



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

FEB 09 2016

Mr. Peter E. Fleming, Chief Financial Officer  
Whitemarsh Continuing Care Retirement Community  
4000 Fox Hound Drive  
Lafayette Hill, Pennsylvania 19444


RE: The Hill at Whitemarsh – Oakley Hall Assisted Living  
License #: 139020

Dear Mr. Fleming:

As a result of the Department of Human Services' annual licensing inspection on October 30, 2015 of the above facility, the violations with 55 Pa.Code Ch. 2800 (relating to Assisted Living Residences) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2800 must be maintained.

Sincerely,

  
Matthew J. Jones  
Director <sup>SH</sup>

Enclosure  
Licensing Inspection Summary

**LICENSING INSPECTION SUMMARY**  
**Assisted Living Residences - 55 Pa.Code §2800**

<b>Name of Residence:</b> The Hill at Whitemarsh- Oakley Hall Assisted Living
<b>Address:</b> 4000 Fox Hound Drive Lafayette Hill, Pennsylvania 19444
<b>License Number:</b> 139020
<b>Type of Inspection:</b> Full
<b>Reason(s) for Inspection:</b> Renewal
<b>Notice:</b> Unannounced
<b>On-site Inspection Dates and Department Representatives On-Site:</b> 10/30/2015- Dale Rosenblat
<b>Off-Site Inspection Dates and Inspectors, if Applicable:</b>

**RECEIVED**

DEC 2 2015

CENTRAL REGION FIELD OFFICE  
Human Services Licensing

*Error Per The Hill at Whitewater - Oakley Hall Assisted Living*

**Regulation**

**§ 2800.25. Resident-residence contract.**

(a) Prior to admission, or within 24 hours after admission, a written resident-residence contract between the resident and the residence must be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

**Violation**

Resident #1's contract, dated 2/2/2015, was not signed by the resident or the residence until 4/7/2015.

**Plan of Correction**

An audit was done of all Assisted Living contracts. All current resident contracts were signed timely the time of admission per regulation 2800.25.

A new contract signing process was initiated to have the business office generate the contract and forward to the Assisted Living Manager within 30 days of admission for resident signature.

A quarterly audit will be conducted by the Assisted Living Manager to ensure ongoing compliance.

Attachment A: Contract Audit

**RECEIVED**

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**CENTRAL REGION FIELD OFFICE  
Human Services Licensing**

Printed Name and Title of Legal Entity Representative (Required on all pages) **Teri McKee, A.L. Manager**

Signature of Legal Entity Representative (Required on all pages) *Teri McKee, A.L. Manager* Date **12/16/2015**

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 1-11-16  
(Date)

The above plan of correction was approved by BE  
(initials)

Plan of correction implementation status as of 1-11-16 :  
(Date)

- Fully Implemented
- Partially Implemented – Adequate Progress
- Partially Implemented – Inadequate Progress
- Not Implemented

*Error on The Hill at Whitehorse - Oakley Hall Assisted Living*

**Regulation**

§ 2800.227. Development of the final support plan  
(g) Individuals who participate in the development of the final support plan shall sign and date the support plan.

**Violation**

Resident #2's Assessment/ Support Plan (ASP), dated 9/17/2015, was not signed by the resident nor was a notation made that the resident was unable to sign or that he/she did not participate in its development.

**Plan of Correction**

Assisted Living Manager reviewed resident #2's support plan with the resident and obtained the signature.  
Attachment B: Resident support plan signature  
All staff were re-inserviced on the need to follow protocols and procedures related to the resident support plans, including resident's signature per regulation 2800.227.  
Attachment C: Re-inservice staff signature record  
The RN Supervisor along with Assisted Living Administrator with oversee that resident signatures are obtained for the resident's support plans, and if the resident is unable to sign, this will be documented.  
Assisted Living Manager conducted an audit of all resident support plans and there were all in compliance.  
Attachment D: Support Plan Audit  
Quarterly audits will be completed by the Assisted Living Manager to ensure compliance.

Printed Name and Title of Legal Entity Representative (Required on all pages)		Teri McKee, A.L. Manager	
Signature of Legal Entity Representative (Required on all pages)		Date	
<i>Teri McKee, A.L. Manager</i>		12/16/2015	
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
The above plan of correction is approved as of <u>1-11-16</u> (Date)		Plan of correction implementation status as of <u>1-11-16</u> ; (Date)	
The above plan of correction was approved by <u>BE</u> (Initials)		<input checked="" type="checkbox"/> Partially Implemented -- Adequate Progress <input type="checkbox"/> Partially Implemented -- Inadequate Progress <input type="checkbox"/> Not Implemented	