



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via email: [REDACTED]

Mailing Date: May 29, 2018

Ms. Wendy Williams  
Personal Care Home Administrator  
Philadelphia Presbytery Homes, Inc.  
200 Joshua Road  
Lafayette Hill, Pennsylvania 19444

RE: Rosemont Presbyterian Village  
404 Cheswick Place  
Rosemont, Pennsylvania 19010  
Certificate # 176630

Dear Ms. Williams:

As a result of the Department's Bureau of Human Services Licensing inspection on May 01, 2018 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 "Kenneth L. Wilson".

Kenneth L. Wilson  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

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

PCH Name: ROSEMONT PRESBYTERIAN VILLAGE		License Number: 17663
Address: 404 CHESWICK PLACE, ROSEMONT, PA 19010		County: Delaware
Administrator: Wendy Williams		Region: SOUTHEAST
Legal Entity Name: PHILADELPHIA PRESBYTERY HOMES INC		
Legal Entity Address: 2000 JOSHUA ROAD, LAFAYETTE HILL, PA 19444		
<b>Certificate(s) of Occupancy</b> IB 10/12/2007 Radnor Township		
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 79	Waking Staff: 59
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Incident		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
05/01/2018: Thomas, Tahesia		
05/04/2018: Thomas, Tahesia		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 221 Number of Residents Served: 73 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 5	<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 73 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 6 Have a Physical Disability: 0	
		<i>K.W. 6/18/18</i>

Violation Report: 17663 - 05/01/2018 - Thomas, Tahesia  
 PCH Name: ROSEMONT PRESBYTERIAN VILLAGE

**1. REGULATION 55 Pa.Code §2600**

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

**2a. DESCRIPTION OF VIOLATION**

On 4/26/18, resident # 1 was found wandering the community and was returned to the home by a local police officer. The assessment for resident # 1 indicates the resident has a need for "reminders when the resident is going for a walk and a reminder to stay in the area". The home's staff members did not follow the assessment plan for resident # 1.

**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 documents MW 6/6/18*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Wendy Williams, PCA</i>	Date <i>6/6/18</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>6/18/18</u> (Date)	Plan of correction implementation status as of <u>6/6/18</u> (Date)
The above plan of correction was approved by <u>K.W.</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



# ROSEMONT

A Presby's Inspired Life Community

Exceptional. Without Exception.

## Pennsylvania Department of Human Services Plan of Correction

### Regulation

2600.227(d) Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health, or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services

### Violation

On 4/26/18 resident #1 was found wandering the community and was returned home by a local police officer. The assessment for resident #1 indicates the resident has a need for "reminders when he is going for a long walk and a reminder to stay in the area". The home's staff members did not follow the assessment plan for resident #1.

### Plan of Correction

After an extensive investigation by the Rosemont Interdisciplinary Team, it was determined that the RCA on duty on 4/26/18, failed to follow our protocol, as well as failed to adhere to the resident's RASP. As a result of this, Rosemont chose to part ways with this RCA. The Rosemont Interdisciplinary Team has reviewed our internal processes and has made improvements to our communication and documentation among the RCAs and licensed nurses during change of shift exchange (see attached sample forms). On 5/4/18, we in-serviced our staff on the new processes and implemented the new forms. We also conducted an elopement drill on 4/27/18 and again on 5/4/18. Nursing team will also be re-educated on the importance of reading and adhering to all of our PCHA residents' RASPs.

We have placed an alarm on the door which resident #1 used as his exit. The door alarm is activated if anyone attempts to enter or exit it. If the alarm is triggered, all of the nursing staff is required to check on all of our residents (we currently only have two) that we are currently monitoring for elopement behavior.

Lastly, our Interdisciplinary Team is also working with our IT department to investigate various technological accessories that will assist us in the future for monitoring residents with some elopement behaviors. We are also thoroughly screening potential residents upon admission to ensure they are appropriate for our community.

The Personal Care Administrator and/or Personal Care Nurse Manager will audit internal processes weekly for compliance and report findings at the monthly QAPI meeting for further follow up, if necessary.

K.W. 6/18/18

*My*  
PCNA  
Reviewed/mailed  
6/18/18