



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
SOUTHEAST REGIONAL FIELD OFFICE
NORRISTOWN STATE HOSPITAL
1001 STERIGERE STREET
BUILDING 2, ROOM 161
NORRISTOWN, PA 19401

ADULT RESIDENTIAL LICENSING

TELEPHONE: (610) 270-1137
FAX: (610) 270-1147

DATE MAILED: February 8, 2012

Mr. Robert A. Reitz, COO
227 Evergreen Road Operations, LLC
227 Evergreen Road
Pottstown, Pennsylvania 19464

RE: Sanatoga Court

Dear Ms. Reitz:

As a result of the Department of Public Welfare's licensing inspection on December 15, 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.


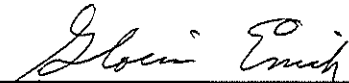
Sincerely,

A handwritten signature in cursive script that reads "Neil S. Cody".

Neil S. Cody
Regional Licensing Administrator

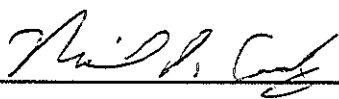
Enclosure(s)
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME SANATOGA COURT, 227 EVERGREEN ROAD POTTSTOWN, PA 19464		CURRENT LICENSE NUMBER 136140	
INSPECTION DATES (Include all dates of the inspection) 12/15/2011		REGIONAL REPRESENTATIVE Cindy Yellenic, Justin Trupp	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Earl C. Stingel, Acting Administrator			
SIGNATURE OF LEGAL ENTITY 	DATE 1/4/2012	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 1-10-12


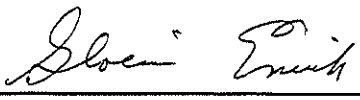
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
54a Direct care staff persons shall have the following qualifications: (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	Direct care staff persons A and B, have expired CNA licenses and do not have a high school diploma in their staff records.	12/15/2011	The high school diploma and Nurse's aide registry license for staff A & B were updated-see attached. All high school diplomas, GED's and nurse aide registry will be verified prior to hire. Nurse's Aid Registry will be reviewed quarterly for expired licenses. Ongoing compliance will be monitored by the Business Office Manager /Designee.	1-10-12/28

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			2/7/12



REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
services with reasonable skill and safety.				

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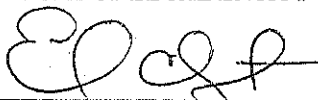
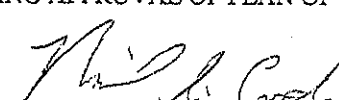
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57c Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.	<p>-On 12/12/11, there were 64 residents in the home, including 17 residents with mobility needs, requiring a total minimum of 81 hours of direct care. On this date, only 61.5 hours of direct care staffing was provided.</p> <p>-On 12/13/11, there were 64 residents in the home, including 17 residents with mobility needs, requiring a total minimum of 81 hours of direct care. On this date, only 70.5 hours of direct care staffing was provided.</p>	12/15/2011 and Ongoing	<p>The facility was understaffed By 6.5 hours on 12/12/2011. To prevent reoccurrence, The RCD/Designee will monitor direct care staff hours daily to maintain adequate staffing.</p>	<p>Steps have been taken to correct violation; full compliance is not verified 1-10-12 SE Date Initials (D)</p>

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57d At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.	On 12/12/11 and 12/13/11, a total of 60.75 hours of direct care was required. However, only 43 hours on 12/12/11 and 49 hours on 12/13/11 of the required direct care hours were provided during waking hours. <i>VIOLATION WITHDRAWN</i> <i>-NSC</i>	12/28/2011	On 12/13/11, 81.74 direct care staff hours were scheduled. Based on census, 81 hours were required to meet state requirements. We contest having hours subtracted from the scheduled PCA hours to assist in Dietary for the following reasons. This facility has open dining hours to allow the residents more flexibility in meal times. Nursing staff transports residents to and from the dining room at staggered times. In addition, they are also assisting residents to the bathroom, providing orientation to meal choices and monitoring the resident's intake and special needs. We anticipate increasing our staff as necessary to remain in compliance with state regulations and to continue to meet our resident's needs.	

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187b The information in subsections 187a13 and 187a14 shall be recorded at the time the medication is administered.	Residents #1, 2, 3, & 4 are supposed to walk daily. Through this investigation it was determined that frequently residents are not walked at all and direct care staff still sign off on the residents' medication administration records that they were.	12/28/2011	<p style="text-align: center;">Please see POC for 187d</p> <p style="text-align: center;">IN ADDITION TO THE PLAN OF CORRECTION ON PAGE 6, THE SUPERVISOR WILL REVIEW THE AMBULATION FLOW SHEET DAILY AND CONFIRM THE PROVIDED SERVICES WITH A SAMPLE OF RESIDENTS. STAFF WHO FAIL TO DOCUMENT SERVICES ACCURATELY WILL BE COUNSELED.</p>	<p style="text-align: center;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center;"><i>NSC</i> Date <i>2/7/12</i> Initials (DPW)</p>

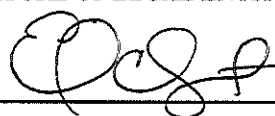
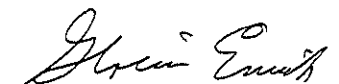
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187d The home shall follow the directions of the prescriber.	Residents #1, 2, 3, & 4 are supposed to walk daily. Through this investigation it was determined that frequently residents are not walked at all.	12/28/2011	Residents 1,2,3 and 4 were walked as per their treatment records, but the TAR's were not initialed. On 12/28/2011, the Resident Care Director inserviced staff on proper documentation on the MAR's, TAR's. See attached inservice and sign in sheet. Staff were also instructed on the need to notify management immediately if the residents were not able to be walked for any reason. An ambulation flow sheet was developed for staff to document walking the residents. The supervisor will verify daily initially and then periodically to verify compliance.	Steps have been taken to correct violation; full compliance is not verifiable <i>2/7/12</i> Date <i>NYC</i> Initials (DPW)

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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.	Resident #5's requires physical assistance with toileting and uses incontinence products. The resident's support plan does not address how the home will assist the resident in meeting these needs.	12/28/2011	Resident #5 support plan has been updated to reflect the resident's need for assistance. Staff have reviewed the new support plan to ensure that we are meeting the need for assistance with toileting and the use of incontinence aids. Please see attached support plan and staff signature log. Ongoing compliance will be monitored by the Resident Care Director/Designee.	<i>1-10-12/SE</i>