



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]
February 26, 2025

[REDACTED]
Administrator
Whitemarsh House, Inc.
31 West Mill Road
P.O. Box 301
Flourtown, Pennsylvania 19031

RE: Whitemarsh House
31 West Mill Road
Flourtown, Pennsylvania 19031
License #: 127860

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing (Department) review on December 10, 2024 and February 25, 2024 of the above facility, we have determined that your submitted plan of correction for the October 31, 2024 inspection is not fully implemented. Correction of these violations in accordance with the specified plan of correction is required. Continued compliance must be maintained.

Sincerely,

[REDACTED]

[REDACTED]

[REDACTED]

Enclosure
Licensing Inspection Summary

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

Facility Information

Name: *WHITEMARSH HOUSE* License #: *12786* License Expiration: *02/09/2025*
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: *PO BOX 301, 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: *L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *9* Waking Staff: *7*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *10/31/2024*

Inspection Dates and Department Representative

10/31/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *26* Residents Served: *7*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *6* Are 60 Years of Age or Older: *2*
Diagnosed with Mental Illness: *4* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *2* Have Physical Disability: *1*

Inspections / Reviews

10/31/2024 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/25/2024*

Inspections / Reviews (*continued*)

12/10/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/31/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 12/31/2024

02/25/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/31/2024

Reviewer: [REDACTED]

Follow-Up Type: *Exception*

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 10/31/2024, the home's most recent licensing inspection summary report dated 2/12/2024, was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept (█) - 12/10/2024)

The most recent licensing inspection summary was posted on 11/1/24. The Executive Director will implement a monthly checklist that will begin on 12/1/24 that will ensure that all license inspection summaries for the facility are current.

A quarterly audit will also be conducted by the Executive Director to ensure that monthly checks are being conducted.

Proposed Overall Completion Date: 12/31/2024

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented (█) - 02/25/2025)

18 - Compliance With Laws

2. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

Personal care and assisted living homes must post the required influenza information in a public place in the home year-round as required by the Influenza Awareness Act (HB 1785).

On 10/31/2024, the home did not have an influenza poster anywhere.

The PA Department of Agriculture Food Employee Certification Act, 3 Pa C.S.A. 6501 – 6510, effective January 22, 2011, requires one employee per licensed food facility to obtain a nationally recognized food manager certification. National exam programs are those that have been approved by ANSI using the Conference of Food Protection certified food protection manager standards. The Food Employee Certification Act requires one supervisory employee per food facility to obtain a food safety certification by taking an ANSI-CFP nationally recognized food safety class. The certified employee must be available during all hours of operation. The certified employee is the Person-in-Charge (PIC) when in the facility. The Certification Certificate must be posted in the facility in public view.

The servsafe certificate for staff person A expired on 10/3/2024. On 10/31/2024, there was no other servsafe certified staff person available in the home.

Plan of Correction

Accept (█) - 12/10/2024)

The home does have the required influenza information posted on the second floor bulletin board, however on 11/1/24 it was posted on the main floor in an area that is visible for all to see. The office manager will conduct monthly checks to ensure that the posting is on the bulletin board to maintain compliance.

18 - Compliance With Laws (continued)

The Executive Director completed the ServSafe course on 11/11/24.
 The Servsafe exam is scheduled for the week of 12/2/24.
 Upon completion of the exam, the license will be posted.

The executive Director will add the servsafe license check to the monthly checklist to ensure that in the future the license is updated 60-90 days before expiration, beginning 1/1/25.
 The license will also be a part of the quarterly meetings to ensure compliance beginning January 2025.

Proposed Overall Completion Date: 12/31/2024

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented (█) - 02/25/2025)

65d - Initial Direct Care Training**3. Requirements**

2600.

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

1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
3. Initial direct care staff person training to include the following:
 - i. Safe management techniques.
 - ii. ADLs and IADLs
 - iii. Personal hygiene.
 - iv. Care of residents with dementia, mental illness, cognitive impairments, an intellectual disability and other mental disabilities.
 - v. The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - vi. Implementation of the initial assessment, annual assessment and support plan.
 - vii. Nutrition, food handling and sanitation.
 - viii. Recreation, socialization, community resources, social services and activities in the community.
 - ix. Gerontology.
 - x. Staff person supervision, if applicable.
 - xi. Care and needs of residents with special emphasis on the residents being served in the home.
 - xii. Safety management and hazard prevention.
 - xiii. Universal precautions.
 - xiv. The requirements of this chapter.
 - xv. Infection control.
 - xvi. Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

Description of Violation

Direct care staff person B, hired on █, began providing unsupervised ADLS services at an unknown date. However, the staff person did not complete training that included a demonstration of job duties, followed by supervised practice.

