



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

January 13, 2020

Mr. Christopher Swallow  
Administrator  
Carelink Community Support Services of Pennsylvania  
605 East Baltimore Pike  
Media, Pennsylvania 19063

RE: Carelink Community Support Services-  
Torrey House  
License #: 100070

Dear Mr. Swallow:

As a result of the Department's Bureau of Human Services Licensing annual inspection on August 26, 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 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, appearing to read "Kevin Hancock".

Kevin Hancock  
Deputy Secretary  
Office of Long-term Living

Enclosure  
Violation Report

### Violation Report

**Facility Information**

Name: *CARELINK COMMUNITY SUPPORT SERVICES-TORREY HOUSE* License Number: *10007*  
 Address: *3520 DARBY ROAD,, HAVERFORD, PA 19041*  
 County: *DELAWARE* Region: *SOUTHEAST*

**Administrator**

Name: *CHRISTOPHER SWALLOW* Phone: *6105277131* Email: *ADMIN@CARELINKSERVICES.ORG*

**Legal Entity**

Name: *CARELINK COMMUNITY SUPPORT SERVICES OF PENNSYLVANIA*  
 Address: *605 EAST BALTIMORE PIKE, MEDIA, PA, 19063*

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *03/03/0196* Issued By: *COMMONWEALTH OF PA LABOR & INDUSTRY*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *12* Waking Staff: *9*

**Inspection**

Type: *Full* BHA Docket #: Notice: *Unannounced*  
 Reason: *Renewal*

**Inspection Dates and Department Representative**

*08/26/2019 - On-Site: Natasha Braswell*

**Resident Demographic Data as of Inspection Dates**

General Information

License Capacity: *14* Residents Served: *12*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *8* Are 60 Years of Age or Older: *4*  
 Diagnosed with Mental Illness: *12* Diagnosed with Intellectual Disability: *1*  
 Have Mobility Need: *0* Have Physical Disability: *0*

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 8/26/19, at 11:30 am, staff person A was preparing to assist resident #1 for a glucometer check in the dining room. The Department had to communicate that medical procedures should be complete within the confines of privacy. The Department representative suggested to close the door of the dining room.

Plan of Correction (POC)

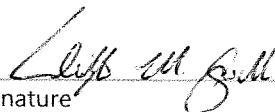
(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Staff will close the door of the dining room area when assisting residents with their glucometer checks. This was discussed with staff in the form of a supervision on 8/29/19. Please find attached, a copy of the supervision, labelled "Addendum A".

Administrator or a designee will continue to provide ongoing supervision of staff through sporadic checks and monitor during med. Administration time. 12/12/19

AAA

Legal Entity Representative

  
Signature

CHRISTOPHER SWALLOW Assistant Regional Director 10/8/19  
Printed Name and Title Date

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The above plan of correction is approved as of 12/12/19  
(Date)

Plan of correction implementation status as of 12/12/19  
(Date)

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

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

85a - Sanitary Conditions

Regulations

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 8/26/19, at 11:30 am and 2:30 pm, during the medication observation, staff person A failed to provide resident #1 with an alcohol pad to clean his skin before and after his glucometer check.

The bathroom located on the right side of the home had urine on the floor during the physical site inspection.

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 9/24/19, alcohol pads were purchased for the residents that conduct blood sugar checks. Staff will notify the Administrator before they run out so that additional pads can be purchased. Please see the attached copy of the receipt labelled "Addendum B." Additionally, this was discussed with staff on 9/24/19 in the form of a supervision (Addendum A).

With regards to the bathroom, the facility maintenance person is responsible for the cleaning and upkeep of the facility and it's restrooms. On 8/26/19, he was able to clean the floor of the bathroom in question as he had not gotten to that area of the building at the time of the site inspection. Attached, please find a copy of the Weekly Facility Checklist, labelled "Addendum C."

Legal Entity Representative

*[Handwritten Signature]*  
Signature

CHRISTOPHER SWALLOW ASSISTANT REGIONAL DIRECTOR  
Printed Name and Title

10/8/19  
Date

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Plan of correction implementation status as of 12/12/19  
(Date)

The above plan of correction was approved by A.A.A  
(Initials)

- Fully Implemented
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85e - Trash Outside Home

Regulations

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 8/26/19, at 2:30 pm, the lid to the trash can was open creating an unsanitary condition where insects and rodents could penetrate.

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 staff member that accompanied the licensing inspector on the physical site tour closed the lid to the dumpster immediately. All staff are expected to close the lid to the dumpster each time that trash is placed into it. This will also be discussed at the next staff meeting being held on 11/6/19.

Legal Entity Representative

Signature *Christopher S. Shaw*

CHRISTOPHER SHAW ASSISTANT REGIONAL DIRECTOR

10/8/19 Date

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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 light fixture in the ceiling located in the second floor hallway was cracked and not in good repair.

