Department of Human Services
Bureau of Human Service Licensing

December 20, 2021

[redacted]
WHITEMARSH HOUSE INC.
[redacted]31 WEST MILL ROAD
FLOURTOWN, PA, 19031

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

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/24/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[redacted]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY

Facility Information

Name: *WHITEMARSH HOUSE* **License #**: *12786* **License Expiration**:

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

County: *MONTGOMERY* **Region**: *SOUTHEAST*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *WHITEMARSH HOUSE INC.*

Address: [redacted], *31 WEST MILL ROAD, FLOURTOWN, PA, 19031*

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *01/17/1985* **Issued By**: *CWOPA L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *7* **Waking Staff**: *5*

Inspection Information

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

Reason: *Renewal* **Exit Conference Date**: *08/24/2021*

Inspection Dates and Department Representative

08/24/2021 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *26* **Residents Served**: *5*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *5* **Are 60 Years of Age or Older**: *2*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *2* **Have Physical Disability**: *0*

Inspections / Reviews

08/24/2021 - Full

Lead In pector: [redacted] **Follow Up Type**: *POC Submission* **Follow Up Date**: *09/23/2021*

09/16/2021 POC Submi ion

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *09/23/2021*

Inspection Dates and Department Representative *(continued)*

09/23/2021 - POC Submission

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *09/27/2021*

12/20/2021 Document Submi ion

Reviewer: [redacted] **Follow-Up Type:** *Not Required*

16c - Written Incident Report

1. Requirements

2600.
16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

The home is not reporting incidents to the department. The home is using Enterprise Incident Management tool to report incidents that occurred in the personal care home settings.

Plan of Correction ***Do Not Accept***

Reportable incidents will immediately begin to be reported to the Home's Department Regional office.

Completion Date: *08/24/2021*

Update: *09/16/2021*

Who will be responsible for ensuring compliance? How will the responsible person ensure all incidents are reported? Please list methods used, timeframes, and titles of persons responsible.

Plan of Correction ***Accept***

The PCHA or designated staff will be responsible for making sure all reportable incidents are reported to the Home's Department Regional office beginning 8/24/21. All Reportables will be completed within 24hours during the week and within 48 hours if an incident occurs on the weekend, The reportable incident will be faxed and a confirmation sheet will be kept will the reportable incident in a folder for reportable incidents and a copy placed in the residents chart.

Completion Date: *08/24/2021*

Document Submission ***Implemented***

The PCHA or designated staff will be responsible for making sure all reportable incidents are reported to the Home's Department Regional office beginning 8/24/21. All Reportables will be completed within 24hours during the week and within 48 hours if an incident occurs on the weekend, The reportable incident will be faxed and a confirmation sheet will be kept will the reportable incident in a folder for reportable incidents and a copy placed in the residents chart.

Completion Date: *08/24/2021*

51 - Criminal Background Check

1. Requirements

2600.
51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff member A, a resident of [redacted] hired on [redacted] did not have a FBI Criminal History Clearance completed.

Plan of Correction ***Do Not Accept***

All new hires who are not PA residents will have FBI clearance checks completed.

Completion Date: *08/24/2021*

Update: *09/16/2021*

when will (or has this been) obtained for Staff A? Has the home completed an audit of all employee files to ensure there are no other staff records out of compliance? How will the home ensure future compliance?

51 - Criminal Background Check (continued)

Please list methods, timeframes/durations/dates, and titles of responsible person(s).

Plan of Correction ***Accept***

All new hires who are not PA residents will have FBI clearance checks completed. The Executive Director or the PCHA will audit employee files Quarterly using a Personnel file audit form to insure all files are in compliance. All new hire files will be checked by the PCHA and the Executive director to make sure all information needed is in the file. A complete employee file audit will be conducted by the PCHA on 9/20/21. Staff A will complete her FBI Fingerprint clearance on 9/18/21.

please see attached documentation)

Completion Date: *09/20/2021*

Document Submission ***Implemented***

Please see attached

Completion Date: *09/20/2021*

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 has not been inspected by a fire safety expert since June 2020.

Plan of Correction ***Do Not Accept***

All fire extinguishers in the facility will be inspected and tagged annually.

Completion Date: *08/27/2021*

Update: *09/16/2021*

When will the fire extinguishers be inspected? How will the home ensure future compliance? Please list methods, timeframes/durations/dates, and titles of responsible person(s).

Plan of Correction ***Accept***

All fire extinguishers in the facility will be inspected and tagged annually. The Safety Officer is responsible for nsuring that all inspections are done annually and completed before the inspection date has expired. The Facility fire extinguishers were inspected on 8/27/21 and documentation has been attached for verification.

Completion Date: *08/27/2021*

Document Submission ***Implemented***

Please see attached

Completion Date: *08/27/2021*

185a - Implement Storage Procedures

1. Requirements

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

Resident #1 is prescribed glucose checks twice per day: At Night before insulin administration and before breakfast.

