

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to CARELINK COMMUNITY SUPPORT SERVICES OF PENNSYLVANIA

LEGAL ENTITY

To operate CARELINK COMMUNITY SUPPORT SERVICES-TORREY HOUSE

NAME OF FACILITY OR AGENCY

Located at 3520 DARBY ROAD, HAVERFORD, PA 19041

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 17
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from December 8, 2008 until December 8, 2009,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 100070

Robert E. Robinson

ISSUING OFFICER

Kevin T. Casey

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

DEC 12 2008

TEL: (717) 783-3670
FAX: (717) 783-5662

Ms. Eileen M. Joseph, President, CEO
Carelink Community Support Services of Pennsylvania
Baldwin Tower
1510 Chestnut Pike, Suite 600
Eddystone, Pennsylvania 19022

RE: Carelink Community Support Services
Torrey House
3520 Darby Road
Haverford, Pennsylvania 19041

Dear Ms. Joseph:

As a result of the Department of Public Welfare's licensing inspection on August 13, 2008, of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

Kevin T. Casey
Deputy Secretary

Enclosure
License
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Carelink Community Support-Torrey House 3520 Darby Road, Haverford, Pa 19041		CURRENT LICENSE NUMBER 100070	
INSPECTION DATE(S) (Include all dates of the inspection) August 13, 2008		REGIONAL REPRESENTATIVE Erhardt, Mitchell	
SIGNATURE OF LEGAL ENTITY 	DATE 9/5/08	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 11/18/08

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
88a Floors, walls, ceilings, windows, doors and other surfaces shall be clean, in good repair and free of hazards.	In the second floor hallway, to the left of Room 11, there is a crack in the wall, approximately 5 ft in length.	<p>Please see attached 9/4/08</p> <p>10/31/08</p>	<p>Please see attached Tom Mechan, Maintenance, patched the crack in the second floor hallway to the left of room #11. Please see the attached picture.</p> <p>The administrator will complete a quarterly safety check with staff starting October 2008. Ensuring walls and other surfaces are clean, in</p>	11-20-08 

good repair, and free of hazards will be included in the safety check.

LM 11/18/08

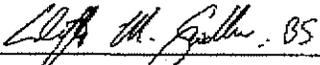
**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

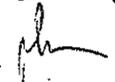
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NAME AND ADDRESS OF PERSONAL CARE HOME Carelink Community Support-Torrey House 3520 Darby Road, Haverford, Pa 19041		CURRENT LICENSE NUMBER 100070	
INSPECTION DATE(S) (Include all dates of the inspection) August 13, 2008		REGIONAL REPRESENTATIVE Erhardt, Mitchell	
SIGNATURE OF LEGAL ENTITY <i>[Signature]</i>	DATE 11/5/08	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 11/18/08

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (Include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
93a Each ramp, interior stairway and outside steps shall have a well-secured handrail.	-There is no handrail for the steps outside the main entrance of the facility.	3-Sep-08	A maintenance work order was submitted by the Program Supervisor to Jim Malloy, Director of Facilities Maintenance and the Maintenance Department. Please see attached Maintenance Work Order. Resident access to the third floor group room has been restricted by Tom Meehan, Maintenance, using yellow caution tape. Please see attached picture. All residents will be informed by the 2nd Shift Supervisor that group activities will be held on the first floor until further notice. The Program Supervisor will verbally inform staff on site that residents are restricted from using the third floor group room until further notice. All staff will be informed by the Administrator via the Weekend Update that residents are restricted from using the third floor group room until further notice. Agency maintenance personnel will access the work and coordinate completion. Documentation will be sent to the Department upon completion. Both handrails were installed in early October.	11-20-08 <i>[Signature]</i>
	-There is no handrail for the steps at the third floor storage hallway leading to the exit door.	3-Sep-08		
		4-Sep-08		
		4-Sep-08		
		5-Sep-08		
		1-Nov-08		

VIOLATION REPORT
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100a The exterior of the building and the building grounds or yard shall be in good repair and free of hazards.	<p>-The landing at the bottom of the metal fire escape had an accumulation of dirt and moss present, causing a tripping hazard to residents.</p> <p>-In the backyard below the fire escape, there is a hole in the ground that is approximately 4 feet deep and two feet wide.</p> <p>-In the backyard below the fire escape, there is exposed PVC pipe sticking out of the ground, causing a tripping hazard for residents.</p>	<p>13-Aug-08 3-Sep-08</p> <p>4-Sep-08</p> <p>1-Nov-08</p>	<p>Moss was removed by Tom Meehan, Maintenance. A maintenance work order was submitted by the Program Supervisor to Jim Malloy, Director of Facilities Maintenance and the Maintenance Department. Please see attached Maintenance Work Order.</p> <p>Access to the area of the yard specified has been restricted by Tom Meehan, Maintenance, using yellow caution tape. Please see attached picture. Agency maintenance personnel will assess the work and coordinate completion. Documentation will be sent to the Department upon completion.</p>	<p>11-20-08</p> 

