

Department of Human Services  
Bureau of Human Service Licensing

November 16, 2020

LAWRENCE ANASTASI, EXECUTIVE DIRECTOR  
WHITEMARSH HOUSE INC.  
PO BOX 301, 31 WEST MILL ROAD  
FLOURTOWN, PA 19031

RE: WHITEMARSH HOUSE  
31 WEST MILL ROAD  
FLOURTOWN, PA, 19031  
LICENSE/COC#: 12786

Dear Mr. Anastasi,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/22/2020, 09/23/2020, 09/25/2020, 10/02/2020, 10/05/2020, 10/06/2020, 10/07/2020, 10/08/2020, 10/09/2020, 10/13/2020, 10/14/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Mia Johnson

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY - PUBLIC**

**Facility Information**

Name: *WHITEMARSH HOUSE* License #: *12786* License Expiration Date: *09/13/2021*  
Address: *31 WEST MILL ROAD, FLOURTOWN, PA 19031*  
County: *MONTGOMERY* Region: *SOUTHEAST*

**Administrator**

Name: *Rhonda Mines* Phone: *215-836-1846* Email:  
*rmines@whitemarshhouse.org,*

**Legal Entity**

Name: *WHITEMARSH HOUSE INC.*  
Address: *PO BOX 301, 31 WEST MILL ROAD, FLOURTOWN, PA, 19031*  
Phone: *2158369254* Email: *lanastasi@whitemarshhouse.org*

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *04/27/1927* Issued By: *Commonwealth of PA, L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *10* Waking Staff: *8*

**Inspection**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Incident* Exit Conference Date: *10/14/2020*

**Inspection Dates and Department Representative**

*09/22/2020 - Off-Site: Dean Gray*  
*09/23/2020 - Off-Site: Dean Gray*  
*09/25/2020 - Off-Site: Dean Gray*  
*10/02/2020 - Off-Site: Dean Gray*  
*10/05/2020 - Off-Site: Dean Gray*  
*10/06/2020 - Off-Site: Dean Gray*  
*10/07/2020 - Off-Site: Dean Gray*  
*10/08/2020 - Off-Site: Dean Gray*  
*10/09/2020 - Off-Site: Dean Gray*  
*10/13/2020 - Off-Site: Dean Gray*  
*10/14/2020 - Off-Site: Dean Gray*

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *26* Residents Served: *8*

Resident Demographic Data as of Inspection Dates (*continued*)

## Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

## Hospice

Current Residents: *0/0*

## Number of Residents Who:

Receive Supplemental Security Income: *5*Are 60 Years of Age or Older: *4*Diagnosed with Mental Illness: *2*Diagnosed with Intellectual Disability: *6*Have Mobility Need: *2*Have Physical Disability: *2*

## Inspections / Reviews

## 09/22/2020 - Partial

Lead Inspector: *Dean Gray*Follow-Up Type: *POC Submission*Follow-Up Date: *10/30/2020*

## 10/23/2020 - POC Submission

Lead Reviewer: *Mia Johnson*Follow-Up Type: *POC Submission*Follow-Up Date: *10/26/2020*

## 10/23/2020 - POC Submission

Lead Reviewer: *Mia Johnson*Follow-Up Type: *Document Submission*Follow-Up Date: *10/26/2020*

## 11/16/2020 - Document Submission

Lead Reviewer: *Mia Johnson*Follow-Up Type: *Not Required*

## 15a - Resident Abuse Report

**1. Requirements**

2600.

- 15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

**Description of Violation**

*On 09/20/20, at lunch time, staff person A poured Fabuloso cleaning liquid into two cups for residents' to drink. Resident #1 ingested the cleaning liquid, started vomiting and had to be sent to local hospital. This incident was observed by staff person B. This incident was reported to staff person C immediately and the Administrator after emergency services were called. However, this allegation of abuse was not reported to the local area agency on aging.*

**Plan of Correction****Accept**

*In addition to the EIM and the Regional Office, all cases of suspected abuse will be reported to OAPSA immediately. Staff will be trained on how to report abuse and documentation of training will be provided.*

**Completion Date:** 10/27/2020

**Document Submission****Implemented**

*In addition to the EIM and the Regional Office, all cases of suspected abuse will be reported to OAPSA immediately. Staff will be trained on how to report abuse and documentation of training will be provided.*

## 42b - Abuse

**1. Requirements**

2600.

- 42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

**Description of Violation**

*On 09/20/20, at lunch time, staff person A poured Fabuloso cleaning liquid into two resident's drinking cups. Resident #1 ingested the cleaning liquid, started vomiting and had to be sent to local hospital. Resident #2's cup was discarded by staff person B before the resident could drink from the cup.*

**Plan of Correction****Accept**

*All staff have been re-trained on the proper use and storage of all cleaning supplies. All supplies will be read carefully before use. Agency staff will be educated on their responsibilities while in the home.*

**Completion Date:** 10/27/2020

**Document Submission****Implemented**

*All staff have been re-trained on the proper use and storage of all cleaning supplies. All supplies will be read carefully before use. Agency staff will be educated on their responsibilities while in the home.*

## 54a - Direct Care Staff

**1. Requirements**

2600.

