

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

October 5, 2023

[REDACTED]  
RESOURCES FOR HUMAN DEVELOPMENT INC  
[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 review on 09/06/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *NEW OPTIONS I* License #: *12804* License Expiration: *06/07/2024*  
 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: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *07/23/2004* Issued By: *PA Labor & Industry*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *11* Waking Staff: *8*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *09/06/2023*

**Inspection Dates and Department Representative**

*09/06/2023 - On-Site:* [REDACTED]

**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: *5* Are 60 Years of Age or Older: *6*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *1*  
 Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

**09/06/2023 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/18/2023*

**09/19/2023 - POC Submission**

Submitted By: [REDACTED] Date Submitted: *09/21/2023*  
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *10/06/2023*

Inspections / Reviews (*continued*)

10/05/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/21/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 42s - Privacy

**1. Requirements**

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

**Description of Violation**

*On 9/6/2023 at 10:00am, the door to a bathroom on the second floor could not be locked or closed, preventing residents, including resident #1, whose room is next to the bathroom, from bathing in privacy.*

**Plan of Correction****Accept (█ - 09/19/2023)**

*In response to the violation on 09/6/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/06/2023 by the Administrator to reported to the maintenance department that the bathroom door on the second floor could not be closed or locked.*

*To enhance the currently compliant operations, on 9/6/2023 the Lead life Skill Professionals staff will check bathroom doors to make sure that they lock or close to provide privacy for residents, with a completion date of 9/13/2023. On 9/13/2023 the bathroom door was fixed, it can now closed and lock.*

*Effective 9/13/2023 the Lead Life Skill Professional will perform monthly checks to maintain ongoing compliance with providing residents the right to privacy of self and possessions and to provide privacy to each resident during bathing, dressing, changing and medical procedures. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.*

**Licensee's Proposed Overall Completion Date: 09/18/2023**

**Implemented (█ - 10/05/2023)**

## 96a - First Aid Kit

**2. Requirements**

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 nursing station did not include a breathing shield.*

**Plan of Correction****Accept (█ - 09/19/2023)**

*In response to the violation on 09/6/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/06/2023 by the Administrator to add breathing shield to first aid kit.*

*To enhance the currently compliant operations, on 09/06/2023 the Administrator will will complete checks monthly to make sure that a breathing shield is provided in all first aid kit with a completion date of 09/12/2024.*

*Effective 09/06/2023 the Administrator will perform monthly checks through 2/12/2024 to maintain ongoing compliance with having a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.*

## 96a - First Aid Kit (continued)

Licensee's Proposed Overall Completion Date: 09/12/2023

Implemented (█) - 10/05/2023)

## 101o - Walls, Floors, Ceilings

## 3. Requirements

2600.

101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

## Description of Violation

*The ceiling of room #4 had a gap of about six inches to a foot in length where the plaster eroded.*

## Plan of Correction

Accept (█) - 09/19/2023)

*In response to the violation on 09/6/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/06/2023 by the Administrator to report damage ceiling to the maintenance department.*

*To enhance the currently compliant operations, on 09/07/2023 a designated person will check room #4 weekly to ensure that the plaster is not eroded and the room is in good standing, with a completion date of 12/06/2023.*

*Effective 9/6/2023 the Lead Life Skill Professional will perform weekly checks during weekly walk through, through 12/06/2023 to maintain ongoing compliance with ensuring the bedrooms have walls, floors and ceilings, which are finished, clean and in good repair. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.*

Licensee's Proposed Overall Completion Date: 09/12/2023

Implemented (█) - 10/05/2023)

## 102e - Privacy - Doors/Partitions

## 4. Requirements

2600.

102.e. Privacy shall be provided for toilets, showers and bathtubs by partitions or doors.

## Description of Violation

*The door for one of the second-floor bathrooms could not be closed or locked, which does not afford privacy while in use.*

## Plan of Correction

Accept (█) - 09/19/2023)

*In response to the violation on 09/13/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/06/2023 by the Administrator to put a work order into the maintenance department. The work order was completed on 9/13/2023.*

*To enhance the currently compliant operations, on 09/13/2023 the Lead Life Skill Professional will check weekly to ensure that the door is closed or is able to be locked during weekly walk through, with a completion date of 02/06/2024.*

102e - Privacy - Doors/Partitions (continued)

Effective 09/06/2023 the 02/06/2024 the Lead Life Skill Professional will perform weekly checks through 02/06/2024 to maintain ongoing compliance with ensuring privacy is provided for toilets, showers and bathtubs by partitions or doors. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 09/18/2023

Implemented ( ) - 10/05/2023)

103i - Outdated Food

5. Requirements

- 2600.
- 103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

There was an unlabeled, undated bag of cheese slices in the main kitchen refrigerator.

Plan of Correction

Accept ( ) - 09/19/2023)

In response to the violation on 09/06/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/06/2023 by the Lead Life Skill Professional who dated, timed, and labeled a of cheese that was in the main refrigerator.

To enhance the currently compliant operations, on 09/06/2023 the Lead Life Skill Professionals and Life Skill Professionals will check for unlabeled food in all the refrigerators daily on each shift. 103i will be posted and reviewed with all staff. When compliance is being met then check will be moved to weekly then, monthly, with a completion date of 02/06/2024.

Effective 09/06/2023 the Lead Life Skill Professional will perform daily checks through 01/06/2024 to maintain ongoing compliance with ensuring outdated or spoiled food or dented cans are not be used. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 09/12/2023

Implemented ( ) - 10/05/2023)

225a - Assessment 15 Days

6. Requirements

- 2600.
- 225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #2 was admitted on ( )/2022; however, the resident's assessment was not completed until ( )/2023.

Plan of Correction

Accept ( ) - 09/19/2023)

In response to the violation on 09/12/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken. On 09/07/2023 the Administrator completed an initial audit of all residents records to ensure

**225a - Assessment 15 Days (continued)**

*current assessment was completed in the alluded time frame.*

*To enhance the currently compliant operations, the Administrator will complete audit of residents records monthly to ensure compliance of all assessment.*

*Effective 09/07/2023 the Administrator will perform monthly audits through 2/7/2024 to maintain ongoing compliance with ensuring each resident has a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, will complete the initial assessment. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.*

**Licensee's Proposed Overall Completion Date: 09/12/2023**

**Implemented [REDACTED] - 10/05/2023)**