



March 10, 2020

Mr. Marco Giordano
CEO
Resources for Human Development, Inc.
Attn: Marco Giordano
4700 Wissahickon Avenue, Suite 126
Philadelphia, Pennsylvania 19144

RE: New Options I
1419-21 Powell Street
Norristown, Pennsylvania 19401
License #: 128040

Dear Mr. Giordano:

As a result of the Department's Bureau of Human Services Licensing annual inspection on August 28, 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.

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", written over a white background.

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: NEW OPTIONS I

License Number: 12804

Address: 1419-21 POWELL STREET,, NORRISTOWN, PA 19401

County: MONTGOMERY

Region: SOUTHEAST

Administrator

Name: Julie Phillips

Phone: 6102920225

Email: Julie.Phillips@RHD.ORG

Legal Entity

Name: RESOURCES FOR HUMAN DEVELOPMENT INC

Address: 4700 WISSAHICKON AVE, SUITE 126, ATTN MARCO GIODANO, PHILADELPHIA, PA, 19144

Certificate(s) of Occupancy

Type: C-2 LP

Date: 09/22/2006

Issued By: COPA L&I

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 11

Waking Staff: 8

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

Inspection Dates and Department Representative

08/28/2019 - On-Site: Jennie Heinberg

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 12

Residents Served: 11

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 6

Are 60 Years of Age or Older: 4

Diagnosed with Mental Illness: 11

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 0

Have Physical Disability: 0

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

Personal care and assisted living homes must post the required influenza information in a public place in the home year-round as required by the Influenza Awareness Act (HB 1785). The home did not have an influenza poster anywhere.

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.)

2300.18 Applicable Health and Safety Laws

POC: Personal Care Home has posted influenza Posters in common areas of the facility. See Attached.

Legal Entity Representative

Julie E. Phillips, msw
Signature

Julie E. Phillips, msw Administrator 10/24/19
Printed Name and Title Date

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The above plan of correction is approved as of 03-09-2020
(Date)

Plan of correction implementation status as of 03-09-2020
(Date)

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

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

66b - Training Plan Content

Regulations

2600.

66.b. The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

- 1. The name, position and duties of each direct care staff person.
- 2. The required training courses for each staff person.
- 3. The dates, times and locations of the scheduled training for each staff person for the upcoming year.

Description of Violation

The home's 2019 staff training plan does not include: training dates, the location of the training, the instructors names, and course hours.

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.)

2600.66b Plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons. Home's 2019 staff training plan does not include: training dates, instructors name(s), course hours.

POC: See attached training schedule to cover 2018-2019 timeframe.

Legal Entity Representative

Julie Phillips, MSW
Signature

Julie Phillips, MSW Administrator
Printed Name and Title

10/24/19
Date

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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 home located in the wellness room does not include eye coverings.

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.)

2600.96a First Aid Kit in the home did not include eye coverings.

POC: Eye covering was purchased and placed in the home and in the company vehicles the day after the inspection. (Picture was sent to inspector to verify it was the right item to fulfil regulation requirement and is attached.)

Legal Entity Representative

Julie Phillips MSW
Signature

Julie Phillips MSW Administrator
Printed Name and Title

10/24/19
Date

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107d - Procedure Emergency Management Agency Submission

Regulations

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home couldn't provide a current emergency preparedness letter that was submitted to the home's local emergency management agency within the past year.

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.)

2600.107.d Home couldn't provide a current emergency preparedness letter that was submitted to the home's local emergency management agency within the past year.

POC: While we submit a document yearly to our emergency management agency, we could not find the verification/postal receipt to prove this during inspection. We will continue to submit our emergency preparedness documentation and will keep verification in our Safety Binder. Another emergency preparedness report will be certify mailed by Nov 15, 2019 to offer a second verification.

Legal Entity Representative

Julie E Phillips MSW
Signature

Julie E Phillips MSW Admin
Printed Name and Title

10/24/19
Date

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132e - Fire Drill Sleeping Hours

Regulations

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The last fire drill conducted during sleeping hours was on 3/29/18 at 12:30 a.m.

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.)

2600.132.e A fire drill will shall be conducted during sleeping hours once every 6 months.

POC: We thought we were fulfilling our bi-annual overnight fire drills as required but were not doing them between 2:00am-5am. (We were doing them closer to midnight, when the residents were all asleep.) We conducted an overnight fire drill on 9/18/19 at 3:25am and will continue to do them bi-annually.

Admin or designee will ensure an overnight fire drill occurs during sleeping hours, once every 6 months
SP 03-09-2020

Legal Entity Representative

Signature *Julie E. Phillips, msaw*

Printed Name and Title *Julie E Phillips, msaw Admin.*

Date *10/24/19*

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141a - Medical Evaluation

Regulations

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

Resident #1 was admitted to the home 05/16/19. The medical evaluation was completed 12/04/18. This is outside the specified date range.

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.)

2600.141.a A resident shall have a medical evaluation within 60 days prior to admission or within 30 days after admission.

POC: Resident #1 was scheduled to move in during the timeframe that would've allowed us to be within the regulation guidelines when the DME was completed on 12.04.18. His move-in was delayed and the form was not re-completed by his physician. We will ensure that all medical evaluations be done within the designated timeframe and will add it to our QA plan to routinely monitor.

Legal Entity Representative

Signature *Julie Phillips MSW*

Printed Name and Title *Julie Phillips MSW Admin* Date *10/27/19*

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171b5 - First Aid Kit

Regulations

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

- 5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

The first aid kit in the home's vans that are used to transport residents does not include eye coverings.

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.)

2600.171.b The vehicle must have a first aid kit that includes eye coverings.

POC: Please refer to Question #3 above.

Legal Entity Representative

Signature *Julie E Phillips, MSW*

Printed Name and Title *Julie E Phillips, MSW Admin* Date *10/24/17*

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190a - Completion Medication Course

Regulations

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Records of successfully completing the Department-approved medications administration course, weren't available for staff persons A and B

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.)

2600.190.a records of successfully completing the Department-approved medication administration course were not available onsite for staff persons A and B.

POC: Staff member PT has documentation to show that he attended Medication Administration training as scheduled; it was locked in the administrative assistant's office at the time it was requested during inspection. (See attached) Staff member AC had only had Medication Monitoring at the time of inspection. She has since been fully Medication Administration training (although she no longer works at that site.)

Legal Entity Representative

Signature *Julie E Phillips MSW*

Printed Name and Title *Julie E Phillips MSW Admin.* Date *10/24/17*

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