT 02 2017

Mr. Marco Giordano, CFO
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' off-site licensing inspection on July 6, 2017 and on-site licensing inspections on July 13, 2017, July 14, 2017, July 20, 2017, July 28, 2017 and July 31, 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: 12804 - 07/06/2017 - Thomas, Tahesia
 PCH Name: NEW OPTIONS I

1. REGULATION 55 Pa.Code §2600
 2600.20(b)(1) - The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

2a. DESCRIPTION OF VIOLATION
 The home manages the finances for Resident #1 and # 2. The home did not maintain an accurate financial transactions for the month of June 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.

POC: The home has created a new financial management book that contains financial transactions sheets for each resident. The form utilized is directly from the DPW website, and lists name, date, balance, withdrawal and deposit and signatures. Additionally, the financial management book is reviewed bi-monthly by administrative staff and reviewed quarterly by QA Committee. This financial management book is secured in a locked office with limited staff access.

The administrative staff responsible for maintaining financial management of resident funds will be trained on the use and purpose of the financial management book within 30 days receipt of the approved plan of correction.

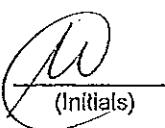
Bi-monthly audits will be maintained for Department review.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Julie E. Phillips, MSW*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Julie E. Phillips, MSW	Date 9.14.17
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>9/19/17</u> (Date)	Plan of correction implementation status as of <u>9/20/17</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

Violation Report: 12804 - 07/06/2017 - Thomas, Tahesia
 PCH Name: NEW OPTIONS I

1. REGULATION 55 Pa.Code §2600
 2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION
 Staff Member A allegedly misappropriated approximately \$6,500.00 from resident #1's bank account. Resident #1's ID and ATM was in the possession of Staff member A. The card was used to pay the resident's rent and to make unauthorized withdrawals from the account.

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.

POC: A. Staff member [redacted] who mismanaged resident's funds was immediately suspended without pay pending an internal investigation. That investigation determined that she stole money from our resident and she was subsequently fired. Police report was filed and bank was notified the day it was discovered that our staff member had access to resident's ATM and PIN number.

B. We held a mandatory all-staff meeting to review financial management protocol.

C. The internal investigation and review of 14 months of financial paperwork determined that the resident was owed \$4754. RHD arranged reimbursement to resident.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Julie E. Phillips*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Julie E. Phillips, MSW</i>	Date <i>9.14.17</i>
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 (Date)

Plan of correction implementation status as of *9/20/17*
 (Date)

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

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

Violation Report: 12804 - 07/06/2017 - Thomas, Tahesia
 PCH Name: NEW OPTIONS I

1. REGULATION 55 Pa.Code §2600
 2600.42(x) - A resident has the right to a system to safeguard a resident's money and property.

2a. DESCRIPTION OF VIOLATION
 The home failed to provide a system for safe guarding all the residents' money.

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.

POC: All residents at New Options PCBH were offered personal lock boxes. Whether they accepted or declined this personal safety system, all residents signed an acceptance/declination form. All new admissions will receive a personal lockbox to be stored in their rooms.

The home will educate the residents on the use of personal lockboxes, as well as stressing the importance of not sharing financial information with staff members.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Julie E. Phillips, MSW*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Julie E. Phillips, MSW</i>	Date <i>9.14.17</i>
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Violation Report: 12804 - 07/06/2017 - Thomas, Tahesia
 PCH Name: NEW OPTIONS I

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.


2a. DESCRIPTION OF VIOLATION

Resident # 3's medical evaluations were completed on 04/21/15 and 02/16/17. The 2016 DME was missing.


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.

POC: A new tracking system has been implemented to insure that each resident has medical evaluations completed in a timely fashion. Staff understand that the 2016 physical form was not adequate and that this should've been completed on the DME form.

Staff responsible for processing and maintaining annual medical evaluations will be trained within 30 days receipt of the approved POC. Training records to be maintained for Department review 

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

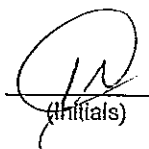
Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Julie E. Phillips, MSW

Date 9.14.17

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 (Date)

Plan of correction implementation status as of 9/22/17
 (Date)

The above plan of correction was approved by 
 (Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented