

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to DUNWOODY VILLAGE, INC.

LEGAL ENTITY

To operate DUNWOODY VILLAGE

NAME OF FACILITY OR AGENCY

Located at 3500 WEST CHESTER PIKE, NEWTOWN SQUARE, PA 19073

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

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 81
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 20

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 22, 2011 until December 22, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 145250

Robert E. Robinson

ISSUING OFFICER

R. C. King

DIRECTOR

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 - 01/11



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

ADULT RESIDENTIAL LICENSING

JAN 06 2012

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

Mr. Frank Beech, NHA, Director of Health Services
Dunwoody Village, Inc.
Dunwoody Village
Attn: Personal Care Services
3500 West Chester Pike
Newtown Square, Pennsylvania 19073

Dear Mr. Beech:

As a result of the Department of Public Welfare's licensing inspection on July 21, 2011 and July 22, 2011 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,

A handwritten signature in black ink, appearing to read "Ronald Melusky", with a long horizontal stroke extending to the right.

Ronald Melusky
Director

Enclosures
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME DUNWOODY VILLAGE, 3500 WEST CHESTER PIKE NEWTOWN SQUARE, PA 19073		CURRENT LICENSE NUMBER 145250	
INSPECTION DATES (Include all dates of the inspection) 07/21/2011		REGIONAL REPRESENTATIVE Sandra Wooters, Andrea Kurtz	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only, unless multiple representatives produce the plan) <i>MARY MCGOLDRICK RN PC Admin</i>			
SIGNATURE OF LEGAL ENTITY <i>Mary McGoldrick</i>	DATE <i>9-14-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>10/4/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
28e In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property. In the event of a death of a resident 60 years of age and older, the home shall provide a refund in accordance with the Elder Care Payment Restitution Act.	Resident #1 died in the home and the family cleared the room of personal belongings as of 1/27/2011. The home did not issue a refund within 30 days in accordance with the Elder Care Payment Restitution Act. A refund of \$781.93 was issued on 3/15/2011. #03 21 930	Resolved on 7/25/2011 at a meeting with the PC Administrator, The Accounts Manager, and the Billing Specialist and Accounts Payable Manager. A process was created to sure that this regulation will be followed.	The Accounts Manager, and the Billing Specialist and Accounts Payable Manager were re-educated on the Elder Care Payment Resolution Act. The Medical Records Coordinator will email discharges due to expiration to the Accounts Manager, and the Billing Specialist and Accounts Payable Manager when they occur. The Accounts Payable Manager will send a refund check to the POA/estate within thirty days	<i>[Signature]</i> 12-5-11

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

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REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
141a 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.	Resident #2 was admitted on 12/2/10 and the resident's medical evaluation was completed on 9/29/10.	Immediately-the charge nurse was directed to schedule Resident #2's Medical Evaluation for September.	<p>All nurses were in-serviced on 9/14/ 2011 re the regulation 141a- the physician, physician's assistant or registered nurse practitioner's documentation on the Medical Evaluation specified by the Department must be within 60 days prior to admission or within 30 days after admission.</p> <p>The Personal Care Administrator will be responsible for and audit Medical Evaluations to ensure compliance with the Department's regulation re the timing of the Medical Evaluation. The results will be tracked on the Quality First Tool monthly and discussed in the monthly Quality First Meetings.</p>	<p><i>12-1-11</i></p> <p><i>gy</i></p>

NAME AND ADDRESS OF PERSONAL CARE HOME DUNWOODY VILLAGE, 3500 WEST CHESTER PIKE NEWTOWN SQUARE, PA 19073		CURRENT LICENSE NUMBER 145250	
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SIGNATURE OF LEGAL ENTITY <i>Mary McGoldrick</i>	DATE <i>9-14-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>10/4/11</i>

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144d Smoking outside of the smoking room is prohibited.	The home is a smoke free campus and on 7/22/11 at 9am, a representative of the Department observed a person smoking at the front entrance to the home.	Immediately 7/22/11. The resident smoking was moved from the front entrance.	<p>The resident smoking lives in the skilled unit here at Dunwoody Village and is a contract life resident. [redacted] has been grandfathered in to smoke because Dunwoody was not a smoke free campus when [redacted] moved to Dunwoody and signed the contract.</p> <p>The Director of Nursing has agreed to have the resident go to the courtyard on the side of the building to smoke. No one will be permitted to smoke at the front entrance of the Care Center.</p> <p><i>No one will be permitted to smoke at any entrance or exit used by the personal care home. var 10/4/11.</i></p>	<p>Stops have been taken to correct violation; full compliance is not verifiable <i>12-1-11</i> Date <i>[Signature]</i> initiate (DPW)</p>

