



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 30 2019

Mr. Dennis H. Roberts
Chief Program Officer
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. Roberts:

As a result of the Department's Bureau of Human Services Licensing annual inspection on October 16, 2018 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) 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.

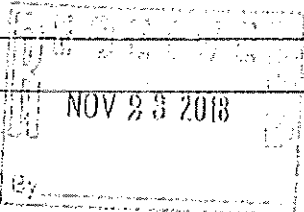
The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

Jacqueline L. Rowe
Director

Enclosure
Violation Report

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

PCH Name: NEW OPTIONS I		License Number: 12804
Address: 1419 21 POWELL STREET, NORRISTOWN, PA 19401		County: Montgomery
Adminstrator: Julie Phillips		Region: SOUTHEAST
Legal Entity Name: RESOURCES FOR HUMAN DEVELOPMENT INC		
Legal Entity Address: 4700 WISSAHICKON AVE SUITE 126, PHILADELPHIA, PA 19144		
Certificate(s) of Occupancy C-2 LP 09/22/2005 Commonwealth of PA, (&)		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 11	Waking Staff: 8
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 10/16/2018: Gray, Dean; Vasquez, Jennie		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of inspection Dates		
Licensed Capacity: 12 Number of Residents Served: 11 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: 0 Number of Hospice Residents in past year: 0		Number of Residents who: Receive Supplemental Security Income: 6 Are 60 Years of Age or Older: 7 Have Mental Illness: 11 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0

Violation Report: 12804 - 10/16/2018 - Gray, Dean
 PCH Name: NEW OPTIONS I

1. REGULATION 55 Pa.Code §2600
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

The ceiling in the Resource room, located on the 2nd floor, leaks when the 3rd floor shower is used. Paint chips and material from previous patching attempts litters the floor.

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.

2. Regulation 55 Pa. Code 2600.1 - 88(a) The ceiling in the Resource room located on F12 leaks when the 3rd floor shower is used. Paint chips and material from previous patching attempts litter the floor.

RESPONSE: The repairs to the 3rd floor bathroom have been completed. There was an issue with the shower floor pan that allowed water seepage during showering. This has been repaired and the ceiling in the Resource Room has been repaired. Paint chips and detritus has been cleaned.

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) <u>Julie E. Phillips, MSW - Administrator</u>	Date <u>11.21.18</u>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>11/28/19</u> (Date)	Plan of correction implementation status as of <u>11/28/19</u> (Date)
The above plan of correction was approved by <u>MJ</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: 12804 - 10/16/2018 - Gray, Dean
 PCH Name: NEW OPTIONS I

1. REGULATION 56 Pa.Code §2600
 2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION
 Staff member A, hired 12/11/2017, provided a copy of an FBI fingerprint record check dated 04/13/15. There is no documentation a PA State Police background check was completed

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.

1. Regulation 56 Pa. Code 2600.51 – 2a. Staff member A, hired 12/11/2017. Fingerprint 4/13/15. No documentation a PA state Police background check was completed.

RESPONSE: Our policies and procedures require that a background check be completed at the time of hire. This missing background report was run on the day of inspection and is attached to this report. All other new hires have reports done on day of hire or before. (See attached)

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 - Administrator</i>	Date <i>11-21-18</i>
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The above plan of correction was approved by <u>MJ</u> (Initials)	

Violation Report: 12804 - 10/16/2018 - Gray, Dean
 PCH Name: NEW OPTIONS I

1. REGULATION 55 Pa.Code §2600
 2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION
 The first aid kit, on the first floor, does not include a thermometer, breathing shield or eye coverings.

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

3. Regulation 55 Pa. Code 2600.96(a) The first aid kit on the first floor does not include a thermometer, breathing shield or eye coverings.

RESPONSE: There were two first aid kits on the first floor, one that was unopened and contained all necessary items, one that was missing three required items. The first aid kit that was missing items has been disposed of and a full first aid kit is there in its place.

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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) <u>Julie E. Phillips, MSW - Administrator</u>	Date <u>11-21-18</u>
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Violation Report: 12804 - 10/16/2018 - Gray, Dean
 PCH Name: NEW OPTIONS I

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 10/16/18, at approximately 4:00 PM, the temperature in the refrigerator in the first floor private room was 50 degrees fahrenheit.
 - On 10/16/18, there were no thermometers in the refrigerator/freezers located in the basement and back office kitchen.

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.

4. Regulation 55 Pa. Code 2600.103(f) – Food refrigeration at 4:00pm indicated that the first floor private room refrigerator read 50 degrees Fahrenheit, and there were not thermometers in the freezers located in the basement and back office kitchen.

RESPONSE: The refrigerator located on the first floor has been replaced. All refrigerators and freezers now have new thermometers that are adhesive and are in the same location in each unit. Temperatures are being regularly monitored and recorded.

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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 - Administrator* Date *11.21.18*

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Violation Report: 12804 - 10/16/2018 - Gray, Dean
 PCH Name: NEW OPTIONS I

1. REGULATION 55 Pa.Code §2600
 2600.131(f) - Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

2a. DESCRIPTION OF VIOLATION
 The fire extinguisher located in the kitchen has not been inspected by a fire safety expert since 8/2017

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.

5. Regulation 55 Pa.Code 2600.131(f) – Fire extinguisher located in the kitchen has not been inspected by a fire safety expert since 8/2017.

RESPONSE: The fire extinguisher in question has been replaced with an extinguisher that is up to code and has current inspection tags.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Julie F. Phillips, MSW - Administrator	Date 11.21.18
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 (Date)

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

Plan of correction implementation status as of 11/28/19
 (Date)

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

Violation Report: 12804 - 10/16/2018 - Gray, Dean
 PCH Name: NEW OPTIONS I

1. REGULATION 55 Pa. Code §2600

2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION

Resident #1 has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

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.

- 7. Regulation 55 Pa. Code 2600.191 - Resident #1 has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

RESPONSE: Resident was educated about his right to refuse medication again and documentation of such has been included in resident's chart. (See attached)

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Signature of Legal Entity Representative
 (Required on EVERY Page) *Julie Phillips, MSW*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Julie S. Phillips, MSW Administrator* Date *11/21/18*

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1. REGULATION 55 Pa.Code §2600
 2600.254(c) - Resident records shall be stored in locked containers or a secured, enclosed area used solely for record storage and be accessible at all times to the administrator or the administrator's designee, and upon request, to the Department or representatives of the area agency on aging.

2a. DESCRIPTION OF VIOLATION
 A resident record was observed unsecured and accessible on a shelf in the resource room.

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.

8. Regulation 55 Pa. Code 2600.254(c) – A resident record was observed unsecured and accessible on a shelf in the resource room.

RESPONSE: The chart was removed from the bookshelf and has been relocated to a locked cabinet as per regulation.

Within 30 days receipt of the accepted POC, all direct care staff will receive training in resident record storage. Documentation of the training will be submitted to Mia Johnson at the Southeast Regional office at ra-pwar@southeast.pa.gov or fax at 610-270-1147. Documents of trainings will be kept for three years. *MJ* 1/28/19

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 (Required on EVERY Page) *Julie E. Phillips, MSW*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Julie E. Phillips, MSW - Administrator	Date 11.21.18
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