pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **MANATAWNY AL OPERATING COMPANY LLC**
LEGAL ENTITY

To operate **THE RESIDENCES AT MANATAWNY VILLAGE**
NAME OF FACILITY OR AGENCY

Located at **30 OLD SCHUYKILL ROAD, POTTSTOWN, PA 19465**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

PROVISIONAL

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 **124**
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: **Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 24**

This certificate is granted in accordance with the Human Services 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 **May 5, 2023** until **November 5, 2023**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **148511**

ISSUING OFFICER

Juliet Marsala
ACTING 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.

HS 628P – 04/23

pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: May 5, 2023

[redacted]
Manatawny AL Operating Company, LLC
[redacted]

RE: The Residences at Manatawny Village
30 Old Schuylkill Road
Pottstown, Pennsylvania 19465
License #: 148511

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspection August 10, 2022, October 5, 7, 10, 12, 13, 14, and 20, 2022, and December 22, 2022 of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1) ;(4) and 55 Pa. Code § 20.71(a)(2) ;(3) ;(4) ;(5) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from May 5, 2023 to November 5, 2023.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

If you disagree with the decision to issue a FIRST PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35.

Mr. Mordechai Weisz

If you decide to appeal your FIRST PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

[redacted]
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
PH: 717-214-1304

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

Juliet Marsala

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc: [redacted]

Department of Human Services
Bureau of Human Service Licensing

LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: *THE RESIDENCES AT MANATAWNY VILLAGE* **License #**: *14851* **License Expiration**: *04/29/2023*

Addre : *30 OLD SCHUYKILL ROAD, POTTSTOWN, PA 19465*

County: *CHESTER* **Region**: *SOUTHEAST*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *MANATAWNY AL OPERATING COMPANY LLC*

Address: [redacted]

Phone: [redacted]

Certificate(s) of Occupancy

Type: *C 1* **Date**: *08/15/1989* **I ued By**: *Department of Health*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *69* **Waking Staff**: *52*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Monitoring* **Exit Conference Date**: *08/10/2022*

Inspection Dates and Department Representative

08/10/2022 On Site [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *124* **Residents Served**: *52*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Horizons* **Capacity**: *24* **Residents Served**: *14*

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *52*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *17* **Have Physical Disability**: *1*

Inspections / Reviews

08/10/2022 - Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *09/02/2022*

08/31/2022 - POC Submission

Submitted By: [redacted] **Date Submitted:** *08/29/2022*

Reviewer: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *09/05/2022*

11/23/2022 - POC Submission

Submitted By: [redacted] **Date Submitted:** *09/09/2022*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *11/28/2022*

12/07/2022 - Document Submission

Submitted By: [redacted] **Date Submitted:** *12/12/2022*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *12/12/2022*

01/26/2023 - Document Submission

Submitted By: [redacted] **Date Submitted:** *12/12/2022*

Reviewer: [redacted] **Follow-Up Type:** *Enforcement*

41e - Signed Statement

1. Requirements

2600.
41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

Resident #1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

POC Submission ***Accept (█ - 09/12/2022)***

Resident #1 was given a copy of the resident rights on 8/10/2022.
The PC admissions/marketer imdiately audited all charts to ensure resident rights were acknowledged and signed by the resident.
All new adminissions have a signed an ackowledegement of the copy of the residents right.
The administrator will over see all new admissions to enure residents rights are given and acknowledged by the resident.
Audits will be reviewed following each admisson.

Licensee's Plan Completion Date: *10/15/2022*

Not Implemented (█ - 01/26/2023

54a - Direct Care Staff

2. Requirements

2600.
54.a. Direct care staff persons shall have the following qualifications:
1. Be 18 years of age or older, except as permitted in subsection (b).
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

Direct care staff person A, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

POC Submission ***Accept (█ - 09/12/2022)***

The staff person was taking off the schedule on 8/10/2022 until *brings in* *diploma.*
Staff person did send over a copy of diploma on 8/15/2022
Administrator will has conducted an audit on 8/12/22- 8/14/22 to ensure every DCS person will have a high school diploma, GED, or active registry status on the Pennsylvaina nurse aide regisrty.
All new hires files will be signed off by administrator after all required doucements are obtained and than given a start date.