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

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SIGNATURE OF LEGAL ENTITY <i>Mary M Goldrick</i>	DATE <i>9-14-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>10/4/11</i>

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
187c If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.	The following residents refused to take prescribed medications and the home did not notify the physician of the residents' refusals: <ul style="list-style-type: none"> Resident #3 refused MAPAP 500mg on 7/7/11, 7/8/11 and 7/13/2011 at 5pm. Resident #4 refused MAPAP 325mg on 7/6/11 and 7/17/11 at 1pm. Resident #5 refused Polyethylene Glycol on 7/5/11, 7/6/11, 7/14/11, 7/15/11 and 7/20/11 at 9am; Amiodarone HCL 200mg and Losartan Potassium 50mg on 7/10/11 a 9am; and Prednisolone 1% Eye Drops on 7/14/11 at 9am and 5pm. 	<i>10/4/11</i> <i>ENC 10/4/11</i> The physicians were made aware of the resident, medications refused and the dates of the refusals.	Educational workshop presented to all staff by PC Administrator on 9/14/2011 and included regulation 187c- Physicians are to be made aware within 24 hrs of any resident who refused a medication. The nurse will document the physician call re the medication refusal in the medical record and document on the EMAR with the reason for the refusal. Nurses will audit 6 charts monthly (EMARs) to note any medication refused by residents and ensure that it was documented and called to the Physician within 24 hours. (See attached audit tool).	Steps have been taken to correct violation; full compliance is not verifiable <i>12-5-11</i> Date <i>[Signature]</i> Initials (DPW)

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

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SIGNATURE OF LEGAL ENTITY <i>Mary M^cGoldrick</i>	DATE <i>9-14-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>12/9/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
187d The home shall follow the directions of the prescriber.	On 7/11/11 at 8pm, resident #5 was not administered Pramipexole Di-HCL 0.25mg because it was not ordered.	Immediately nurse was in-serviced re the importance of carefully reading the medication list and following prescriber's directions	<p>Educational workshop presented to all staff by PC Administrator on 9/14/2011 and included regulation 187d-the home shall follow the directions of the prescriber.</p> <p>Nurses will audit 6 charts monthly (EMARs) to note any medication orders not followed as prescribed. (See attached audit tool).</p> <p><i>A staff person will check the MARs each week to insure medications are ordered and present in the home to be administered. 12/12/11</i></p>	<i>12-5-11</i> <i>[Signature]</i>

VIOLATION REPORT
PERSONAL CARE HOMES 55 Pa. Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>Mary McGoldrick</i>	DATE <i>9-14-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>12/19/11</i>

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
225c The resident shall have additional assessments as follows: (1) Annually. (2) If the condition of the resident significantly changes prior to the annual assessment. (3) At the request of the Department upon cause to believe that an update is required.	Resident #4's most recent assessment was completed on 4/15/11. The assessment was not updated to reflect the resident's change in diet on 7/11/11, when the physician ordered a mechanical soft cardiac diet, NAS with chopped meats.	Assessment updated immediately on 7/22/2011 to include the new diet order.	Educational workshop presented to all staff by PC Administrator on 9/14/2011 included when to update the Assessments. All charge nurses will document new orders and any resident changes on the 24 hour report each shift to ensure that these changes are placed on the Assessment. <i>Resident #4 no longer resides at the home.</i> <i>WBZ</i> <i>12/19/11</i>	<i>12-5-11</i> <i>[Signature]</i>

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

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REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
227a A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.	Resident #6 was admitted to the home on 5/19/11. The home did not date the resident's support plan and it could not be determined that the form was completed within 30 days of admission.	Support Plan updated immediately by the nurse who had completed the Support Plan on 7/22/2011 to include the date that it was completed which was within 30 days of admission.	Educational workshop presented to all staff by PC Administrator on 9/14/2011 and included the importance of dating the Support Plan and dating it at that time. The Personal Care Administrator will be responsible for and audit Support Plans to ensure that new admission Support Plans are completed and dated within 30 days after admission. The results will be tracked on the Quality First Tool monthly and discussed in the monthly Quality First Meetings.	<i>12-5-11</i> <i>[Signature]</i>