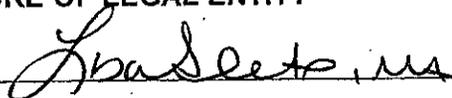
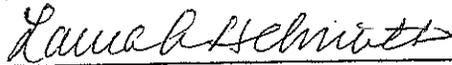
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SIGNATURE OF LEGAL ENTITY <i>Debra M. Fisher, BS</i>	DATE 11/5/08	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Laura R. Helmut</i>	DATE 11/18/08

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
101j2 Each resident shall have the following in the bedroom: A chair for each resident that meets the resident's needs.	Room #6 is occupied by two residents and there was only one chair provided in the room.	13-Aug-08 3-Sep-08 8-Sep-08 31-Oct-08	Chair was replaced by Tom Meehan, Maintenance. All bedrooms were assessed by Tom Meehan, Maintenance, to ensure each consumer has a chair present. Etta Mason, 2nd Relief Shift Supervisor will complete weekly site inspections. Ensuring each resident has a chair present in their bedroom will be included in the safety check. The Administrator will complete a quarterly safety check with staff starting October 2008. Ensuring each resident has a chair that meets his/her needs will be included in the safety check.	11-24-08 <i>[Signature]</i>

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VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Carelink Community Support-Torrey House 3520 Darby Road, Haverford, Pa 19041		CURRENT LICENSE NUMBER 100070	
INSPECTION DATE(S) (Include all dates of the inspection) August 13, 2008		REGIONAL REPRESENTATIVE Erhardt, Mitchell	
SIGNATURE OF LEGAL ENTITY 	DATE 9/5/08	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 11/8/08

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
101j7 Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on/off at bedside.	-Room #5's bedside lamp was missing. -Room #9's bedside lamp was inoperable. -Room #10's bedside lamp was missing.	Please see 9/4/08 attached 8/14/08 9/4/08 9/3/08 9/8/08 10/31/08	Please see attached Lamp was replaced in room #5. The lamp in room #9 is now operable. Lamp was replaced in room #10. All bedrooms were assessed by Tom Mechan, Maintenance, to ensure each consumer has an operable lamp or other source of lighting that can be turned on/off at bedside. A room inventory to ensure all lamps are working will be completed by the 2nd shift Relief Shift Supervisor each week. Etta Mason, 2nd shift relief Supervisor will complete weekly site inspections. The administrator will complete a quarterly safety check with staff starting October 2008. Ensuring each resident has an operable lamp or other source of lighting that can be turned on/off at bedside will be included in the safety check.	11-20-08 

11/8/08

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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NAME AND ADDRESS OF PERSONAL CARE HOME Carelink Community Support-Torrey House 3520 Darby Road, Haverford, Pa 19041		CURRENT LICENSE NUMBER 100070	
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SIGNATURE OF LEGAL ENTITY <i>[Signature]</i>	DATE 11/5/08	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 11/18/08

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105g2 Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.	External dryer ducts had accumulating lint on the outside window, approximately 1 ½ inch thick.	3-Aug-08 9-Sep-08 5-Sep-09 8-Sep-08 31-Oct-08	Lint cleared by Tom Meehan, Maintenance. New signs will be made by the Administrator and posted reminding staff to clear lint after each dryer use. All staff will be reminded by the Program Supervisor to clear lint after each dryer use via the Weekend Update. Etta Mason, 2nd Relief Shift Supervisor will complete weekly site inspections. Ensuring the lint is clear from the vent duct and internal and external ductwork will be included in the safety check. The Administrator will complete a quarterly safety check with staff starting October 2008. Ensuring the lint is clear from the vent duct and internal and external ductwork will be included in the safety check.	11-20-08 Steps have been taken to correct violation; full compliance is not verifiable Date: 12/18/08 Initials (DPW): <i>[Signature]</i>

TORREY HOUSE

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**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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INSPECTION DATE(S) (Include all dates of the inspection) August 13, 2008		REGIONAL REPRESENTATIVE Erhardt, Mitchell	
SIGNATURE OF LEGAL ENTITY <i>Leif M. Smith, BS</i>	DATE 11/5/08	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Laura A Helmutt</i>	DATE 11/18/08

