

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

January 25, 2024

[REDACTED]
WHITEMARSH HOUSE INC.
[REDACTED]

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

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/11/2023 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: *WHITEMARSH HOUSE* License #: *12786* License Expiration: *02/04/2024*
 Address: *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]
 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: *11* Waking Staff: *8*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Provisional, Monitoring* Exit Conference Date: *10/11/2023*

Inspection Dates and Department Representative

10/11/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

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

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *7* Are 60 Years of Age or Older: *4*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *3* Have Physical Disability: *1*

Inspections / Reviews

10/11/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/02/2023*

11/01/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: *11/30/2023*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/06/2023*

Inspections / Reviews *(continued)*

11/03/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/30/2023

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 12/01/2023

01/25/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/30/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

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 [redacted] and [redacted] during the shift of [redacted] to [redacted] and [redacted] to [redacted], the home does not have a nurse or a staff member who has completed a department's medication administration course. According to staff interviews, these services could not be provided due to a lack of trained staff in the home.

Plan of Correction

Accept ([redacted] - 11/03/2023)

In response to the violation on [redacted], by the Pennsylvania Bureau of Human Services Licensing, immediate action was taken by the Executive Director to place all staff including medication certified administrative staff on the schedules and clearly identify the responsible person for medication administration on each day and each shift so that it is always clear who is able to administer medications.

On [redacted], and again on [redacted] all medication administration staff were re-certified by a certified DHS Medication Administration Trainer.

The Facility Nurse will be responsible for ensuring that all medication administration staff remain certified and in compliance with all policies, procedures and regulations. The nurse will conduct weekly checks beginning [redacted] to ensure that a medication administration certified person is scheduled for each day on each shift.

The Executive Director will be responsible for monthly checks and quarterly audits beginning [redacted] to make sure that the weekly employee schedules include a medication administration certified person each day on each shift to maintain and ensure compliance with medication administration, and weekly schedule checks behind the Nurse will be conducted to ensure each shift has a medication administration certified person working.

The Executive Director will conduct Quarterly audit checks each quarter beginning [redacted] with the last quarter of the year to check for continued compliance and address any issues or concerns if needed.

Proposed Overall Completion Date: 11/30/2023

Licensee's Proposed Overall Completion Date: 11/30/2023

Implemented [redacted] - 01/25/2024)

100a - Exterior - Free of Hazards

2. Requirements

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

On [redacted], on the left side of the home there is a shed in disrepair. There are multiple places where the roof of the shed has collapsed, and the plywood roof is covered in moss. There are multiple large pieces of wood and wood paneling scattered on the ground around the shed posing tripping hazard.

100a - Exterior - Free of Hazards (continued)

Plan of Correction

Accept [REDACTED] - 11/03/2023)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Services Licensing, immediate action was taken by the Executive Director to contact a contractor who visited the facility on [REDACTED] and looked at the outside shed and will be giving an estimate of the cost to repair the roof on the shed. All debris has been removed so there are no trip hazards.

The Executive Director will assume full responsibility for all property repairs until a new Safety Officer is hired.

On [REDACTED], Chairman of the Board of Directors, [REDACTED] visited the facility to look at the outside perimeter and will assist in getting the repairs completed as soon as the estimates are received.

The outside perimeter has been placed on the administrative checklist to ensure and maintain compliance. Weekly outside perimeter checks will be completed by the Ex Director or other appointed staff member beginning [REDACTED]

Audits will be completed monthly and reviewed during Quarterly meetings to ensure that all maintenance issues are handled in timely manners and that the outside perimeter is kept in good condition free of hazards.

The debris which was mostly twigs from trees and rotten fruit fallen from the trees, but no large pieces of wood were found, was removed on [REDACTED]. All large pieces of wood were removed a few months ago.

Proposed Overall Completion Date: 11/30/2023

Licensee's Proposed Overall Completion Date: 11/30/2023

Implemented [REDACTED] - 01/25/2024)

132a - Monthly Fire Drill

3. Requirements

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

An unannounced fire drill was not held during the month of April 2023.

Plan of Correction

Accept [REDACTED] - 11/01/2023)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Services Licensing, immediate action was taken by the Executive Director to assume full responsibility for all unannounced fire drills each month until a new safety officer is hired.

The Executive Director will conduct monthly checks by the 15th day of each month to make sure that unannounced Fire Drills are being conducted each month. The Office Manager will complete a second monthly check behind the Executive Director to ensure that the facility remains in compliance

Audits will be reviewed during the Quality management meetings each quarter.

Licensee's Proposed Overall Completion Date: 10/31/2023

Implemented [REDACTED] - 01/25/2024)

132b - Safety Inspection/Fire Drill

4. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The last fire safety inspection and drill observed by a fire safety expert was conducted on October 16, 2019.