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 Program Administrator placed a work order for the cracked light fixture on 9/3/19. A representative from Budget Maintenance came out to the site on 9/11/19 and completed the work order. Attached, please find a copy of the work order, labelled "Addendum D."

Administrator or a designee will create a checklist of areas and places to be monitored for compliance during a daily walkthrough of the facility; and continually ensure compliance to the cited reg. 12/12/19

AAA

Legal Entity Representative

*Cliff M. Jewell*  
Signature

CHRISTOPHER S. SULLOW ASSISTANT REGIONAL DIRECTOR  
Printed Name and Title

10/8/19  
Date

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CARELINK COMMUNITY SUPPORT SERVICES-TORREY HOUSE

10007

96a - First Aid Kit

Regulations

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.

Description of Violation

The first aid kit in the hallway of the second floor of the home does not include scissors.

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 first aid kit on the second floor will be moved into the locked linens closet where residents do not have access. Scissors have been placed in the first aid kit and the linen closet door was also labeled to reflect that the first aid kit is stored within. All staff have a master key that can open the linen closet.

Legal Entity Representative

*Cliff W. Swallow*  
Signature

CHRISTOPHER SWALLOW ASSISTANT REGIONAL DIRECTOR  
Printed Name and Title

10/8/19  
Date

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132a - Monthly Fire Drill

Regulations

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

An unannounced fire drill was not held during the month of September 2018.

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 Program Administrator will ensure that a fire drill is conducted within each month. If the annual fire safety inspection occurs within the previous month from which it is due, another drill will still be conducted so that there is a documented drill in each calendar month.

Legal Entity Representative

*Cliff M. Swallow*  
Signature

CHRISTOPHER M. SWALLOW Assistant Regional Director  
Printed Name and Title

10/18/19  
Date

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(Date)

12/12/19  
(Date)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

12/12/19  
(Date)

The above plan of correction was approved by \_\_\_\_\_  
(Initials)

AAA  
(Initials)

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132d - Evacuation

Regulations

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. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home has an evacuation time of 3 minutes and 30 seconds. The home went over the time frame during the fire drills conducted on March 10, 2018, March 10, 2019 and July 02, 2019.

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, anytime that the home fails to evacuate all of the occupants within the specified time frame, the home will conduct a second drill during the same month, within 72 hours of the first drill. The Program Administrator will be responsible for coordinating this.

Legal Entity Representative

*Cliff M. Gush*  
Signature

CHRISTOPHER SWALLOW ASSISTANT REGIONAL DIRECTOR 10/8/19  
Printed Name and Title Date

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132f - Alternate Exit Routes

Regulations

2600.

132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

The main entrance front door was the only exit route used during the fire drills held from May 2019 to August 2019.

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.)

During fire drills, the residents will use alternate routes of egress at least every 2 months. The Program Administrator will coordinate any instructions for the fire drill to ensure that this gets completed.

The Administrator or a designee will review all completed fire drills monthly to ensure accuracy and compliance with the applicable reg. 12/12/19

AAA

Legal Entity Representative

*Leif M. Smith*  
Signature

CHRISTOPHER M. SWALLOW ASSISTANT REGIONAL DIRECTOR 10/8/19  
Printed Name and Title Date

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144c1 - Smoking Area Guidelines

Regulations

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

- 1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

The home's designated smoking area had two white plastic chairs that were not fire-resistant.

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 white plastic chairs were disposed of by staff on 8/26/19. New metal, fire resistant chairs will be purchased and placed in the home's designated smoking area by 10/16/19.

Legal Entity Representative

*Christopher Swallow*  
Signature

CHRISTOPHER SWALLOW ASSISTANT REGIONAL DIRECTOR  
Printed Name and Title

10/8/19  
Date

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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 6/25/19, at 11:10 am, a loose Clozaril pill 25 mg was found in the medication box for resident #1.

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.)

This incident was reported to DHS on the day that the pill was found, 6/25/19. Upon inspection of the medication packaging, it was found that the packaging was compromised for a later date and that was the cause for the loose pill. After the pill was disposed of, the pharmacy was contacted to deliver an additional Clozaril pill to ensure that it was not missed on the date that it was missing from. The pharmacy delivered the pill on 6/27/19 and the medication was administered as ordered. Attached, please find a copy of the incident report, labelled "Addendum E".

The Administrator or a designee will review/Audit medication carts/MARS daily to ensure ongoing compliance with the cited reg. 12/12/19

AAA

Legal Entity Representative

*Cliff M. Gill*  
Signature

CHRISTOPHER SWALLOW ASSISTANT REGIONAL DIRECTOR 10/18/19  
Printed Name and Title Date

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