

Department of Human Services  
Bureau of Human Service Licensing

June 10, 2021

██████████ CEO  
CARELINK COMMUNITY SUPPORT SERVICES OF PENNSYLVANIA  
605 EAST BALTIMORE PIKE  
MEDIA, PA 19063

RE: CARELINK COMMUNITY SUPPORT  
SERVICES-TORREY HOUSE  
3520 DARBY ROAD  
HAVERFORD, PA, 19041  
LICENSE/COC#: 10007

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/20/2021 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:** CARELINK COMMUNITY SUPPORT SERVICES-TORREY HOUSE License #: 10007 License Expiration Date: 08/08/2021  
**Address:** 3520 DARBY ROAD, HAVERFORD, PA 19041  
**County:** DELAWARE **Region:** SOUTHEAST

**Administrator**

**Name:** [REDACTED] **Phone:** 6105277131 **Email:** [REDACTED]

**Legal Entity**

**Name:** CARELINK COMMUNITY SUPPORT SERVICES OF PENNSYLVANIA  
**Address:** 605 EAST BALTIMORE PIKE, MEDIA, PA, 19063  
**Phone:** 6105277131 **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** C-2 LP **Date:** 03/03/1986 **Issued By:** Commonwealth of PA, L&I

**Staffing Hours**

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

**Inspection**

**Type:** Full **Notice:** Unannounced **BHA Docket #:**  
**Reason:** Renewal **Exit Conference Date:** 04/20/2021

**Inspection Dates and Department Representative**

04/20/2021 - On-Site: Dean Gray

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 17 **Residents Served:** 10

**Secured Dementia Care Unit**

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

**Hospice**

**Current Residents:** 0/0

**Number of Residents Who:**

**Receive Supplemental Security Income:** 10 **Are 60 Years of Age or Older:** 4  
**Diagnosed with Mental Illness:** 10 **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 0 **Have Physical Disability:** 0

Inspections / Reviews

04/20/2021 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*

Follow-Up Date: *05/14/2021*

5/20/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *05/23/2021*

6/10/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

18 - Compliance With Laws

1. Requirements

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 CARE FACILITY CARBON MONOXIDE ALARMS STANDARDS ACT ENACTMENT Act of Jun. 23, 2016 states Carbon monoxide alarms must be installed in proximity of, but not less than 15 feet from any fossil fuel burning device or appliance. The home does not currently have a carbon monoxide detector meeting this requirement for the gas stoves in the kitchen.

Plan of Correction

Accept

On 4/27/21, the home purchased a replacement carbon monoxide detector that was previously missing from the home's laundry room. Two additional carbon monoxide detectors were also purchased to have on hand if another unit in the home should malfunction or need to be replaced. I have attached a copy of the receipt to verify the purchase. Additionally, checking the home's carbon monoxide detectors has been added to the maintenance person's Facility Checklist. I have attached a copy of this document for you as well.

Completion Date: 04/27/2021

Document Submission

Implemented

On 4/27/21, the home purchased a replacement carbon monoxide detector that was previously missing from the home's laundry room. Two additional carbon monoxide detectors were also purchased to have on hand if another unit in the home should malfunction or need to be replaced. I have attached a copy of the receipt to verify the purchase. Additionally, checking the home's carbon monoxide detectors has been added to the maintenance person's Facility Checklist. I have attached a copy of this document for you as well.

88a - Surfaces

1. Requirements

2600.

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

Description of Violation

Several of the floor tiles in the second floor men's bathroom are cracked, uneven and present a hazard to the residents.

Plan of Correction

Accept

On 4/26/21, a work order was placed to have the bathroom floor assessed and repaired. I have attached a copy of the work order for your review. Additionally, checking the condition of the floors in the bathrooms has been added to the weekly facility safety checklist. I have attached a copy of that document for you.

Completion Date: 04/26/2021

Document Submission

Implemented

On 4/26/21, a work order was placed to have the bathroom floor assessed and repaired. I have attached a copy of the work order for your review. Additionally, checking the condition of the floors in the bathrooms has been added to the weekly facility safety checklist. I have attached a copy of that document for you.

89b - Hot Water Temperature

1. Requirements

2600.

89b - Hot Water Temperature (*continued*)

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

**Description of Violation**

*On 04/20/21, the hot water temperature at the bathroom sink in the bathroom across from room 8 measured 124.3 degrees Fahrenheit.*

**Plan of Correction**

**Accept**

*On 4/26/21, a work order was placed to have the hot water heater adjusted and the water temperature calibrated so that the temperature does not exceed 120 degrees. A copy of the work order has been attached for your review.*

**Completion Date:** 04/26/2021

**Document Submission**

**Implemented**

*On 4/26/21, a work order was placed to have the hot water heater adjusted and the water temperature calibrated so that the temperature does not exceed 120 degrees. A copy of the work order has been attached for your review.*

102d - Grab/Hand/Assist Bar/Slip-Resistant Surface

**1. Requirements**

2600.

102.d. Toilet and bath areas must have grab bars, hand rails or assist bars. Bathtubs and showers must have slip-resistant surfaces.

**Description of Violation**

*The bath mat in the second floor men's bathroom does not have a slip-resistant surface.*

**Plan of Correction**

**Accept**

*The bath mat in question was discarded and replaced with a new mat in view of the inspector at the time of the physical walk through. Additional bathmats are stored in the home's linen closet for staff to use when others need replacing. Additionally, checking the condition of the bath mats has been added to the weekly facility safety checklist. A copy of this document is attached for your review.*

**Completion Date:** 04/27/2021

**Document Submission**

**Implemented**

*The bath mat in question was discarded and replaced with a new mat in view of the inspector at the time of the physical walk through. Additional bathmats are stored in the home's linen closet for staff to use when others need replacing. Additionally, checking the condition of the bath mats has been added to the weekly facility safety checklist. A copy of this document is attached for your review.*

102f - Towel/Washcloth/Soap

**1. Requirements**

2600.

102.f. An individual towel, washcloth and soap shall be provided for each resident.

**Description of Violation**

*There was a used washcloth drying on the towel bar in the second floor shared ladies bathroom. There was no indication to the owner of the washcloth.*

102f - Towel/Washcloth/Soap (continued)

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

*There is a towel bar/hook for each resident that uses this bathroom. The bar/hooks have been labeled to indicate which resident is to use which area so that there will be a clear distinction as to who uses which bar/hook.*

**Completion Date** 04/21/2021

**Document Submission** **Implemented**

*There is a towel bar/hook for each resident that uses this bathroom. The bar/hooks have been labeled to indicate which resident is to use which area so that there will be a clear distinction as to who uses which bar/hook.*

131f - Fire Extinguisher Inspection

**1. Requirements**

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.

**Description of Violation**

*The fire extinguisher in the home's 2012 Kia Sedona has not been inspected by a fire safety expert.*

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

*Upon speaking with the inspector during the exit interview, the site was notified that an extinguisher is not required to be present in the vehicle, so the extinguisher was removed from the vehicle.*

**Completion Date:** 04/21/2021

**Document Submission** **Implemented**

*Upon speaking with the inspector during the exit interview, the site was notified that an extinguisher is not required to be present in the vehicle, so the extinguisher was removed from the vehicle.*