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code, Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>Mary M^cGoldrick</i>	DATE <i>9-14-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>12/17/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
227d Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.	<p>-Resident #4 has had a referral for behavior management services since 4/4/11. The resident's support plan dated 5/12/11 does not address how the home will assist the resident in meeting this need.</p> <p>-Resident #9's assessment dated 2/19/11 documented that the resident requires blood pressure monitoring and the physicians order dated 7/11/11 documents the need for weekly blood pressure monitoring. The residents support plan dated 2/19/11 does not indicate how the home will meet this need.</p> <p>-Resident #10 had a consultation with a physician on 3/2/11 when the physician noted that "precautions" needed to be taken due to the resident's decreased vision. The resident's support plan dated 2/2/11, was not updated to address the services the home will provide to meet this need.</p>	<p>Resident #4- immediately updated support plan on how the home will meet the needs of this resident re behavior management.</p> <p>Resident #9- immediately updated support plan on how the home will manage blood pressure monitoring.</p> <p>Resident #10- immediately updated support plan on how the home will meet the needs of this resident re the resident's decreased vision.</p>	<p>Educational workshop presented to all staff by PC Administrator on 9/14/2011 and included regulation 227d-comprehensive Support Plans and the updating process.</p> <p>The Personal Care Administrator will be responsible for auditing Support Plans on admission, annually and when a significant change occurs. The results will be tracked on the Quality First Tool monthly and discussed in the monthly Quality First Meetings.</p> <p><i>A sample of records is being audited weekly to ensure comprehensive support plans are developed.</i></p>	<p><i>12-5-11</i></p> <p><i>[Signature]</i></p>

mcg
12/19/11

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

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SIGNATURE OF LEGAL ENTITY <i>Mary McGoldrick</i>	DATE <i>9-14-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>RM</i>	DATE <i>10/4/11</i>

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231c 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.	<p>-Resident #7 was admitted to the secured dementia care unit on 1/13/11. The resident's cognitive preadmission screening was completed by the physician on 1/17/11.</p> <p>-Resident #8 was admitted to the secured dementia care unit on 2/22/11. The resident's cognitive preadmission screening was completed by the physician on 2/29/11.</p>	Corrected 9/14/2011 during Educational Workshop	<p>Educational workshop presented to all staff by PC Administrator on 9/14/2011 and included regulation 231c-a written cognitive pre-admission screening completed in collaboration with the physician or a geriatric assessment team and documented on the Department's pre-admission form shall be completed for each resident within 72 hours prior to admission to a SDCU. The Personal Care Administrator will be responsible for auditing the written cognitive pre-admission screens to ensure that this form is completed within 72 hours prior to admission to the SDCU. The results will be tracked on the Quality First Tool monthly and discussed in the monthly Quality First Meetings.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>RM</i> Date <i>12-5-11</i> Initials (DPW)</p>

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

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234b The support plan shall identify the resident's physical, medical, social, cognitive and safety needs.	The support plan dated 2/12/11 for resident #7, who resides in the SDCU, does not address that the resident is incontinent of bowel and bladder or how the home will meet this need. The support plan also does not address that the resident's memory impairment interferes with everyday living, has a severe problem with irritability, aggression and agitation as indicated on the resident's assessment dated 1/16/11. The resident's behavioral care section of the support plan documents that the residents has "no impairment" and does not indicate how the home will meet these needs.	Support plan was immediately updated on 7/22/2011 to include the interventions the Home will implement to support this resident with incontinent issues, memory impairment issues and behavioral issues.	<p>Educational workshop presented to all staff by PC Administrator on 9/14/2011 and included regulation 234b-The Support Plan shall identify the resident's physical, medical, social, cognitive and safety needs.</p> <p>The Personal Care Administrator will be responsible for auditing Support Plans on admission, annually and when a significant change occurs. The results will be tracked on the Quality First Tool monthly and discussed in the monthly Quality First Meetings.</p> <p><i>A sample of records are being audited weekly to ensure comprehensive support plans are being completed 10/17/11</i></p>	<i>12-5-11</i> <i>[Signature]</i>