Licensee's Plan Completion Date: *10/15/2022*

Implemented (█ - 01/26/2023

65a - FS Orientation 1st Day

3. 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 B, whose first day of work was [redacted], did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.

POC Submission ***Accept [redacted] - 09/12/2022)***

On 8/11/2022 the PC administrator did reach out to human resource departmet to inform [redacted] on the orientation.
Staff person was not an employee for personal care, [redacted] was an employee for the SNF.
Personal Care home administrator will aduit every new hire for personal care to ensure that orientaion is being completed by administrator or designated staff.

Licensee's Plan Completion Date: *10/15/2022*

Not Implemented [redacted] - 01/26/2023

65b - Rights/Abuse 40 Hours

4. Requirements

2600.
65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person B completed [redacted] 40th scheduled work hour on 07/11/22. However, this staff person did not complete training in the following topics: resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), reporting of reportable incidents and conditions.

POC Submission ***Accept [redacted] - 09/12/2022)***

On 8/11/2022 the PC administrator did reach out to human resource departmet to inform [redacted] on the orientation.

65b - Rights/Abuse 40 Hours (continued)

Staff person was not an employee for personal care, he was an employee for the SNF.
Personal Care home administrator will aduit every new hire for personal care to ensure that orientaion is being completed by administrator or designated staff.

Licensee's Plan Completion Date: *10/15/2022*

Not Implemented **[redacted]** ***- 01/26/2023***

85a - Sanitary Conditions

5. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 08/10/22, at 10:19 am, a cloth rag with a brown substance, presumed to be feces, was observed on the floor of the 2nd floor ladies public restroom.

POC Submission ***Accept*** **[redacted]** ***- 09/12/2022)***

On 8/10/2022 housekeeping was notified and rag was removed, restroom was cleaned.
Housekeeping will provide additonal checks for all restrooms before and after each meal.
Staff will report any issues to housekeeping immediately.
Administrator will do random spots checks throughout the day.

Licensee's Plan Completion Date: *10/10/2022*

Implemented **[redacted]** ***- 01/26/2023***

105g - Lint Removal and Duct Cleaning

6. Requirements

2600.
105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 08/10/22, at 10:52 am, there was an approximate 0.25 inch accumulation of lint in the lint trap of the G.E. Dryer in the 2nd floor laundry room. There was a blue article of clothing, which was still wet, in the dryer at the time.

Repeat Violation: 03/22/22

POC Submission ***Accept*** **[redacted]** ***- 09/12/2022)***

Lint was immediately removed form dryer
Administrator did hang a sign in the laundry room for residents to notify staff when they are done completing any aundry so staff can check the dryer for lint.
Staff will check the dryer at the start and end of their shift.
Adminstrator will complete random spot checks to ensure dryer is free from lint when not in use.

Licensee's Plan Completion Date: *10/15/2022*

Implemented **[redacted]** ***01/26/2023***

185b - Medication Procedures

7. Requirements

2600.
185.b. At a minimum, the procedures must include:

1. Documentation of the receipt of controlled substances and prescription medications.
2. A process to investigate and account for missing medications and medication errors.
3. Limited access to medication storage areas.
4. Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply to a resident who self-administers medication without the assistance of a staff person and stores the medication in his room.

Description of Violation

On 06/28/22, the home reported a medication administration error where staff administered a double dose of Morphine Sulfate Tab 15 MG to a resident. The home's investigation included documentation that does not support this claim. Additional information is needed to fully investigate and account for the missing medication.

POC Submission ***Accept [redacted] - 09/12/2022)***

On 8/12/2022 the administator has opened an investigation and is having having a hard time reaching out to staff that is no longer employed at Manatawny Manor.
The investigation is still on going and will have an outcome in the next 30 days.