- 54.a. Direct care staff persons shall have the following qualifications:
1. Be 18 years of age or older, except as permitted in subsection (b).
  2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
  3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

## 54a - Direct Care Staff (continued)

**Description of Violation**

*Direct care staff persons A and B, do not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.*

**Plan of Correction****Accept**

*All Direct Care Staff, including Agency Personnel, will have diplomas or a GED from the U.S. at the time of hire. All staff involved in the hiring process will be in-serviced on the required documentation needed for new hires. A checklist will be created to include all requirements for new hires.*

**Completion Date:** 10/26/2020

**Document Submission****Implemented**

*All Direct Care Staff, including Agency Personnel, will have diplomas or a GED from the U.S. at the time of hire. All staff involved in the hiring process will be in-serviced on the required documentation needed for new hires. A checklist will be created to include all requirements for new hires.*

## 65a - FS Orientation 1st Day

**1. Requirements**

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

**Description of Violation**

*Staff person A, whose first day of work was 08/17/20, did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.*

*Staff person B, whose first day of work was 09/15/2020, did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.*

65a - FS Orientation 1st Day (*continued*)**Plan of Correction****Accept**

*Every staff person, including Agency personnel will sign off on being trained during orientation on emergency procedures, staff duties, and responsibilities during fire drills, as well as during emergency evacuations, transportation an at an emergency location, if applicable. All training for emergency procedures will be conducted on the first day of employment.*

**Completion Date:** 10/02/2020

**Document Submission****Implemented**

*Every staff person, including Agency personnel will sign off on being trained during orientation on emergency procedures, staff duties, and responsibilities during fire drills, as well as during emergency evacuations, transportation an at an emergency location, if applicable. All training for emergency procedures will be conducted on the first day of employment.*

## 65b - Rights/Abuse 40 Hours

**1. Requirements**

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

**Description of Violation**

*Staff persons A and B did not complete training in the following topics: resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), reporting of reportable incidents and conditions.*

**Plan of Correction****Accept**

*All staff will sign off on the 40 scheduled working hour training that includes, resident rights, emergency medical plan, and mandatory reporting. In addition to the date of hire, the date of signature will be added.*

*The Administrator or designated person will Audit all staff records to ensure all staff have completed all required trainings. A checklist will be created to ensure all new hire trainings are completed timely.*

**Completion Date:** 10/26/2020

**Document Submission****Implemented**

*All staff will sign off on the 40 scheduled working hour training that includes, resident rights, emergency medical plan, and mandatory reporting. In addition to the date of hire, the date of signature will be added. The Administrator or designated person will Audit all staff records to ensure all staff have completed all required trainings. A checklist will be created to ensure all new hire trainings are completed timely.*

## 141a 1-10 Medical Evaluation Information

**1. Requirements**

2600.

141a 1-10 Medical Evaluation Information (continued)

- 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. The evaluation must include the following:
1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
  2. Medical diagnosis including physical or mental disabilities of the resident, if any.
  3. Medical information pertinent to diagnosis and treatment in case of an emergency.
  4. Special health or dietary needs of the resident.
  5. Allergies.
  6. Immunization history.
  7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
  8. Body positioning and movement stimulation for residents, if appropriate.
  9. Health status.
  10. Mobility assessment, updated annually or at the Department’s request.

**Description of Violation**

*Resident #1's medical evaluation dated 06/02/2020 did not include the resident's medication regimen.  
Resident #2's medical evaluation dated 06/02/2020 did not include the resident's medication regimen.*

**Plan of Correction**

**Accept**

*All medication shall be listed on the residents medical evaluation form or see attachment will be written and a medication list will be attached with all the medications listed for that resident. The Administrator or designated person will audit all resident records to ensure all documentation is completed in its entirety.*

**Completion Date:** 10/26/2020

**Document Submission**

**Implemented**

*All medication shall be listed on the residents medical evaluation form or see attachment will be written and a medication list will be attached with all the medications listed for that resident. The Administrator or designated person will audit all resident records to ensure all documentation is completed in its entirety.*

225c - Additional Assessment

**1. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

**Description of Violation**

*Resident #2's assessment, dated 03/13/20, does not correctly identify the resident's ability to safely administer his own medication.*

**Plan of Correction**

**Accept**

*All residential assessments will correctly identify the residents ability to or not to safely administer medication on his/her own, as reflected on the DME. The Administrator or designated person will audit all resident records to ensure that assessments are current and reflect the residents current conditions and abilities.*

**Completion Date:** 10/26/2020

225c - Additional Assessment *(continued)***Document Submission****Implemented**

*All residential assessments will correctly identify the residents ability to or not to safely administer medication on his/her own, as reflected on the DME. The Administrator or designated person will audit all resident records to ensure that assessments are current and reflect the residents current conditions and abilities.*