



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 05 2018

Ms. Eileen M. Joseph
President/Chief Executive Officer
Carelink Community Support Services of Pennsylvania
605 East Baltimore Pike
Media, Pennsylvania 19063

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

Dear Ms. Joseph:

As a result of the Department's Bureau of Human Services Licensing annual inspection on September 25, 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,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 10007 - 09/25/2018 - Chung, Youn Hie
 PCH Name: CARELINK COMMUNITY SUPPORT SERVICES TORREY HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION
 The home did not have an influenza poster anywhere.

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.

An INFLUENZA POSTER WAS PRINTED AND POSTED IN THE HOME'S FOYER. THE POSTER WAS DISPLAYED ON 9/26/18. A PICTURE OF THE POSTER IS ATTACHED AND IS LABELED "ADDENDUM A-INFLUENZA POSTER."
 The administrator will ensure the poster is posted in a public place in the facility as required by the influenza awareness act
 CW 10/31/18

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) CHRISTOPHER M. SWALLOW, ASSISTANT REGIONAL DIRECTOR	Date 10/6/18
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>10/8/18</u> (Date)	Plan of correction implementation status as of <u>10/31/18</u> (Date)
The above plan of correction was approved by <i>CW</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 - 09/25/2018 - Chung, Youn Hie
 PCH Name: CARELINK COMMUNITY SUPPORT SERVICES TORREY HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
 On 09/25/2018, at 03:00 PM, the temperature in the freezer in the kitchen was 10 degrees Farenheit.

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 THERMOSTAT OF THE FREEZER WAS ADJUSTED AND THE TEMPERATURE NOW READS BELOW ZERO. A PICTURE OF THE FREEZER'S THERMOSTAT IS ATTACHED AND IS LABELED "APPENDIX B - TEMPERATURE THERMOSTAT."

AN ADDITIONAL THERMOMETER WAS PLACED IN THE FREEZER AS WELL.

The home check freezer temperatures daily on record the results. The documentation to be maintained for department review @ 10/3/18

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) CHRISTOPHER M. SWALLOW, ASSISTANT GENERAL DIRECTOR	Date 10/8/18
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The above plan of correction is approved as of 10/8/18
 (Date)

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

Plan of correction implementation status as of 10/31/18
 (Date)

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

Violation Report: 10007 - 09/25/2018 - Chung, Youn Hie
 PCH Name: CARELINK COMMUNITY SUPPORT SERVICES TORREY HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION
 The home's designated evacuation time is 3 minutes and 30 seconds. The home's fire drill evacuation time on 03/10/2018 was 5 minutes and 4 seconds.

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.

Moving forward, if a resident fails to evacuate the home in the required timeframe, a mobility assessment will be scheduled with the primary care physician. Additionally, a second fire drill will be conducted during the same month to ensure that all residents are safe and independently mobile. The home's program description has been amended to reflect this change. A copy of the home's revised program description is attached and is labeled "Appendix C - Program Description."

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) CHRISTOPHER M. SWANOW Assistant Regional Director	Date 10/8/18
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The above plan of correction is approved as of <u>10/8/18</u> (Date) The above plan of correction was approved by <i>[Signature]</i> (Initials)	Plan of correction implementation status as of <u>10/31/18</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
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Violation Report: 10007 - 09/25/2018 - Chung, Youn Hie
 PCH Name: CARELINK COMMUNITY SUPPORT SERVICES TORREY HOUSE

1. REGULATION 56 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #1 last medical evaluation was completed on 10/24/2017. Her previous year DME was dated 10/04/2016.

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.

A LIST OF ALL RESIDENT'S MEDICAL EVALUATIONS IS POSTED IN BOTH THE PROGRAM COORDINATOR AND PROGRAM ADMINISTRATOR'S OFFICE. THE LIST IS RENEWED EACH MONTH, ONE MONTH IN ADVANCE TO ENSURE THAT NO DATES ARE MISSED. IN THIS INSTANCE THE APPOINTMENT WAS RE-SCHEDULED ON TWO OCCASIONS PRIOR TO RUNNING PAST THE 15 DAY GRACE PERIOD FOR THE MEDICAL EVALUATION. IF A DOCTOR'S OFFICE SHOULD CANCEL A MEDICAL EVALUATION APPOINTMENT, THE PROGRAM COORDINATOR WILL LOCATE A CLINIC OR ALTERNATIVE PHYSICIAN TO ENSURE THAT THE MEDICAL EVALUATION IS COMPLETED IN THE REQUIRED TIMEFRAME.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *CHRISTOPHER M. SWARTZ, ASSISTANT REGIONAL DIRECTOR* Date *10/2/18*

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The above plan of correction is approved as of *10/8/18*
 (Date)

Plan of correction implementation status as of *10/31/18*
 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

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