



pennsylvania

DEPARTMENT OF HUMAN SERVICES

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

OCT 19 2018

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

Dear Ms. Mann-Roane:

As a result of the Department's Bureau of Human Services Licensing annual inspection on August 9, 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.

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.

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,

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 12795 - 08/09/2018 - Thomas, Tahesia
 PCH Name: NORTHWESTERN HUMAN SERVICES OF MONTGOMERY COUNTY

1. REGULATION 55 Pa.Code §2600
 2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

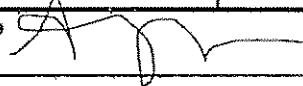
2a. DESCRIPTION OF VIOLATION
 The fire drill record for the drill conducted on 8/25/17 does not include the time that drill was conducted.

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 fire drills conducted would include the time and all required information that stated in 2600.132(c). All staff will be retrained on completing a written fire drill at our mandatory staff meeting on 9/27/18. The home will remind staff about the fire drill process quarterly at mandatory staff meetings. Staff will turn in a copy of all completed fire drills upon completion for the administrator to review to ensure that the fire drill record is completed following 2600.132(c).


The administrator will review the Fire Drill record on a monthly basis to ensure the required documentation is maintained. In the event the record is incomplete the administrator will conduct another training on the importance of maintaining proper documentation, starting immediately. [SW 10/3/18]

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 9/18/18
---	--------------

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

The above plan of correction is approved as of <u>10/3/18</u> (Date) The above plan of correction was approved by  (Initials)	Plan of correction implementation status as of <u>10/3/18</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
---	--

Violation Report: 12795 - 08/09/2018 - Thomas, Tahesia
 PCH Name: NORTHWESTERN HUMAN SERVICES OF MONTGOMERY COUNTY

1. REGULATION 55 Pa.Code §2800
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION
 The home did not complete a fire drill during sleeping hours in 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 administrator will maintain the planned fire drills confidential from the staff to ensure the fire drills are conducted on an unscheduled basis for both the staff and residents. The administrator or designee will conduct unannounced sleeping time fire drills every quarter for the next 12 months to ensure both the staff and residents are able to evacuate safely during sleeping hours, starting immediately. [SW 10/3/18]



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	9/18/18
---	------------------------	------	---------

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

The above plan of correction is approved as of 10/3/18
 (Date)

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

Plan of correction implementation status as of 10/3/18
 (Date)

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

Violation Report: 12795 - 08/09/2018 - Thomas, Tahesia
 PCH Name: NORTHWESTERN HUMAN SERVICES OF MONTGOMERY COUNTY

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 is not calibrated to date and time

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.

Resident 1 glucometer was calibrated after the inspection was completed on 8/9/18. All staff will be trained on how to calibrate the glucometer and to check daily to make sure that the glucometer displays the right time and date. The staff will be trained at our mandatory staff meeting on 9/27/18, and discussed the importance at the monthly meetings, starting immediately. 10/3/18.

The administrator or designee will conduct an immediate audit of all glucometers and a monthly audit, thereafter, of all glucometers to ensure the equipment is properly calibrated, starting immediately. Documentation of the audit will be maintained for the Departments review. [SW 10/3/18]

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 9/18/18
--	--------------

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

The above plan of correction is approved as of <u>10/3/18</u> (Date)	Plan of correction implementation status as of <u>10/3/18</u> (Date)
The above plan of correction was approved by <u>SW</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

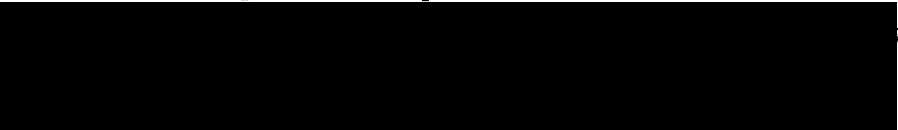
Violation Report: 12795 - 08/09/2018 - Thomas, Tahesia
 PCH Name: NORTHWESTERN HUMAN SERVICES OF MONTGOMERY COUNTY

1. REGULATION 55 Pa.Code §2600
 2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

On 8/1/18 Resident #1 glucometer reading is 112. There is no recorded number on Medication Administration Record (MAR).



On dates 8/1/18, 8/2/18, 8/3/18, 8/7/18, and 8/8/18 there are no initials present on MAR for Resident #2's 4 pm dose of Vitamin E Cap 400u Take 3 capsules by mouth daily- (scheduled as 1 capsule at 8a, one capsule at 4p, one capsule at 8p)

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.

All staff will be reminded of medication administration and of regulation 2600.187(a) on 9/27/18 at our mandatory staff meeting. The administrator will go over regulation 2600.187(a) with staff and make sure they understand that all steps should be followed when administering medication. Staff will be informed to visually verify the glucometer for accurate reading and documentation. The home will go over 2600.187(a) quarterly at staff meetings. The staff will complete weekly MAR audits for assigned resident and turn in the completed MAR audit to the administrator. The administrator will complete biweekly MAR audits to ensure that the staff is adhering to 2600.187(a). See attached MAR Audit

Documentation of the audits will be maintained for the Department review. @ 10/3/18

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 9/18/18
---	--------------

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

The above plan of correction is approved as of 10/3/18
 (Date)

The above plan of correction was approved by
 (Initials)

Plan of correction implementation status as of 10/3/18
 (Date)

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

Violation Report: 12795 - 08/09/2018 - Thomas, Tahesia
 PCH Name: NORTHWESTERN HUMAN SERVICES OF MONTGOMERY COUNTY

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

Resident #1 RASP dated 3/12/18 does not include the residents medical diagnosis of DM Type II, CKD I, HLD, or Anemia. The resident's support plan does not address how the home will assist the resident in meeting these medical needs.

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.

Staff completed a RASP training on 4/5/18. The home will continue to have annual training for staff on how to complete a RASP. All RASP upon completion will be reviewed by the homes administrator to review for completion following the instructions of the RASP and the PA 2600 regulations.

The administrator or designee will conduct an audit of all Resident RASP's to ensure all required elements of the RASP are documented to meet the needs and services of all residents of the home, starting immediately. [SW10/3/18]

The administrator or designee will review the RASP of all residents with changes in medical needs within 30 days of the change, starting immediately, to update the RASP to provide direction to the staff on meeting the service needs of the residents of the home. [SW 10/3/18]

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 9/18/18
--	--------------

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

The above plan of correction is approved as of <u>10/3/18</u> (Date)	Plan of correction implementation status as of <u>10/3/18</u> (Date)
The above plan of correction was approved by <u>AM</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