Plan of Correction

Accept (█) - 12/10/2024)

The Executive Director was verbally educated on 10/31/24 by the DHS Inspector about the regulation for Direct

65d - Initial Direct Care Training (continued)

Care staff initial training to be completed before performing unsupervised duties. The Executive Director has created a training form that will be used for supervised training of all new hires for direct care staff to be completed before being allowed to work with residents unsupervised. The shift supervisor or designated person will conduct the training and the PCHA will review the completed paperwork before it is placed in the employee file to ensure compliance. The employee files will be audited by the office manager quarterly to ensure compliance. The Ex Dir will conduct random checks of the file audits and the file audits will be discussed at quarterly meetings beginning 1/2025

Proposed Overall Completion Date: 12/31/2024

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented () - 02/25/2025)

81b - Resident Personal Equipment

4. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

The bedside mobility device for resident () was not attached to the bed frame the device slides underneath the mattress. The device measured 8-inch by 11 inches long and was uncovered.

Plan of Correction

Accept () - 12/10/2024)

On 11/21/24, the PT for resident () performed an evaluation of the device and removed the device. The PT will order a device that will attach to the bed for safety purposes.

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented () - 02/25/2025)

85a - Sanitary Conditions

5. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 10/31/2024, during the physical site inspection, there were two brown spots on the floor in bedroom 5 that appeared to be feces.

Bedroom 6 had a strong odor of urine.

85a - Sanitary Conditions (continued)

Plan of Correction

Accept (█) - 12/10/2024

This was corrected on site, however, the executive director has verbally educated all staff on 11/1/24 that the conditions of the entire facility need to be sanitary at all times.

The executive Director has created a form for health and safety inspections to be completed on each shift to check resident rooms and ensure that sanitary conditions are maintained.

The shift supervisor will check the paperwork daily to ensure compliance.

The Ex Dir or designated person will conduct random checks beginning 12/2/24.

Proposed Overall Completion Date: 12/31/2024

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented (█) - 02/25/2025

86b - Bathroom

6. Requirements

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

On 10/31/2024, the bathroom on the 1st floor, did not have an operable window or ventilation fan.

Plan of Correction

Accept (█) - 12/10/2024

The first floor bathroom does have a ventilation fan that appears to be out of order, a repair service will be called the week of 11/25/24 to fix it so that it is working and the bathroom is in compliance.

The Ventilation fan will be added to the staff daily checklist for each shift to

The office manager will conduct weekly checks to ensure compliance.

Proposed Overall Completion Date: 12/18/2024

Licensee's Proposed Overall Completion Date: 12/18/2024

88a - Surfaces

7. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 10/31/2024, the following were observed in the home during the physical site inspection:

- The floor in bedrooms 1, 5, and 6 were sticky.*
- There was a hole in the ceiling the size of a tennis ball and a hole behind the door the size of a golf ball in the bathroom on the 2nd floor.*

Plan of Correction

Accept (█) - 12/10/2024

The sticky floors were corrected on site, however, the executive director has verbally educated all staff on 11/1/24 that the conditions of the entire facility need to be sanitary at all times. The executive Director has created a form for health and safety inspections to be completed on each shift to check resident rooms and ensure that sanitary

88a - Surfaces (continued)

conditions are maintained. The shift supervisor will check the paperwork daily to ensure compliance. The PCHA or designated person will conduct random checks to ensure compliance. A contractor has been secured and the ceiling and hole in the wall will be repaired along with other areas in the facility. Repairs will begin the week of 12/2/24

Proposed Overall Completion Date: 12/31/2024

Licensee's Proposed Overall Completion Date: 12/31/2024

101j3 - Bed/Linens/Pillows/Blankets

8. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

3. Pillows, bed linens and blankets that are clean and in good repair.

Description of Violation

The bed for resident [redacted] did not have a pillowcase and the bedsheets were observed to have brown stains.

The bed for resident [redacted] did not have a pillowcase.

Plan of Correction

Accept [redacted] - 12/10/2024)

On 11/1/24 the Executive director verbally educated management staff on the importance of maintaining sanitary conditions in the facility.

The executive Director has created a form for health and safety inspections to be completed weekly on each shift beginning 12/1/24, to check resident rooms and ensure that the resident rooms remain in compliance.

The shift supervisor will check the paperwork weekly to ensure compliance.

The PCHA or designated person will conduct random checks to ensure compliance beginning 12/15/24

Proposed Overall Completion Date: 12/31/2024

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented [redacted] - 02/25/2025)

101j7 - Lighting/Operable Lamp

9. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident [redacted], resident [redacted], and resident [redacted] did not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept [redacted] - 12/10/2024)

This was immediately corrected on site.

