

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

December 19, 2024

[REDACTED]
CARELINK COMMUNITY SUPPORT SERVICES OF PENNSYLVANIA
[REDACTED]

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

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/28/2024 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: CARELINK COMMUNITY SUPPORT SERVICES-TORREY HOUSE **License #:** 10007 **License Expiration:** 08/08/2025

Address: 3520 DARBY ROAD, HAVERFORD, PA 19041

County: DELAWARE **Region:** SOUTHEAST

Administrator

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

Legal Entity

Name: CARELINK COMMUNITY SUPPORT SERVICES OF PENNSYLVANIA

Address: [REDACTED]

Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: Other **Date:** 03/03/1986 **Issued By:** CWOPA L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 14 **Waking Staff:** 11

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 10/28/2024

Inspection Dates and Department Representative

10/28/2024 **On Site:** [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 17 **Residents Served:** 14

Secured Dementia Care Unit

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

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 14 **Are 60 Years of Age or Older:** 7
Diagnosed with Mental Illness: 14 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 0 **Have Physical Disability:** 0

Inspections / Reviews

10/28/2024 - Full

Lead Inspector: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 11/14/2024

Inspections / Reviews (*continued*)

11/12/2024 POC Submission

Submitted By: [REDACTED] Date Submitted: 12/19/2024
Reviewer: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 11/15/2024

11/15/2024 POC Submission

Submitted By: [REDACTED] Date Submitted: 12/19/2024
Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 12/20/2024

12/18/2024 Document Submission

Submitted By: [REDACTED] Date Submitted: 12/19/2024
Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 12/21/2024

12/19/2024 Document Submission

Submitted By: [REDACTED] Date Submitted: 12/19/2024
Reviewer: [REDACTED] Follow Up Type: Not Required

41c - Rights Poster

1. Requirements

2600.

41.c. The Department's poster of the list of resident's rights shall be posted in a conspicuous and public place in the home.

Description of Violation

On [REDACTED] the Department's resident's rights poster was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept [REDACTED] - 11/15/2024)

A lockable display cabinet was purchased and the necessary documents were posted on so that residents may not take them down for any reason. Attached is a picture of the new corkboard cabinet, labeled "Addendum A". This item has been added to the monthly administrative calendar and will be checked each month by the Program Administrator. This process was started in November 2024.

Licensee's Proposed Overall Completion Date: 11/12/2024

Implemented [REDACTED] - 12/19/2024)

44g - Telephone Number

2. Requirements

2600.

44.g. The telephone number of the Department's personal care home regional office, the local ombudsman or protective services unit in the area agency on aging, Pennsylvania Protection & Advocacy, Inc., the local law enforcement agency, the Commonwealth Information Center and the personal care home complaint hotline shall be posted in large print in a conspicuous and public place in the home.

Description of Violation

On [REDACTED], the telephone numbers of the Department's personal care home regional office, Disability Rights Pennsylvania (DRP), the local law enforcement agency, the Commonwealth Information Center and the personal care home complaint hotline are not posted in a conspicuous and public place in the home.

Plan of Correction

Accept [REDACTED] - 11/15/2024)

A lockable display cabinet was purchased and the necessary documents were posted on so that residents may not take them down for any reason. Attached is a picture of the new corkboard cabinet, labeled "Addendum A". This item has been added to the monthly administrative calendar and will be checked each month by the Program Administrator. This process was started in November 2024.

Licensee's Proposed Overall Completion Date: 11/12/2024

Implemented [REDACTED] - 12/19/2024)

89b - Hot Water Temperature

3. Requirements

2600.

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

Description of Violation

On [REDACTED] at approximately 12:55pm, the hot water temperature measurements were as follows:

- Bathroom in Room [REDACTED]: 123.4°F
- Shared bathroom near Room [REDACTED]: 123.2°F

89b - Hot Water Temperature (continued)

- Shared bathroom near Rooms [redacted] and [redacted]: 122.4°F

Plan of Correction

Accept [redacted] 11/15/2024)

A maintenance work order was placed on [redacted] for the maintenance team to come to the site to address the high water temperatures in the home. Attached is the work order verification document, labeled "Addendum B". Checking the water temperature throughout the home has been added to the weekly checklist for the facility maintenance staff and the food services coordinator. They will document the water temperature in three different areas of the home in a designated water temperature log that will be kept in the staff office. This will be starting on [redacted]. I have attached a copy of the water temperature log as well.

Licensee's Proposed Overall Completion Date: 11/13/2024

Implemented [redacted] - 12/19/2024)

91 - Telephone Numbers

4. Requirements

2600.

- 91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers posted, including those for the nearest hospital and fire department, on or near the two telephones in the foyer on [redacted].

Plan of Correction

Accept [redacted] - 11/15/2024)

A lockable display cabinet was purchased and the necessary documents were posted on so that residents may not take them down for any reason. Attached is a picture of the new corkboard cabinet, labeled "Addendum A". This item has been added to the monthly administrative calendar and will be checked each month by the Program Administrator. This process was started in November 2024.

Licensee's Proposed Overall Completion Date: 11/12/2024

Implemented [redacted] - 12/19/2024)

133.1 - Exit Signs

5. Requirements

2600.