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
107c The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.	The home did not have 3-day supply of water.	4-Sep-08	Twenty-seven gallons of water was purchased by the Food Service Coordinator totaling fifty-one gallons of water on site. The Administrator will document the expiration date of the water on the home's Administrative Calendar. Two months prior to the expiration date the Food Service Coordinator will begin replacing the water while ensuring there is fifty-one gallons of drinkable water on site at all times. The Administrator will complete a quarterly safety check with staff starting October 2008. Ensuring there is a 3-day supply of non-perishable food and drinking water for residents will be included in the safety check.	12/2/08 LAH
		4-Sep-08		
		16-Jun-10		
		31-Oct-08		

TORREY HOUSE

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VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>[Signature]</i>	DATE 11/5/08	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Laura A Helmutt</i>	DATE 11/18/08

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121a Stairways, hallways, doorways, passageways and egress routes from rooms and from the building shall be unlocked and unobstructed.	The third floor exit door which leads to a fire escape located at the end of a storage hallway is extremely difficult to open.	3-Sep-08	Resident access to the third floor group room has been restricted by Tom Meehan, Maintenance, using yellow caution tape. Please see attached picture. A maintenance work order was submitted by the Program Supervisor to Jim Malloy, Director of Facilities Maintenance and the Maintenance Department. Please see attached Maintenance Work Order. All residents will be informed by the 2nd Shift Supervisor that group activities will be held on the first floor until further notice. The Program Supervisor will verbally inform staff on site that residents are restricted from using the third floor group room until further notice. All staff will be informed by the Administrator via the Weekend Update that residents are restricted from using the third floor group room until further notice. Agency maintenance personnel will assess the work and coordinate completion. Documentation will be sent to the Department upon completion.	11-20-08 <i>[Signature]</i>
		3-Sep-08		
		4-Sep-08		
		4-Sep-08		
		5-Sep-08		
		1-Nov-08		

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

11/05/2008 04:40 6105278144

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INSPECTION DATE(S) (Include all dates of the inspection) August 13, 2008		REGIONAL REPRESENTATIVE Erhardt, Mitchell	
SIGNATURE OF LEGAL ENTITY <i>Cliff M. Giller BS</i>	DATE 11/5/08	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Laura A Helms</i>	DATE 11/18/08

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
123d If the home serves one or more residents with mobility needs above or below grade level of the home there shall be a fire-safe area, as specified in writing within the past year by a fire safety expert, on the same floor as each resident with mobility needs.	Resident #1 was deemed immobile on the MA 51 dated 9/20/07 and on the assessment and support plan both dated 10/10/07. This resident resides on the second floor and the home does not have a fire safe area designated by a fire safety expert.	28-Aug-08	Resident #1 was re-assessed by his Primary Care Physician and deemed mobile but deteriorating as per the MA-51 medical evaluation. Resident #1's bedroom was changed to room number #2 giving him a shorter evacuation distance from his bedroom. A fire drill was performed by Grace Foley, 3rd Shift Supervisor at 5:25 AM to test the mobility of resident #1. Resident #1 exited the building within the allocated timeframe. Please see the attached documentation. Resident #1 is expected to move into Fair Acres Nursing Home in October 2008 Resident #1 has not moved into a nursing home as of yet, but is still assessed as needing nursing home care. He is still assessed as mobile in his MA-55, Assessment and Support Plan. All significant changes in his mobility will be documented as well. -Resident #1 is currently hospitalized. A REFERRAL PACKET HAS BEEN SUBMITTED FOR A SKILLED NURSING FACILITY. HIS EXPECTED DISCHARGE DATE IS 1/5/09	
		13-Aug-08		
		27-Aug-08		
		31-Oct-08		
		05-JAN-09		

Cliff M. Giller 11/20/08

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VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>[Signature]</i>	DATE 11/15/08	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 11/18/08

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132b 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.	The home has not had a fire drill with a fire safety expert within the past year.	10/7/2007	Documentation of a fire safety inspection and fire drill conducted by a fire safety expert was located and is attached. The Program Administrator will be responsible for keeping the documentation and it will be located in the Staff Annual Training binder. The binder will be kept in the Administrator's office. The Program Coordinator will also have access to the office in the event it is needed. <i>Documentation seen of 9-12-08 fire drill conducted by fire safety expert</i>	11-20-08 <i>[Signature]</i>

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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11/05/2008 04:40 6105278144

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141b1 A resident shall have a medical evaluation at least annually.	The record for resident #1, admitted 4/30/98, did not contain an MA 51. <i>Violation withdrawn LAH 11/12/08</i>	13-Aug-08	As per the violation of regulation 123d, the MA-51 for resident #1 was present and reviewed by the Department.	