On 11/1/24 the Executive director verbally educated management staff on the importance of maintaining

101j7 - Lighting/Operable Lamp (continued)

compliance in the facility.

The executive Director has created a form for health and safety inspections to be completed weekly on each shift beginning 12/1/24, to check resident rooms and ensure that the resident rooms remain in compliance.

The shift supervisor will check the paperwork weekly to ensure compliance.

The PCHA or designated person will conduct random checks to ensure compliance beginning 12/15/24.

Licensee's Proposed Overall Completion Date: 12/31/2024

101o - Walls, Floors, Ceilings

10. Requirements

2600.

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

Description of Violation

On 10/31/2024, during the physical site inspection, the ceiling in bedroom 6 had a leak.

Plan of Correction

Accept (█ - 12/10/2024)

On 11/12, a plumber was hired to correct the issue that caused the leak.

A contractor has been hired to repair the ceiling in room 6 due to the leak, the repairs will begin the week of 12/2/24.

Proposed Overall Completion Date: 12/31/2024

Licensee's Proposed Overall Completion Date: 12/31/2024

103d - Storing Food Off Floor

11. Requirements

2600.

103.d. Food shall be stored off the floor.

Description of Violation

On 10/31/2024, during the physical inspection there was three 5.28 gallon bottles of water stored on the basement floor.

Plan of Correction

Accept (█ - 12/10/2024)

This was immediately corrected on site, however the Executive Director has verbally educated all staff on 11/2/24 on the importance of food safety, and that the water must be at least 6 inches from the floor at all times to ensure compliance. The Office Manager will do weekly checks of the pantry to ensure that all water or food is properly stored beginning 12/2/24.

The PCHA or designated person will conduct random checks to ensure compliance beginning 12/15/24.

Licensee's Proposed Overall Completion Date: 12/31/2024

103f - Refrigerator/Freezer Temps

12. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

103f - Refrigerator/Freezer Temps (continued)

Description of Violation

On 10/31/2024, at 11:00 am the temperature in the basement freezer measured at 25 degrees Fahrenheit and at 11:15 am it was 30 degrees Fahrenheit.

Plan of Correction

Accept (█ - 12/10/2024)

The thermometer in the freezer will be replaced immediately upon receiving the new one which was ordered on 11/25/24.

The Office manager or designated person will check the freezer daily for 30 days beginning 11/25/24, to make sure the temps are correct, after that they will be checked twice weekly. The Executive director will conduct random checks beginning 12/2/24.

Licensee's Proposed Overall Completion Date: 12/31/2024

103i - Outdated Food

13. 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 chicken in the basement freezer.

Repeat violation 12/19/2023, et al

Plan of Correction

Accept (█ - 12/10/2024)

All food is labeled upon arrival, however labels may fall off while in the freezer or refrigerator during the removal of items. To ensure compliance the Executive director has implemented a new plan of correction that entails the continued labeling of all food while adding clip boards to each freezer area and refrigerated area to house the food delivery invoices so that it is noted when food was received beginning with the food delivery on 11/21/24.

Proposed Overall Completion Date: 12/02/2024

Licensee's Proposed Overall Completion Date: 12/02/2024

Implemented (█ - 02/25/2025)

104b - Dishes/Glassware/Utensils

14. Requirements

- 2600.
- 104.b. Dishes, glassware and utensils shall be provided for eating, drinking, preparing and serving food. These utensils must be clean, and free of chips and cracks. Plastic and paper plates, utensils and cups for meals may not be used on a regular basis.

Description of Violation

On 10/31/2024, during lunch and dinner the residents were observed eating their meals on paper plates and paper cups. During an interview, the agent of the Department learned that residents are always served in paper plates and paper cups.

104b - Dishes/Glassware/Utensils (continued)

Plan of Correction

Accept () - 12/10/2024

On 11/1/24 all staff was informed that residents meals must be served on regular dinner plates and can only be served on paper products during facility parties or cook outs only. As of 11/1/24 all resident meals have been served on regular dishware and cups.

Proposed Overall Completion Date: 11/30/2024

Licensee's Proposed Overall Completion Date: 11/30/2024

Implemented () - 02/25/2025

144b - Policy on Smoking

15. Requirements

2600.

144.b. The home rules shall specify whether the home is designated as smoking or nonsmoking.

Description of Violation

On 10/31/024, the home did not have a sign outside of the home that indicates the smoking designated area for the residents.

Plan of Correction

Accept () - 12/10/2024

On 11/1/24 the Executive Director created signs that indicate the designated smoking area on the front porch for the residents.