Plan of Correction

Accept [redacted] - 11/01/2023)

In response to the violation on [redacted], by the Pennsylvania Bureau of Human Services Licensing, immediate action was taken by the Executive Director to assume full responsibility for all unannounced fire drills each month until a new safety officer is hired.

The Executive Director will conduct monthly checks by the 15th day of each month to make sure that unannounced Fire Drills are being conducted each month. All Fire inspection paperwork will be place in a binder to ensure compliance. The Office Manager will complete a second monthly check behind the Executive Director to ensure that all paperwork is in order.

On [redacted] the Fire Marshall visited the facility and conducted the annual fire drill that is observed by a Fire Safety Expert. The Fire Marshall also educated the Executive Director on the importance of Fire Safety and unannounced drills and documentation

On [redacted] the Fire Marshall visited the facility again and conducted the annual Fire Safety inspection. Audits will be reviewed during the Quality management meetings each quarter.

Licensee's Proposed Overall Completion Date: 11/15/2023

Implemented [redacted] - 01/25/2024)

132c - Fire Drill Records

5. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drill conducted on [redacted], at [redacted] does not include the daytime and evening indicator.

Plan of Correction

Accept [redacted] - 11/01/2023)

In response to the violation on [redacted], by the Pennsylvania Bureau of Human Services Licensing, immediate action was taken by the Executive Director to assume full responsibility for all unannounced fire drills each month until a new safety officer is hired.

The executive director was provided verbal education on [redacted] by the Fire Marshall regarding unannounced fire drills being held at least once a month and that an accurate written fire drill record must include all the important details like the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

132c - Fire Drill Records (continued)

The Executive Director will conduct monthly checks to make sure that the Fire Drills being completed are logged correctly.

The Office Manager will complete a second monthly check behind the Executive Director to ensure that all paperwork is in order and the facility is in compliance each month.

Audits will be reviewed during the Quality management meetings each quarter.

Licensee's Proposed Overall Completion Date: 10/31/2023

Implemented [REDACTED] - 01/25/2024)

141a - Medical Evaluation

6. Requirements

2600.

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.

Description of Violation

Resident [REDACTED] was admitted on [REDACTED]; however, the resident's medical evaluation was not completed until [REDACTED]

Resident [REDACTED] was admitted on [REDACTED]; however, the resident's medical evaluation was completed on [REDACTED]

Plan of Correction

Accept [REDACTED] - 11/01/2023)

In response to the violation on [REDACTED], by the Pennsylvania Bureau of Human Services Licensing, immediate action was taken by the Director of Nursing to ensure compliance by implementing a new checklist that will be checked three times by three different administrative staff to ensure that all new admissions 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 checklist will be completed for every new admission beginning on [REDACTED].

The Clinical Director or the PCHA will conduct monthly checks beginning [REDACTED] to ensure that each residents file is in compliance.

Audits will be reviewed during the Quality management meetings each quarter.

Licensee's Proposed Overall Completion Date: 11/30/2023

Implemented [REDACTED] 01/25/2024)

183e - Storing Medications

7. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On [REDACTED], Resident [REDACTED] [REDACTED] was punctured from the back foil, and tape was applied to the foil to prevent the pill from falling out. Since the foil was punctured, the pill should have been destroyed and not kept for

183e - Storing Medications (continued)

use, as this is not considered proper conditions to maintain sanitation.

Plan of Correction

Accept [redacted] - 11/03/2023)

In response to the violation on [redacted], by the Pennsylvania Bureau of Human Services Licensing, immediate action was taken by the facility Nurse to have the Prescribing Doctor re-write the prescription so that the Pharmacy is able to place the needed dosage of medication in the blister packs correctly with the change in direction added to the blister pack so that dosage is correct.

Beginning [redacted], monthly audits of the incoming new monthly medications will be completed on the 28th day (or earlier) of each month upon their arrival by the Nurse, to ensure that all medication is correct in the blister pack and written correctly to match what is on the MAR.

The Executive Director, on [redacted] has updated the Medication assessment tool to add to the checklist to check that the blister pack is matching what is written on the MAR and will be checked each month by the Nurse or designated person to ensure compliance beginning [redacted]

Proposed Overall Completion Date: 11/06/2023

Licensee's Proposed Overall Completion Date: 11/06/2023

Implemented [redacted] - 01/25/2024)

184a - Resident's Meds Labeled

8. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

The medication administration record (MAR) does not match the pharmacy label for resident [redacted] [redacted], take [redacted] every evening except for Wednesday. Wednesday take one tablet in the evening. The pharmacy label does not have a change of directions sticker.