- 133.1. Exit Signs - The following requirements apply for a home serving nine or more residents: Signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

Description of Violation

On [redacted] there is no exit sign above the second-floor exit door at the side/rear of the home that connects to the exterior stairs. The home currently serves [redacted] residents.

Plan of Correction

Accept [redacted] - 11/15/2024)

An exit sign was located and posted on [redacted] during the licensing visit. A picture of the posted sign is attached and labeled "Addendum C". This item was added to the Administrative Calendar and will be checked quarterly to ensure compliance. This will start in November 2024 and be checked by the Program Administrator.

Licensee's Proposed Overall Completion Date: 11/12/2024

133.1 - Exit Signs (continued)

Implemented (████ - 12/19/2024)

141b1 - Annual Medical Evaluation

6. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident █████ most recent annual medical evaluation was completed on █████. The resident's previous medical evaluation was completed on █████.

Plan of Correction

Accept (████ - 11/15/2024)

An internal audit was conducted on █████ to verify that all residents were in compliance with their annual physical requirements and the item was added to the administrative calendar. This calendar will be checked each month, with a month's advance notice, to provide more time when a resident is due for their annual physical so that the home has at least a month's notice in the event that a change in provider occurs. This will be reviewed by the Program Administrator and/or Program Coordinator.

Licensee's Proposed Overall Completion Date: 11/12/2024

Implemented (████ - 12/19/2024)

144c1 - Smoking Area Guidelines

7. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

- 1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

On █████ at 9:15am, five extinguished cigarette butts were observed on the floor near the cigarette receptacle in the designated smoking area on the first floor, posing a potential fire hazard.

Plan of Correction

Accept (████ 11/15/2024)

Cleaning of the designated smoking area is a daily task assigned to the maintenance staff. This item was added to the maintenance staff's daily checklist on █████. Additionally, this item was added to the weekly safety checklist on █████ for staff to check the designated smoking area for stray cigarette butts on the ground and surrounding area.

Licensee's Proposed Overall Completion Date: 11/12/2024

Implemented (MS - 12/19/2024)

181e - Capable to Self Administer

8. Requirements

2600.

181.e. To be considered capable to self-administer medications, a resident shall:

181e Capable to Self Administer (continued)

Description of Violation

Resident [redacted] is prescribed [redacted] subcutaneously weekly on Saturdays for [redacted]. According to the most recent medical evaluation dated [redacted] and the resident assessment and support plan dated [redacted] the resident cannot self administer medications. However, the resident self administered this medication on [redacted], and [redacted] at 8:00am.

Plan of Correction

Directed ([redacted] - 11/15/2024)

The resident has an appointment scheduled with [redacted] PCP for [redacted] where [redacted] will be re assessed during [redacted] annual physical. At that time, staff will advocate for the resident's desire to self medicate in advance of the DME being completed. Additionally, all staff that provide assistance in medication administration will be assigned a diabetes training in the Relias training system so that they can assist with this medication if need be. The training will be assigned in December 2024 for all staff to complete. The Program Coordinator and Program Administrator will be responsible for this.

Directed Plan of Correction: The administrator or designee shall discuss the residents ability to and need for self administration of this medication and the appropriate documentation required on the residents DME and RASP. Staff of the home shall continue to monitor residents ability to self administer this medication and report any changes immediately to the PCP so that resident may be assessed for ability to continue to self administer.

Directed Completion Date: 11/12/2024

Implemented ([redacted] - 12/18/2024)

221c - Post Activity Calendar

9. Requirements

2600.
221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

Description of Violation

The home does not have a current weekly activity calendar posted in a public and conspicuous place in the home.

Plan of Correction

Accept ([redacted] - 11/15/2024)

A lockable display cabinet was purchased and the necessary documents were posted on so that residents may not take them down for any reason. Attached is a picture of the new corkboard cabinet, labeled "Addendum A". This item has been added to the monthly administrative calendar and will be checked each month by the Program Administrator. This process was started in November 2024.

Licensee's Proposed Overall Completion Date: 11/12/2024

Implemented ([redacted] - 12/19/2024)

225c - Additional Assessment

10. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

225c - Additional Assessment (continued)

Description of Violation

Resident [REDACTED] current annual assessment was completed on [REDACTED]. However, the resident's previous annual assessment was completed on [REDACTED]

Plan of Correction**Accept [REDACTED] - 11/15/2024)**

An internal audit was conducted on [REDACTED] to ensure that all residents had their RASP completed in the appropriate timeframe. DHS staff has informed the home that the DME and the RASP do not necessarily need to be completed at the same time. Moving forward, the RASP will be completed within the appropriate timeframe regardless of whether or not the DME has been completed. Once the DME is completed and if there are changes that need to be made on the RASP, they will be made, or an entire new RASP will be completed. This item was added to the administrative calendar on [REDACTED] and will be reviewed monthly by the Program Administrator and/or Program Coordinator. The review will be set up to occur a month in advance to provide ample time to get the required paperwork completed.

Licensee's Proposed Overall Completion Date: 11/12/2024**Implemented [REDACTED] - 12/19/2024)**