



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

May 28, 2020

Mr. James O'Shea  
Chairman  
Whitemarsh House, Inc.  
P.O. Box 301  
31 West Mill Road  
Flourtown, Pennsylvania 19031

RE: Whitemarsh House  
License #: 127860

Dear Mr. O'Shea:

As a result of the Department's Bureau of Human Services Licensing annual inspection on May 9, 2019 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](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 that reads "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
Violation Report

### Violation Report

#### Facility Information

Name: *WHITEMARSH HOUSE*

License Number: *127860*

Address: *31 WEST MILL ROAD, FLOURTOWN, PA 19031*

County: *MONTGOMERY*

Region: *SOUTHEAST*

#### Administrator

Name: *GLENN MAKELA*

Phone: *2158369254*

Email: *GMakela@whitemarshhouse.org*

#### Legal Entity

Name: *WHITEMARSH HOUSE INC*

Address: *PO BOX 301, 31 WEST MILL ROAD, PA, 19031*

#### Certificate(s) of Occupancy

Type: *C-2 LP*

Date: *01/17/1985*

Issued By: *CWOPA DEPT. OF L&I*

#### Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *10*

Waking Staff: *8*

#### Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

#### Inspection Dates and Department Representative

*05/09/2019 - On-Site: Tahesia Thomas*

#### Resident Demographic Data as of Inspection Dates

##### General Information

License Capacity: *26*

Residents Served: *8*

##### Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

##### Hospice

Current Residents: *8*

##### Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *4*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *2*

Have Mobility Need: *2*

Have Physical Disability: *7*

WHITEMARSH HOUSE

127860

18 - Compliance With Laws

Regulations

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The home's boiler certification of operation expired on 01/05/19. Per the PA Dept. of Labor and Industry, power boilers and process boilers will be inspected and meet regulation standards via 3a.111(2) of the regulation.

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 PCHA has contacted the PA Department of Labor and Industry to schedule inspection of the boiler. The inspection and any required maintenance will be completed to secure the certificate. On an ongoing basis, the Maintenance staff person will alert the Safety Officer 3 months prior to the certificate expiration and the PCHA will schedule the inspection to assure it is completed prior to expiration.

Within 10 days receipt of this POC, documentation will be submitted to M. Johnson at the Southeast Regional office at ra-pwarlsoutheadt@pa.gov or fax at 610-270-1147. 6/20/19 *MG*

Legal Entity Representative

*Glenn Makela* Signature *Glenn Makela* Printed Name and Title *Glenn Makela* May 31, 2019 Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 6/20/19 (Date) Plan of correction implementation status as of 6/20/19 (Date)

The above plan of correction was approved by *MG* (Initials)  Fully Implemented  Partially Implemented - Adequate Progress  Partially Implemented - Inadequate Progress  Not Implemented

WHITEMARSH HOUSE

127860

42s - Privacy

Regulations

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On 05/09/19, it was observed that residents # 1 and # 2 did not have a door knob.

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 door knob has been replaced. The Maintenance staff person will complete weekly walk-throughs of the house to check any door knobs being replaced, to make sure replacement is completed the same day if removed, to assure privacy of all residents. The Maintenance staff person will inform the Safety Officer of maintaining bedroom doors to assure privacy.

Legal Entity Representative

*Glenn Makela*  
Signature

Glenn Makela  
Printed Name and Title

May 31, 2019  
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WHITEMARSH HOUSE

127860

81a - Accomodation

Regulations

2600.

81.a. The home shall provide or arrange for physical site accommodations and equipment necessary to meet the health and safety needs of a resident with a disability and to allow safe movement within the home and exiting from the home.

Description of Violation

The second floor fire exit leads out to the balcony. The balcony is not in good repair due to a weak foundation.

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 second floor fire exit leads out to the flat roof over the back porch. This flat roof has some soft spots. A professional contractor has been hired to repair this section of flat roof to make it firm and safer for walking over. The Maintenece staff person will check this flat roof every 6 months to assure it is in good repair and safe for walking over.

Within 10 days of completed repairs, documentation will be submitted to M. Johnson at the Southeast Regional office at rapwarlsoutheast@pa.gov or fax at 610-270-1147. 6/20/19 *MJ*

Legal Entity Representative

*Glenn Makela*

Glenn Makela

May 31, 2019

Signature

Printed Name and Title

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WHITEMARSH HOUSE

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85a - Sanitary Conditions

Regulations

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 05/09/19, resident # 3's room had a strong urine odor. The mattress had several urine stains. Resident # 3's CPAP machine was dirty with liquid residue as well as the mask was found on the floor on top of dirt substance on the rug.