Plan of Correction

Accept [redacted] - 11/03/2023)

In response to the violation on [redacted], by the Pennsylvania Bureau of Human Services Licensing, immediate action was taken by the facility Nurse to have the Prescribing Doctor re-write the prescription so that the Pharmacy is able to place the needed dosage of medication in the blister packs correctly. A change of direction notice will also be placed on the blister pack to ensure compliance.

Beginning [redacted], monthly audits of the incoming new monthly medications will be completed on the 28th day (or earlier) of each month upon their arrival by the Nurse, to ensure that all medication is correct in the blister pack and written correctly to match what is on the MAR.

The Executive Director, on [redacted] has updated the Medication assessment tool to add to the checklist to check that the blister pack is matching what is written on the MAR and will be checked each month by the Nurse or designated person to ensure compliance beginning [redacted]

184a - Resident's Meds Labeled (continued)

Proposed Overall Completion Date: 11/06/2023

Licensee's Proposed Overall Completion Date: 11/06/2023

Implemented [redacted] - 01/25/2024)

185a - Implement Storage Procedures

9. 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

On [redacted], resident [redacted] was not calibrated with the correct date and time. Actual date and time were [redacted] at [redacted]. [redacted] r read [redacted] at [redacted].

Resident [redacted] has a prescribed order to check [redacted] a day at 7am and 5pm.

On [redacted] at [redacted] the [redacted] had a reading of [redacted] and there was no reading on the [redacted] log.

On [redacted] at [redacted], the [redacted] had a reading of [redacted] and the [redacted] log read [redacted].

On [redacted] at [redacted], the [redacted] had a reading of [redacted] and the [redacted] log read [redacted].

On [redacted] at [redacted], the [redacted] had a reading of [redacted] and the [redacted] log read [redacted].

On [redacted] at [redacted], the [redacted] had a reading of [redacted] and the [redacted] log read [redacted].

Resident [redacted] r is not calibrated with the correct date and time. The [redacted] was not recording a date and time.

Plan of Correction

Accept [redacted] - 11/03/2023)

In response to the violation on [redacted], by the Pennsylvania Bureau of Human Services Licensing, immediate action was taken by the facility Nurse to inform each of the two residents families that a new [redacted] monitor is needed for accurate [redacted] readings through calibrations that record dates and times of all [redacted] checks. [redacted] monitors are not covered under insurance. The facility will purchase the monitors if the families are unable to.

On [redacted], all medication administration certified staff were verbally educated by the Nurse on paying close attention to the readings on the [redacted] monitor to ensure that all numbers recorded on the MAR are correct.

The Nurse or designated person will complete a weekly check to ensure that the recorded readings are accurate. Monthly checks of the weekly paperwork will be completed by the Executive Director to ensure compliance.

[redacted] monitors were ordered on [redacted] and received on [redacted], and weekly checks will begin on [redacted]

Proposed Overall Completion Date: 11/30/2023

Licensee's Proposed Overall Completion Date: 11/30/2023

Implemented [redacted] - 12/14/2023)

225a - Assessment 15 Days

10. 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 [redacted] was admitted on [redacted]; however, the resident's initial assessment is dated [redacted] but was not signed by the assessor until [redacted].

Resident [redacted] was admitted on [redacted]; however, the resident's initial assessment was not completed until [redacted].

Plan of Correction

Accept [redacted] - 11/03/2023)

In response to the violation on [redacted], by the Pennsylvania Bureau of Human Services Licensing, immediate action was taken by the Executive Director to implement a new checklist that is checked by two administrative staff persons to ensure and maintain compliance.

Mistakes including typos were made and to avoid future errors, more than one administrative staff will review all assessments to ensure compliance.

The checklist will be completed monthly and signed by 2 administrative staff. the checklists will also be reviewed during the quarterly meeting to ensure compliance.

Weekly checks will begin on 11/6/23.

Proposed Overall Completion Date: 11/30/2023

Licensee's Proposed Overall Completion Date: 11/30/2023

Implemented [redacted] - 01/25/2024)

227a - Support Plan 30 Days

11. Requirements

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident [redacted] was admitted on [redacted]; however, the resident's initial support plan was not completed until [redacted].

Plan of Correction

Accept [redacted] - 11/03/2023)

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Services Licensing, immediate action was taken by the Executive Director to implement a new checklist that is checked by two administrative staff persons to ensure and maintain compliance.

Upon and prior to admission the new resident will have a worksheet that entails the dates that all needed paperwork is due, and it will be signed off on by the Executive Director or designated person.

The checklist will be completed monthly and signed by 2 administrative staff to ensure that this mistake does not

227a - Support Plan 30 Days (continued)

occur again.

The checklists will also be reviewed during the quarterly meeting to ensure compliance.

The Checklist will begin on 11/6/23

Proposed Overall Completion Date: 11/30/2023

Licensee's Proposed Overall Completion Date: 11/30/2023

Implemented [REDACTED] - 01/25/2024)