Licensee's Plan Completion Date: *10/10/2022*

Implemented ([redacted] - 01/26/2023

187d - Follow Prescriber's Orders

8. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

On 07/02/22, 15 residents missed a total of 20 medications at 6:00 AM. This error was reported to the Department on 07/03/22 stating the home had planned on having the 7-3 shift administer these medications but encountered a systemic error.

POC Submission ***Accept [redacted] - 09/12/2022)***

on 7/02/2022 all resident family and PCP wer notified. All residents were monitired for any changes.
Pharmacy now send monthly paper MARS for use in the event of any systemic error, power outage or emergencies.
Clincal care director will audit monthly mars to ensure they were recieved.

Licensee's Plan Completion Date: *10/15/2022*

Not Implemented [redacted] - 01/26/2023

191 - Resident Right to Refuse

9. Requirements

2600.
191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident #1, admitted [redacted], has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error. The home could not provide signed documentation.

POC Submission ***Accept ([redacted] - 09/12/2022)***

On 8/12/2022 resident #1 was educated on [redacted] right to refuse medications.
on 8/18/2022 all residents were givien copys of residents rights, at our resident concil meeting.
Admistrator will audit all new residents admissions files for 60 days to ensure all new admissions are educated on residents right to refuse medications.

Licensee's Plan Completion Date: *11/10/2022*

Not Implemented [redacted] - 01/26/2023

224a - Preadmission Screen Form

10. Requirements

2600.
224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #1 was admitted to the home on [redacted] however, the resident's preadmission screening form was not completed.

Resident #2 was admitted to the home on [redacted] however, the resident's preadmission screening form was not completed.

POC Submission ***Accept [redacted] - 09/12/2022)***

On 8/25/2022 the clincal care director and administrator auditng all charts for pre screens.
The new clinical service director will now complete the prescreen process.
All new adminssions precreens has been verified.
the administrator will monitor the prescreens for 30 days.

Licensee's Plan Completion Date: *10/15/2022*

Implemented [redacted] 01/26/2023

231c - Preadmission Screening

11. Requirements

2600.

231c - Preadmission Screening *(continued)*

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department s preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident #2 was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]. However, the resident's written cognitive preadmission screening was not completed.

POC Submission ***Accept ([redacted] 09/12/2022)***

On 8/25/2022 the clincal care director and administrator auditng all charts for pre screens.
The new clinical service director will now complete the prescreen process.
All new adminssions precreens has been verified.
the administrator will monitor the prescreens for 30 days.

Licensee's Plan Completion Date: *10/15/2022*

Not Implemented [redacted] - 01/26/2023

234a - Admission Support Plan

12. Requirements

2600.
234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident #2 was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]. However, the resident's initial support plan was not completed for review on 08/10/22.

POC Submission ***Accept ([redacted] - 09/12/2022)***

on 8/25/2022 Clincal care director begin checking all charts in the secured unit for verifaction of support plan within 72 hours.
Clinical Service Director will ensur all residents who are sumitted into the secured unit will have the intial support plan within 72 hours.
Administrator will montior all new admissions for 30 days to ensure support plans are completed within 72 hours.

Licensee's Plan Completion Date: *10/15/2022*

Not Implemented [redacted] 01/26/2023

252 - Record Content

13. Requirements

2600.
252. Content of Resident Records - Each resident's record must include the following information:
1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.

252 - Record Content *(continued)*

3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
6. The name, address and telephone number of the resident's physician or source of health care.
7. The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms.
8. A list of prescribed medications, OTC medications and CAM.
9. Dietary restrictions.
10. A record of incident reports for the individual resident.
11. A list of allergies.
12. The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.
13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.
14. A support plan.
15. Applicable court order, if any.
16. The resident's medical insurance information.
17. The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
18. An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.
19. An inventory of the resident's property entrusted to the administrator for safekeeping.
20. The financial records of residents receiving assistance with financial management.
21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.
22. Copies of transfer and discharge summaries from hospitals, if available.
23. If the resident dies in the home, a copy of the official death certificate.
24. Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).
25. A copy of the resident-home contract.
26. A termination notice, if any.