185a - Implement Storage Procedures (continued)

On 8/17/21 at 5pm, Resident #1's Glucometer reading was 220. This was recorded on the MAR as 307.

On 8/19/21 at 5pm, Resident #1's Glucometer reading was 169. This was recorded on the MAR as 189.

Plan of Correction ***Do Not Accept***

The facility Nurse or designated person shall check the MAR and glucose monitor daily to make sure that the numbers are recorded correctly.

Completion Date: *08/24/2021*

Update: *09/16/2021*

Why did this violation occur? Has any staff training been completed or has been completed? How will the home ensure future compliance? Please list methods, timeframes/durations/dates, and titles of responsible person(s).

Plan of Correction ***Accept***

This violation occurred due to med trained staff listening to the resident inform them of what their Glucose reading was, instead of staff confirming it. The facility Nurse or designated person shall check the MAR and glucose monitor daily to make sure that the numbers are recorded correctly. Staff who are medication administration trained have been re-trained on the importance of making sure that the glucose monitor number is accurately recorded on the MAR. Staff have been informed to physically look at the Glucose monitor and make sure all readings match on both the MAR and the Glucose monitor for each day and time.

Completion Date: *09/17/2021*

Document Submission ***Implemented***

Please see attached

Completion Date: *09/17/2021*

187a - Medication Record

1. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident #1 is prescribed [redacted]. However, resident's [redacted]/2021 medication administration record does not indicate diagnosis or purpose for these medications.

Resident #2 is prescribed [redacted]. However, resident's [redacted]/2021 medication administration record does not indicate diagnosis or purpose for these medications.

Resident #3 is prescribed [redacted]. However, resident's [redacted]/2021 medication administration record does not indicate diagnosis or purpose for these medications.

Plan of Correction ***Do Not Accept***

The facility will contact the Pharmacy to have them add the diagnosis or purpose of the medications on the MAR for each medication for each resident.

Completion Date: *09/01/2021*

187a - Medication Record *(continued)*

Update: *09/16/2021*

How will the home ensure future compliance? Please list methods, timeframes/durations/dates, and titles of responsible person(s).

Plan of Correction ***Accept***

The facility Nurse will contact the Pharmacy to have them add the diagnosis or purpose of the medications on the MAR for each medication for each resident. The Nurse will be responsible for inspecting the MAR's on the 1st day of each month to ensure that all medications listed on each MAR for each resident show the purpose or diagnosis for the each residents medication.

Completion Date: *09/01/2021*

Document Submission ***Implemented***

Please see attached

Completion Date: *09/01/2021*

187d - Follow Prescriber's Orders

1. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 is prescribed glucose checks twice per day: [redacted] The MAR indicates that insulin administration of [redacted] /21 through [redacted] /21. However, Resident #1's blood glucose check was completed at [redacted] pm from [redacted] /21 through [redacted] /21.

Resident #2 is prescribed [redacted] This medication was delivered to the home on [redacted] /21. The home did not administered the medication until [redacted] /21.

Resident#3 is prescribed [redacted], which was delivered to the home on [redacted] /21. This medication is to be administered four times a day for 7 days. The home has not administered the medication as of [redacted] /21.

Repeated Violation: 10/15/2020

Plan of Correction ***Do Not Accept***

The facility Nurse or designated staff will receive new medications when they are delivered and make sure that the medication is correct and add it to the MAR and begin administration as directed

Completion Date: *08/24/2021*

Update: *09/16/2021*

This plan does not address all parts of the violation.

Plan of Correction ***Accept***

Upon further investigation and speaking with the Nurse Manager, Resident #1 is in compliance, [redacted] is prescribed to take [redacted] accu check in the morning at [redacted] and again in the evening at [redacted] which is before [redacted] evening insulin njection at [redacted]. It is noted on his MAR that accu checks are being done at [redacted] and [redacted].

Resident #2 was prescribed [redacted] 21, however it was communicated by [redacted] PCP to begin taking it on [redacted] /21.

187d - Follow Prescriber's Orders (continued)

Resident #3 was not given a medication [redacted] that came in on a [redacted] afternoon due to confusion about what the medication was for, the nurse was informed and the medication was placed on hold while the Nurse got confirmation from the PCP about the medication. The medication was confirmed and began on [redacted]/21 at [redacted]pm.

The facility Nurse or designated staff will receive new medications when they are delivered and make sure that the medication is correct and add it to the MAR and begin administration as directed, if there is and issue or concern with the medication, the Nurse Manager will have a written document from the PCP stating why the medication was not given.

Please see documentation that is attached)
Completion Date: *09/20/2021*

Document Submission ***Implemented***

Please see attached
Completion Date: *09/20/2021*