



COMMONWEALTH OF PENNSYLVANIA  
**DEPARTMENT OF PUBLIC WELFARE**  
P.O. BOX 2675  
HARRISBURG, PENNSYLVANIA 17105-2675

**KEVIN T. CASEY**  
Deputy Secretary  
Office of Developmental Programs

TELEPHONE NUMBER: (717) 787-3700  
FAX: (717) 787-6583

Terrence McNelis, Senior Vice President  
Northwestern Human Services of Philadelphia  
906 Bethlehem Pike  
Erdenheim, Pennsylvania 19038

**JAN 07 2010**

Re: NHS Woodhaven  
Family Living Program  
11082 Knights Road  
Philadelphia, Pennsylvania 19154

Dear Mr. McNelis:

On October 20 and 21, 2009 the Department of Public Welfare conducted a licensing inspection of the above named program. As a result of our licensing inspection, a Regular Certificate of Compliance is being issued in accordance with 55 Pa. Code CH. 6500. Your Certificate of Compliance is enclosed.

If areas of non-compliance were found during our licensing inspection a copy of your approved Licensing Inspection Summary is also enclosed. You are responsible for complying with the requirements in the Licensing Inspection Summary. As soon as areas of non-compliance are corrected, please notify the Regional Office of Mental Retardation so that compliance can be verified.

If you have any questions regarding the above licensing action, please contact Southeast Region licensing staff at (215) 560-2245.

Sincerely,

Kevin T. Casey

Enclosure

c: Michael Covone, Deputy Health Commissioner  
Philadelphia County MH/MR Program

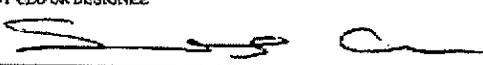
OFFICE OF MENTAL RETARDATION  
LICENSING INSPECTION SUMMARY

NAME AND ADDRESS OF FACILITY Northwestern-Woodhaven, Inc.,		1150020489	
INSPECTION DATE (S) 10/20-21/09		REGIONAL LICENSING INSPECTOR N. Abdulwali/ C. Cannady-Greene/M. Clemmons-Smith <i>MCS</i>	
PLAN SUBMITTED BY CEO OR DESIGNEE SIGNATURE: <i>[Signature]</i>	DATE 11/30/09	INSPECTOR APPROVAL SIGNATURE: <i>M. Clemmons Smith</i>	DATE 12/23/09

1 REGULATION	2 NON-COMPLIANCE AREA	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PROVIDER'S PLAN OF CORRECTION	5 DATE COMPLIANCE VALIDATED
6500.125(c)(2)	<p>The physical examination shall include:</p> <p>Tuberculin skin testing by Mantoux method with negative results every 2 years for family members 1 year of age or older; or, if a tuberculin skin test is positive, an initial chest X-ray with results noted. Tuberculin skin testing may be completed and certified in writing by a registered nurse or licensed practical nurse instead of a licensed physician.</p> <p>There was no documentation of a Mantoux tuberculin skin test for a new family member.</p> <p>Repeated Non Compliance</p>	<p><del>12/31/09</del> 11/30/09</p>	<p>The family provider was advised of the need to have their child treated for Tuberculosis by mantoux method. The family will consult with the child's Pediatrician and complete the testing as recommended.</p>	<p>DOC 12/23/09 <i>MCS</i></p>

OFFICE OF MENTAL RETARDATION  
LICENSING INSPECTION SUMMARY

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NAME AND ADDRESS OF FACILITY Northwestern-Woodhaven, Inc., [REDACTED]		1460020920	
INSPECTION DATE(S) 10/20-21/09		REGIONAL LICENSING INSPECTOR N. Abdulwali/ C. Cannady-Greene/M. Clemmons-Smith <i>MCS</i>	
PLAN SUBMITTED BY CEO OR DESIGNEE SIGNATURE: 	DATE 1/30/09	INSPECTOR APPROVAL SIGNATURE: 	DATE 12/23/09

1. FACILITY	2. DEFICIENCY	3. REGULATORY SECTION	4. CORRECTIVE ACTION	5. DATE CORRECTED
6500.134(b)	<p>The information specified in subsection (a) shall be logged immediately after each individual's dose of medication.</p> <p>All medications were not logged immediately after each individual's dose was administered.</p> <p>Corrected During Inspection</p>			<p>Site</p> <p>10/20/09</p> <p>MCS</p>