Proposed Overall Completion Date: 11/30/2024

Licensee's Proposed Overall Completion Date: 11/30/2024

Implemented () - 02/25/2025

171b5 - First Aid Kit

16. Requirements

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

On 10/31/2024, the first aid kit on the transportation bus used to transport residents did not include antiseptic towels.

Plan of Correction

Accept () - 12/10/2024

This was immediately corrected on site.

The nurse will do weekly checks to ensure that the first aid kit remains in compliance at all times beginning 12/2/24.

The PCHA or designated person will conduct random checks to ensure compliance beginning 12/15/24.

Licensee's Proposed Overall Completion Date: 12/31/2024

171b5 - First Aid Kit (continued)

Implemented () - 02/25/2025

171c - Home's Vehicle Documents

17. Requirements

2600.

171.c. The home shall maintain current copies of the following documentation for each of the home's vehicles used to transport residents:

- 1. Vehicle registration.
- 2. Valid driver's license for vehicle operator.
- 3. Vehicle insurance.
- 4. Current inspection.
- 5. Commercial driver's license for vehicle operator if applicable.

Description of Violation

The transportation bus used to transport residents did not have a current inspection. The inspection stickers on the bus expired on 8/2023.

Plan of Correction

Accept () - 12/10/2024

The Executive Director has reached out to have the bus inspected so that is in compliance. The bus will go to the auto center on 12/2/24, which was the earliest date available for service.

The bus will be added to the health and safety checklist for monthly checks to ensure compliance beginning January 2025.

Proposed Overall Completion Date: 12/31/2024

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented () - 02/25/2025

182c - Medication Administration

18. Requirements

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

- 1. Identify the correct resident.
- 2. If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
- 3. Remove the medication from the original container.
- 4. Crush or split the medication as ordered by the prescriber.
- 5. Place the medication in a medication cup or other appropriate container, or in the resident's hand.
- 6. Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4).
- 7. Complete documentation in accordance with § 2600.187 (relating to medication records).

Description of Violation

On 10/31/2024, during the medication pass, staff person C was observed documenting the MAR then administering the medications to resident (), resident (), and resident ().

Plan of Correction

Accept () - 12/10/2024

The Director of Nurse has verbally educated staff person C on 11/4/24, on the importance of following procedures

182c - Medication Administration (continued)

for medication administration. Staff person C was given an in service training on 11/16/24 by the Director of Nursing to review the procedure for administering medication.

The Director of Nursing will conduct random checks on the Nurse while [REDACTED] is administering medication beginning 11/18/24.

Proposed Overall Completion Date: 11/30/2024

Licensee's Proposed Overall Completion Date: 11/30/2024

Implemented ([REDACTED] - 02/25/2025)

185a - Implement Storage Procedures

19. 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 10/31/2024, resident #7's [REDACTED]

Repeat Violation 10/11/2023, et al

Plan of Correction

Accept ([REDACTED] - 12/10/2024)

On 10/31/24 the DHS licensing staff educated the Executive Director on the use of a DME company to acquire [REDACTED] for the residents. The Nurse will locate a DME company to order [REDACTED] for resident #7 and other residents that need one as well. The [REDACTED] upon arrival and the Nurse will do weekly checks to ensure compliance.

The Director of Nursing or designated person will conduct random checks to ensure compliance beginning 12/15/24.

Proposed Overall Completion Date: 12/31/2024

Licensee's Proposed Overall Completion Date: 12/31/2024

227d - Support Plan Medical/Dental

20. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident [REDACTED] utilizes a bedside mobility device but this is not reflected on the residents RASP dated [REDACTED] and [REDACTED]. When such devices are in use the resident's RASP must reflect:

1. The specific need for the device,
2. The intended Use,
3. Any risks associated with the device,

227d - Support Plan Medical/Dental (continued)

- 4. The resident's ability to use the device safely for the intended purpose,
- 5. Identification of the specific device to be used,
- 6. If a cover is required to meet FDA guidelines.

Plan of Correction

Accept ([redacted] - 12/10/2024)

The Executive Director, on 11/1/24, verbally educated the Director of Nursing on ensuring that the clinical team is made aware of any medical equipment or devices that are made available to a resident, so that it can be noted on the residents RASP, about the specific need for the device, the intended use, any risks associated with the device, the resident's ability to use the device safely for the intended purpose, the identification of the specific device to be used, and if a cover is required to meet FDA guidelines.

The Nurse will create and complete a form and provide the above information to the clinical team to update the RASP as necessary when a device is put in place to be used by a resident beginning 12/2/24.

Proposed Overall Completion Date: 12/31/2024

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented ([redacted] - 02/25/2025)