TORREY HOUSE

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VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>Cliff M. Giller BS</i>	DATE 11/5/08	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Laura Helmet</i>	DATE 11/18/08

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144c A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures. The written fire safety policy and procedures shall include proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including extinguishing procedures.	The home's smoking policy does not include extinguishing procedures.	3-Sep-08	Cintas installed a fire extinguisher on the smoking porch. Please see the attached invoice. All staff will be informed by the Administrator via the Weekend Update that a fire extinguisher has been installed on the smoking porch. The fire safety policy and procedures were modified by the Administrator to include extinguishing procedures. Please see the attached document. All staff will be informed by the Administrator via the Weekend Update that the fire safety policy and procedures were modified and will be asked to read the updated policy and sign off stating they have done so. All staff will be asked to resort to the Program Supervisor if they have any questions. The updated fire safety policy and procedures will be sent to the Fire Marshall of Haverford Township by the Administrator.	11-20-08 <i>ph</i>
		5-Sep-08		
		4-Sep-08		
		5-Sep-08		
		31-Oct-08		

TORREY HOUSE

**VIOLATION REPORT
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141a The medical evaluation shall include the following: (5) Allergies. (6) Immunization history.	Resident #4's MA 51 dated 9/20/07 does not indicate the resident's allergies or immunization history.	31-Aug-08 1-Sep-08	Resident #4 was discharged from Torrey House SPCH on August 31, 2008. The Department has revised the required medical evaluation, now the MA-55, which will be used moving forward for all Personal Care Home consumers. The new form requests information regarding each resident's allergies and immunization history. The Program Coordinator will be responsible for ensuring that the medical evaluation forms are filled out properly.	11-20-08 <i>[Signature]</i> Steps have been taken to correct violation; full compliance is not verifiable Date _____ Initials (DPW) _____

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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11/05/2008 04:40 6105278144

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SIGNATURE OF LEGAL ENTITY <i>[Signature]</i>	DATE 11/5/08	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Laura A. Helmut</i>	DATE 11/18/08

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
183f Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.	Resident # 6 had two inhalers; 8.5 Albuterol-HFA 90mcg expired 7/31/08 and 8.5 Albuterol-HFA 90mcg expired 6/4/08.	6-Sep-08 31-Oct-08	The 3rd Shift Supervisor, Grace Foley, will check each medication on site to ensure it is not expired. Ganse Apothecary will send a licensed pharmacist to Torrey House quarterly to conduct an audit of all medications on site. They will then provide us with a detailed report of the findings which will include identifying and removing any expired medication and identifying all medication which will expire prior to their next visit to alert staff. The expired medications were disposed of and replacements were ordered and received. <i>Pharmacist review was documented that no expired medications were on site and none due to expire for three months from 10-20-08</i>	11-20-08 <i>[Signature]</i>

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VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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NAME AND ADDRESS OF PERSONAL CARE HOME Carelink Community Support-Torrey House 3620 Darby Road, Haverford, Pa 19041		CURRENT LICENSE NUMBER 100070	
INSPECTION DATE(S) (Include all dates of the inspection) August 13, 2008		REGIONAL REPRESENTATIVE Erhardt, Mitchell	
SIGNATURE OF LEGAL ENTITY <i>John M. Gault, BS</i>	DATE 12/5/08	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
191 The home shall educate the resident of his/her right to question or refuse a medication if he/she believes there may be a medication error. Documentation of this resident education shall be kept.	The home does not have written verification that their residents have been educated on their right to refuse medication. Violation withdrawn LAH 11/12/08	12-Feb-08	As per Agency and Site policy and procedure, all resident rights are reviewed with all consumers on an annual basis by the second shift supervisor. Please see Resident Right #8 on the attached copies of the Agency's Consumer Rights policy for all residents reviewed at the time of inspection.	

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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NAME AND ADDRESS OF PERSONAL CARE HOME Carelink Community Support-Torrey House 3520 Darby Road, Haverford, Pa 19041		CURRENT LICENSE NUMBER 100070	
INSPECTION DATE(S) (Include all dates of the inspection) August 13, 2008		REGIONAL REPRESENTATIVE Erhardt, Mitchell	
SIGNATURE OF LEGAL ENTITY <i>Cliff M. Galt, BS</i>	DATE 11/5/08	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Laura A. Hemst</i>	DATE 11/18/08

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
225c The resident shall have additional assessments as follows: (1) Annually.	Resident #4's assessment was not updated annually. The most current assessment available was dated 4/12/07.	10-May-08 20-Nov.-08	Resident was admitted to Bryn Mawr Hospital on May 10, 2008 and from there directly transferred to Montgomery County Emergency Services on May 12, 2008. Throughout this time she has not returned to Torrey House to be assessed. Resident #4 was discharged from Torrey House SPCH on August 31, 2008. -All Resident Assessments will be updated annually, or sooner (if there is a significant change). The Program Administrator will follow-up to ensure that this is completed. <i>Cliff M. Galt 11/20/08</i>	11-20-08 <i>ph</i>

TORREY HOUSE