

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

March 9, 2026

[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 11/20/2025 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: 02/09/2026
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

Staffing Hours

Resident Support Staff: Total Daily Staff: 8 Waking Staff: 6

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Monitoring Exit Conference Date: 11/20/2025

Inspection Dates and Department Representative

11/20/2025 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 26 Residents Served: 6

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: 3
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 2 Have Physical Disability: 0

Inspections / Reviews

11/20/2025 Partial

Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 12/25/2025

01/13/2026 - POC Submission

Submitted By: [Redacted] Date Submitted: 02/05/2026
Reviewer: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 01/16/2026

Inspections / Reviews *(continued)*

01/22/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/05/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 02/09/2026

03/09/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/05/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

The home did not run the background check for Staff A, hired [REDACTED], until [REDACTED].

Plan of Correction

Accept [REDACTED] 01/22/2026)

The ED will ensure that all new hire paperwork is fully completed and accurate. Beginning 11/21/25, the ED will review all new hire paperwork to make sure all background checks, Fire Safety and Orientation paperwork is present along with all other documents that are needed, and the dates are in accordance with the hiring date. Employee files will be audited each quarter, files that need updating will be pulled and whatever is in need of updating will be updated and the audit sheet will reflect that the update was completed. Files will be audited monthly beginning 12/31/25.

All current employee files have been reviewed by the ED on 12/30/25.

Licensee's Proposed Overall Completion Date: 01/16/2026

Implemented [REDACTED] 03/09/2026)

65a - FS Orientation 1st Day

2. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person A, whose first day of work was [REDACTED], did not receive orientation on the topics listed above.

Plan of Correction

Accept [REDACTED] - 01/22/2026)

The ED will ensure that all new hire paperwork is fully completed and accurate. Beginning 11/21/25, the ED will review all new hire paperwork to make sure all background checks, Fire Safety and Orientation paperwork is present along with all other documents that are needed, and the dates are in accordance with the hiring date. Employee files will be audited each quarter, files that need updating will be pulled and whatever is in need of updating will be updated and the audit sheet will reflect that the update was completed. Files will be audited beginning 12/31/25.

Staff A received training on FS on 11/23/25 by the ED. All current employee records were reviewed on 12/30/25 by the ED.

65a FS Orientation 1st Day (continued)

Licensee's Proposed Overall Completion Date: 01/16/2026

Implemented [redacted] - 03/09/2026)

132b - Safety Inspection/Fire Drill

3. 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 most recent fire safety inspection and fire drill observed by a fire safety expert was conducted on [redacted] However, documentation of this fire drill and fire safety inspection was not available on [redacted]

Plan of Correction

Directed [redacted] - 01/22/2026)

To ensure that future violations do not continue to occur, the ED has reached out to Tustin Fire Solutions to do fire safety training and annual fire drills/inspections. The ED will ensure that all documentation is completed in a timely manner and that a copy is filed away properly and that a copy is placed in the fire safety binder for all inspections. The annual drill and inspection conducted by the fire Marshall will continue, but as it is difficult to get the documentation in a timely manner it will be just used as a secondary inspection/drill for safety reasons.

The ED has reached out numerous times to the Fire Marshall with no response back. On 1/15/26, the ED reached out to Tilley Fire Solutions to schedule a 2026 Fire Safety Training, 2026 inspection and drill for 2026. The ED will confirm the date when Tilley sends the date and information back. The ED will be the primary contact for this and moving forward the ED will document when the training, inspection, and supervised drill are completed and that the documentation is completed and on file. Monthly audits will be completed by the ED to ensure compliance beginning 1/31/26.

Proposed Overall Completion Date: 01/31/2026

Directed Plan of Correction [redacted] - 1/22/26):

Within 15 days of the receipt of the acceptable plan of correction, the administrator shall ensure that a fire safety inspection and an observed fire drill have been completed/conducted

Directed Completion Date: 02/06/2026

Implemented [redacted] - 03/09/2026)

141b1 - Annual Medical Evaluation

4. Requirements

2600.

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

Description of Violation

Resident [redacted] annual medical evaluation dated [redacted] and resident [redacted] annual medical evaluation dated [redacted] were not answered on (4) Special Health or Dietary needs.

141b1 Annual Medical Evaluation (*continued*)**Plan of Correction**

Accept [REDACTED] - 01/22/2026)

On 11/21/25, the facility Nurse called the Medical director, Dr Johnson and informed [REDACTED] that all areas of the DME and MA51 must be filled out in its entirety.

As of 11/21/25, The Director of Nursing will ensure moving forward that all information on the medical forms are filled out accurately and the DME checklist will be completed monthly to ensure compliance.

The ED will conduct monthly audits to ensure compliance beginning 12/2/25.

On 12/2/25 resident #1 had a new annual physical completed and all areas of the form were filled out by the PCP, Dr Hirsch.

The ED conducted a resident file review on all of the resident charts to ensure compliance on 12/3/25.

Licensee's Proposed Overall Completion Date: 01/16/2026

Implemented [REDACTED] - 03/09/2026)

182b - Prescription Medication

5. Requirements

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

1. A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
2. A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
3. A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person B completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications on [REDACTED]

However, the training was not provided by a qualified train the trainer as this trainer was not an employee of the home or an employee of another licensed setting. Staff person B administered medications on [REDACTED] to include the following;

- to resident [REDACTED] : [REDACTED] and [REDACTED]
- to resident # [REDACTED] and [REDACTED]

Plan of Correction

Accept [REDACTED] - 01/22/2026)

Medication administration certification training has been conducted to recertify current staff that needed to be recertified. The Nurse will be responsible for making sure that all medication administration staff are certified and that all dates are accurate upon administering medication. The PCHA or designated person will conduct random monthly checks to make sure that all medication administration staff remains in compliance beginning 11/30/25. The monthly Audits of the checklists will be reviewed by the Executive Director and discussed during the Quality

182b - Prescription Medication (continued)

management meetings each quarter beginning with the fourth quarter on December 30, 2025.

WMH contracted with a Train the Trainer on 10/15/25, to conduct Medication training to staff only. This individual does not have access to the facility for any reason other than to conduct medication training for employees.

Please see the list attached for employee names and dates for medication certification.

The attached list will also be used by the Nurse to ensure that compliance is maintained.

The Nurse check the list monthly, beginning 11/30/25, to make sure that all observation dates are completed in timely manners, and that new staff is trained as needed. The Nurse and/or the ED will review the list monthly and schedule observations or recertifications as needed.

The ED will conduct monthly checks at random dates, the first check was completed on 11/30/25 and the second check was done on 12/31/25.

Licensee's Proposed Overall Completion Date: 01/16/2026

Implemented (██████) 03/09/2026)

183e - Storing Medications

6. 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 ████████, the following blister packs belonging to resident ██████ were observed punctured and taped over on the back:

████████████████████
████████████████████
████████████████████

Plan of Correction

Accept (██████) - 01/22/2026)

On 11/21/25 the DON held a meeting with the medication certified staff and informed each person that no pills can ever be taped back into the blister pack. If a pill is popped accidentally, it is to be reported immediately to the Nurse immediately. The medication cart will continue to be audited weekly by the Nurse.

The home will monitor ongoing compliance by the Nurse completing daily medication cart checks and the Director of Nursing conducting weekly audits of the medication cart, beginning 12/31/25.

The DON will also continue to do in-service trainings to med certified staff as needed and as new bulletins or policies change occur.

Licensee's Proposed Overall Completion Date: 01/16/2026

Implemented (██████) - 03/09/2026)