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 Associate Program Director will check resident rooms day to day to assure hygiene and cleanliness are maintained at all times. The Associate Program Director will work with Direct Care staff to assure they are maintaining cleanliness of rooms at all times. This includes maintaining the cleanliness of the room and contents; mattress, furniture and equipment. Resident #3 uses the CPAP independently, including cleaning it, but Direct Care staff, the Associate Program Director and the Nurse Manager intervene to assist in cleaning.

Audits will be maintained for Department review. 6/20/19 *MG*

Legal Entity Representative

*Glenn Makela*  
Signature

Glenn Makela  
Printed Name and Title

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WHITEMARSH HOUSE

88a - Surfaces

Regulations

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

The second floor main bathroom tub has rust spots.

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 Maintenance staff person has repaired the second floor main bathroom. The Maintenance staff person will alert the Safety Officer of any tub repairs that are needed so that repairs are made immediately.

Audits will be maintained for Department review. 6/20/19 *MG*

Legal Entity Representative

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WHITEMARSH HOUSE

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101j3 - Bed/Linens/Pillows/Blankets

Regulations

2600.

101j. Each resident shall have the following in the bedroom:

- 3. Pillows, bed linens and blankets that are clean and in good repair.

Description of Violation

Resident # 1 and # 3 did not have any pillow cases or linen on their beds.

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 Associate Program Director will check resident rooms day to day to assure beds are made, including pillow cases, sheets and blankets and that beds are completely made up at all times, including when linens are being pulled for laundry. The Associate Program Director will work with Direct Care staff to assure they are maintaining rooms and keeping beds made at all times.

Audits will be maintained for Department review. 6/20/19 *MJ*

Legal Entity Representative

*Glenn Makela* *Glenn Makela*  
Signature

Glenn Makela  
Printed Name and Title

May 31, 2019  
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sWrite X - Inspection Editor

127860

WHITEMARSH HOUSE

107c - Food/Water 3 Day Supply

Regulations

2600.  
107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

On 05/09/19, the home served 8 residents, requiring 24 gallons of emergency drinking water. The home's water supply contract expired on 09/30/14. The home did not have any emergency water in the home.

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 60 gallon supply of unexpired spring water was located away from the supply that was observed during the survey. 25 gallons of this has been moved to the emergency water supply location. The Associate Program Director and Safety Officer will assure there is an adequate supply of unexpired drinking water at all times.

Legal Entity Representative

*Glenn Makela*     *Glenn Makela*  
Signature

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Write X - Inspection Editor

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WHITEMARSH HOUSE

132b - Safety Inspection/Fire Drill

Regulations

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The last official fire letter by a fire safety expert was dated October 3, 2018. The previous letter was dated August 24, 2017.

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 August 24th letter was received earlier than normal. This placed the subsequent letter outside the annual requirement. The Safety Officer will contact the Fire Expert (local Fire Marshall) to rectify the ongoing scheduling of the annual inspection and fire drill. The Safety Officer will notify the PCHA of the receipt of the letter and will file the letter in the Fire Safety book.

Legal Entity Representative

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Signature

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144d - Smoking Outside

Regulations

2600.

144.d. Smoking outside of the smoking room is prohibited.

Description of Violation

On 05/09/19, an ash substance was found underneath resident # 3's bed. In addition, resident # 4's room had a strong smell of smoke that permeated the room. These areas are outside the home's designated smoking area. The home's designated smoking area is located on the porch.

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.)

On the day of the survey the surveyor said she found ashes underneath the bed of resident # 1's bed, not resident # 3. In any case both these residents have abided by the smoking rules. The house rules, including the rule of no smoking in the house is reviewed with all residents at resident meetings. This procedure will continue and will include communication to the residents that smoking in the house is a serious violation which may result in immediate discharge from the program.

Legal Entity Representative

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Signature

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185a - Implement Storage Procedures

Regulations

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.

Description of Violation

On 05/09/19, resident # 5's glucometer was not calibrated for the correct date and time.

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 Nurse Manager has calibrated the glucometer to the correct time and date. The Nurse Manager will check all glucometers to make sure all are correctly calibrated.

Legal Entity Representative

*Glenn Makela*  
Signature

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