Description of Violation

Resident #2's record does not include a photograph of the resident that is no more than 2 years old.

Resident #3's record does not include a photograph of the resident that is no more than 2 years old.

POC Submission ***Accept (***[redacted]***- 09/12/2022)***

On 8/12/2022 resident #2 picture was added to [redacted] *chart.*
Clincal Care Director did an aduit of all charts to ensure pictures were included.
Administrator has audit every new admission chart to ensure residents pictures are included.
Admissions director will audit charts monthly for all new admissions.

Licensee's Plan Completion Date: *10/15/2022*

Implemented ([redacted]***- 01/26/2023)***

Department of Human Services
Bureau of Human Service Licensing

LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: *THE RESIDENCES AT MANATAWNY VILLAGE* **License #**: *14851* **License Expiration**: *04/29/2023*

Addre : *30 OLD SCHUYKILL ROAD, POTTSTOWN, PA 19465*

County: *CHESTER* **Region**: *SOUTHEAST*

Administrator

Name: [redacted] **Phone**: [redacted] **Email** [redacted]

Legal Entity

Name: *MANATAWNY AL OPERATING COMPANY LLC*

Address: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *C-1* **Date**: *08/15/1989* **Issued By**: *Department of Health*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *51* **Waking Staff**: *38*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Incident* **Exit Conference Date**: *10/20/2022*

Inspection Dates and Department Representative

10/05/2022 - On-Site: [redacted]
10/05/2022 - Off-Site:
10/07/2022 - Off-Site:
10/10/2022 - Off-Site:
10/12/2022 - Off-Site:
10/13/2022 - Off-Site:
10/14/2022 - Off-Site:
10/20/2022 - Off-Site:

Resident Demographic Data as of Inspection Dates

General Information

Licen e Capacity: *124* **Re ident Served**: *38*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Horizons* **Capacity**: *18* **Re ident Served**: *11*

Hospice

Current Re ident : *NM*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *49*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *13* **Have Physical Disability**: *1*

Inspections / Reviews

10/05/2022 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *11/12/2022*

11/15/2022 - POC Submission

Submitted By [redacted] **Date Submitted**: *12/14/2022*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *12/15/2022*

12/07/2022 - Document Submission

Submitted By: [redacted] **Date Submitted**: *12/14/2022*

[redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *12/16/2022*

01/26/2023 - Document Submission

Submitted By: [redacted] **Date Submitted**: *12/14/2022*

Reviewer: [redacted] **Follow-Up Type**: *Enforcement*

16c - Written Incident Report

1. Requirements

2600.
16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 9/30/22, resident #1 was sent to the hospital due to change in mental status. The home did not report this incident to the Department until 10/3/22. The reportable information is also incomplete.

Plan of Correction ***Accept [redacted] - 11/15/2022)***

On 10.20.2022 the clinical service director was immediately inserviced on regulation 2600.16 reportable incidents and conditions.
On 10.20.2022 med techs, nurses and care staff were inserviced were in-serviced on the who to notify when a resident is sent out 911.
11.7.2022 Clincal service director was also inserved on how to fill out an completed incident.
Clincal Service Director will immediatley inform the adminstrator when a resident is sent out 911 so the adminstrator can ensure all reportables are completed.
Clincal Service Director will immediatley inform the adminstrator when a resident is sent out 911 so the adminstrator can ensure the all reportable incidents are fully completed.
On 12.01.2022 Administrator will meet with clincal service director to go over all reportables incidents, and retraining if needed.
CSM will keep a log of all residents sent out 911 and date incident was reported to the state.

Licensee's Proposed Overall Completion Date: *01/31/2023*

Not Implemented (MS - 02/2/2023)

42x - Safeguard

2. Requirements

2600.
42.x. A resident has the right to a system to safeguard a resident's money and property.

