

Department of Human Services  
Bureau of Human Service Licensing

June 23, 2022

[REDACTED], DIRECTOR  
[REDACTED]  
[REDACTED]  
[REDACTED]

RE: NEW OPTIONS I  
1419-21 POWELL STREET  
NORRISTOWN, PA, 19401  
LICENSE/COC#: 12804

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 05/23/2022 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations 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 - PUBLIC**

**Facility Information**

Name: *NEW OPTIONS I* License #: *12804* License Expiration: *06/07/2022*  
Address: *1419-21 POWELL STREET, NORRISTOWN, PA 19401*  
County: *MONTGOMERY* Region: *SOUTHEAST*

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: *RESOURCES FOR HUMAN DEVELOPMENT INC*  
Address: *4700 WISSAHICKON AVE, SUITE 126, ATTN MARCO GIODANO, PHILADELPHIA, PA, 19144*  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *07/23/2004* Issued By: *CWOPA L&I*

**Staffing Hours**

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

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *05/24/2022*

**Inspection Dates and Department Representative**

05/23/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *12* Residents Served: *10*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *2* Are 60 Years of Age or Older: *7*  
Diagnosed with Mental Illness: *10* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

**05/23/2022 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/17/2022*

**06/16/2022 - POC Submission**

Inspections / Reviews (*continued*)

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *06/21/2022*

## 06/23/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *07/15/2022*

## 57a - Designee Present/Age

## 1. Requirements

2600.

57.a. At all times one or more residents are present in the home a direct care staff person who is 21 years of age or older and who serves as the designee, shall be present in the home. The direct care staff person may be the administrator if the administrator provides direct care services.

## Description of Violation

*On 05/16/22, from 7am to 10am, at least 10 residents were present in the home. During this time, there was no staff person present in the home.*

## Plan of Correction

**Accept**

*This was a documentation error on the schedule. Staff was onsite at 7am. No residents were left alone in the home at anytime. The administrator will double check schedule daily to make sure the schedule reflects the staffing that is onsite in the home. The administrator will note any changes of call offs, vacation, sick time or holiday on schedule. If administrator is absent from the home the Operations Manager will check schedule daily to make sure it reflects the correct staffing.*

**Completion Date:** 06/14/2022

## 60a - Staff/Support Plan

## 1. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

## Description of Violation

*On 05/16/2022, there were 10 residents in the home. During the 11pm to 7am shift, the home did not have any staff qualified to administer medications.*

## Plan of Correction

**Accept**

*With the staffing shortage, we have struggled and resorted to using temps during nightshift occasionally. Due to not all temps being certified in medication administration and new hires needing time to get trained, we developed a policy for the 11p-7a shift that allowed for them to start working before completing medication administration with a back-up policy that if a PRN is requested during those hours they're to call the on-call phone and someone will come within 15 minutes to administer the med. This policy was explained to staff but unfortunately, the staff did not sign off on policy. The Training Coordinator will review policy with overnight staff that works 11pm-7am who are not medication administration trained and have them sign policy.*

**Completion Date:** 06/14/2022

## 65d - Initial Direct Care Training

## 1. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

## Description of Violation

*Direct care staff person A, hired on [REDACTED], began providing unsupervised ADL services on [REDACTED]. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test.*

65d - Initial Direct Care Training (*continued*)**Plan of Correction****Accept**

*The Direct Care Staff A, did complete and pass the Department -approved test care training and competency test on 5/23/22. Supervisor will provide staff training that will includes Department -Approved care training course and competency test to all agency staffing before schedule to work at site. Once test is pass and certificate is received, then employees can be allowed to perform Residents care. The Supervisor will keep all Department-approved direct care training certificate in a training binder. The Supervisor completed audit of DCS files on 5/24/22 to ensure that all employees completed Department approved training and pass the competency test. Ongoing staff audit will be completed monthly by Training Coordinator and all updated certificate will be put in a training binder.*

**Completion Date:** 06/16/2022

## 121a - Unobstructed Egress

**1. Requirements**

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

**Description of Violation**

*Building 1421 has an exit sign in the rear of the home where a prior exit existed between building 1421 and 1419. Due to a change in the layout of the home, the original exit door was moved to another room. However, the exit sign remains in the location of the previous exit route with the directional sign pointing to a wall.*

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

*The exit sign that was pointing to the wall on building 1421 was removed by facilities Supervisor. The exit sign was placed in the rear of 1421 building to display exit door. To ensure exit signs are in appropriate place , Facilities supervisor will check monthly and document on log.*

**Completion Date:** 06/13/2022

## 121b - Locking Device Approval

**1. Requirements**

2600.

121.b. Doors used for egress routes from rooms and from the building may not be equipped with key-locking devices, electronic card operated systems or other devices which prevent immediate egress of residents from the building, unless the home has written approval or a variance from the Department of Labor and Industry, the Department of Health or the appropriate local building authority.

**Description of Violation**

*The door between the laundry room and the outside egress in Building 1421, which is used as an egress route from the home to the outside was equipped with a key locking device, preventing immediately egress from the home. The home does not have written approval or a variance from the Department of Labor and Industry, the Department of Health or the local building authority for use of the key locking device.*

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

*The Facilities Supervisor removed the key locking device that's preventing immediate egress and replace it with a non locking device. The facilities Supervisor and staff will check non locking device monthly to make sure that the egress is easily accessible and that non locking device is not changed .*

**Completion Date:** 06/13/2022