Description of Violation

On 9/22/22, resident #1, reported to the home that [redacted] wallet with important medical cards and a monetary amount of $60.00, was missing from [redacted] room. Resident #1, kept her belongings in a cedar chest by choice. The home only provides one locked drawer in a shared room. The home failed to provide a system for safeguarding the property of each resident in the home.

Plan of Correction ***Accept ([redacted] - 11/15/2022)***

On 10.20.2022 resident #1 was offered a night stand with a locked drawer, and resident refused to use the locked night stand that Mananatwany provided. Care Plan was updated on the refusal.
CSM and administrator will be checked to ensure all residents have a locked drawer by 12.15.2022.
Marketing Director will provide a check sheet for all new residents to ensure locked drawer with key is provided.

Licensee's Proposed Overall Completion Date: *01/02/2023*

42x - Safeguard *(continued)*

Implemented *- 01/26/2023)*

141a 1-10 Medical Evaluation Information

3. Requirements

2600.
141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #2's medical evaluation did not include a general physical examination by a physician, physician's assistant or nurse practitioner that includes height, weight, pulse and temperature.

Plan of Correction ***Accept*** *- 11/15/2022)*

On 11.2.2022 resident annual DME form was completed and general physical examination was completed.
Clincal Service Director will audit all charts to ensure DMEs are fully comleted by 12.15.2022.
CSM will keep an audit sheet for all new DMEs and signed off after DME is fully completed.

Licensee's Proposed Overall Completion Date: *01/31/2023*

Implemented *- 01/26/2023)*

Department of Human Services
Bureau of Human Service Licensing

LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: *THE RESIDENCES AT MANATAWNY VILLAGE* **License #**: *14851* **License Expiration**: *04/29/2023*

Addre : *30 OLD SCHUYKILL ROAD, POTTSTOWN, PA 19465*

County: *CHESTER* **Region**: *SOUTHEAST*

Administrator

Name: [redacted] **Phone**: [redacted] **Email** [redacted]

Legal Entity

Name: *MANATAWNY AL OPERATING COMPANY LLC*

Address: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *C-1* **Date**: *08/15/1989* **Issued By**: *Department of Health*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *65* **Waking Staff**: *49*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Monitoring* **Exit Conference Date**: *12/22/2022*

Inspection Dates and Department Representative

12/22/2022 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *124* **Residents Served**: *48*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Horizons* **Capacity**: *24* **Residents Served**: *13*

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *48*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *17* **Have Physical Disability**: *1*

Inspections / Reviews

12/22/2022 - Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *01/15/2023*

Inspections / Reviews *(continued)*

01/19/2023 - POC Submission

Submitted By: [redacted] **Date Submitted:** *01/23/2023*

Reviewer: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *01/24/2023*

01/19/2023 - POC Submission

Submitted By: [redacted] **Date Submitted:** *01/23/2023*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *02/09/2023*

01/26/2023 - Document Submission

Submitted By: [redacted] **Date Submitted:** *01/23/2023*

Reviewer: [redacted] **Follow-Up Type:** *Enforcement*

234a - Admission Support Plan

1. Requirements

2600.
234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident #1 was admitted to the Secure Dementia Care Unit (SDCU) on [redacted] However, the resident's initial support plan was completed on 12/20/22.

Resident #2 was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]. However, the resident's initial support plan had not been completed as of 12/22/22. The support plan was started on 12/19/22; however it is incomplete.

Plan of Correction ***Accept [redacted] - 01/19/2023)***

On 12/23/22 resident #2 support plan was completed.
On 12/23/22 Staff [redacted] is responsible for completing the support plan in the memory care unit and [redacted] was in serviced on 12/23/2022 ,the regulations for completing the support plan for the secured unit.
On 12/23/2022 The Clinical Service Director, [redacted] will complete a 60 day chart audit of all new residents in the memory care unit with in 72 hours of admission to ensure support plan is completed within 72 hours.

Licensee's Proposed Overall Completion Date: *03/23/2023*

Not Implemented [redacted] - 03/27/2023)