

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to WAVERLY HEIGHTS, LTD.

LEGAL ENTITY

To operate WAVERLY HEIGHTS

NAME OF FACILITY OR AGENCY

Located at P.O. BOX 179, 1400 WAVERLY ROAD, GLADWYNE, PA 19035

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

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 30
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

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 June 8, 2012 until June 8, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 127820

Robert E. Robinson

ISSUING OFFICER

[Signature]

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

JUN 13 2012

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

Ms. Margaret M. Guenveur, V.P. Healthcare Services
Waverly Heights, LTD.
Waverly Heights
P.O. Box 179, 1400 Waverly Road
Gladwyne, Pennsylvania 19035

Dear Ms. Guenveur:

As a result of the Department of Public Welfare's licensing inspection on May 16, 2012 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 be 'R Melusky'.

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 12782 - 05/16/2012 - Kurtz, Andrea
 PCH Name: WAVERLY HEIGHTS

1. REGULATION 55 Pa.Code §2600

2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2. DESCRIPTION OF VIOLATION

- There were three vegetarian burgers in a plastic bag, without a label, located in the freezer.
- There was one container of black beans, without a label, located in the refrigerator.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See attachments #1, 2 and 3

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) Nicole J. Stroman, MSW

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Nicole Stroman, MSW Personal care admin. Date 5/24/12

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

The above plan of correction is approved as of 6/4/12
 (Date)

Verification of Legal Entity Representative Signature 6/4/12
 (Date)

The above plan of correction was approved by CEM
 (Initials)

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

Regulation 2600.103(e)

Plan of Correction:

Effective immediately, all food will be labeled and dated in accordance with regulatory guidelines. It will be the responsibility of the dining services supervisor to ensure this protocol is followed. Daily checks will be performed by the dining services supervisor on an ongoing basis.

To prevent a re-occurring violation, effective immediately, the Director of Dining Services and VP of Healthcare will conduct weekly spot checks for at least three months, or until compliance is confirmed. Following confirmed compliance, random spot checks will then be completed by the Director of Dining Services.

Training sessions for dining service employees were held on 5/21/12 and 5/22/12. The regulatory guideline was reviewed and discussed and re-education was provided regarding labeling procedures (see attachments #2 and 3).

Nicole J. Stroman, MSW 5/24/12
Nicole J. Stroman, MSW
Personal Care Administrator

Violation Report: 12782 - 05/16/2012 - Kurtz, Andrea
 PCH Name: WAVERLY HEIGHTS

1. REGULATION 55 Pa.Code §2600

2600.105(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2. DESCRIPTION OF VIOLATION

- The medication administration record for Resident #1 has an order for PRN APAP 325mg, which was last administered on 5/10/12. The medication was not available.
- The medication administration record for Resident #1 has an order for PRN Maalox Advanced 5ml, which was not available.
- The medication record for Resident #2 has an order for PRN APAP 325mg, which was last administered on 5/2/12. The medication was not available.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See attachments # 4 and 5

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/16/2010	
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Signature of Legal Entity Representative (Required on EVERY Page) Nicole J. Stroman, MSW

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Nicole J. Stroman, MSW admin. Personal Care
Date 5/24/12

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

The above plan of correction is approved as of 6/4/12
(Date)

Verification of Legal Entity Representative Signature 6/4/12
(Date)

The above plan of correction was approved by CRM
(Initials)

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

Regulation 2600.185(a)**Plan of Correction:**

Effective 5/16/12, all PRN medications for Resident #1 and Resident #2 were obtained by the Director of Nursing and are present in the medication cart.

To prevent a re-occurring violation, effective immediately, the 7am -3pm nurse responsible for medication administration will do a weekly check of all PRN medications to ensure they are present in the medication cart. The nurse will re-order medications from the In-house pharmacy as necessary.

In collaboration with above procedure, beginning immediately, the 11pm-7am nurse will check the PRN medications weekly to verify that they are all present in the medication cart. Information regarding any medications that need to be re-ordered will be indicated on the 24 hour report for the 7am-3pm nurse to address.

The Director of Nursing and/or Assistance Director of Nursing will perform random spot checks on an ongoing basis to ensure compliance.

The above procedure was reviewed with the nursing staff on 5/23/12 (see attachment #5). The procedure will also be included for review in the nursing newsletter to be distributed to all nursing staff in June, 2012. This procedure will also be reiterated during routine monthly nursing meetings.

Nicole J. Stroman, MSW 5/24/12

Nicole J. Stroman, MSW
Personal Care Administrator

Violation Report: 12782 - 06/16/2012 - Kurtz, Andrea
 PCH Name: WAVERLY HEIGHTS

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2. DESCRIPTION OF VIOLATION

- The medication administration record for Resident #2 does not include initials or documentation of administration for Warfarin at pm on March 1 and 2 of 2012.
- The medication administration record for Resident #2 does not include initials or documentation of administration for Juven Packet HS on April 1 and 2 of 2012.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See attachments # 6 and 7

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) Nicole J. Stroman, MSW

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Nicole J. Stroman, MSW admin. Personal Care Date 5/24/12

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

The above plan of correction is approved as of 6/4/12
(Date)

Verification of Legal Entity Representative Signature 6/4/12
(Date)

The above plan of correction was approved by CRM
(Initials)

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

Regulation 2600.187(a)**Plan of Correction:**

Effective 5/16/12, nursing staff responsible for medication administration will check the medication administration records at the end of each shift to ensure all documentation has been completed.

In collaboration with the above procedure, effective immediately, the 11pm-7am nurse will review the medication administration records for all shifts during nightly chart checks. Any observed missing documentation will be brought to the nursing supervisor's attention. The nursing supervisor will notify the appropriate nurse that documentation is missing and must be addressed.

To prevent a re-occurring violation, effective immediately, the Director of Nursing and/or Assistant Director of Nursing will perform monthly checks for at least three months, or until compliance is confirmed. Once compliance is confirmed, the DON and/or ADON will perform random spot checks on an ongoing basis. Appropriate disciplinary action will be issued in the event of non-compliance.

The above procedure was reviewed with the nursing staff on 5/23/12 (see attachment #7). The procedure will also be included for review in the nursing newsletter to be distributed to all nursing staff in June, 2012. This procedure will also be reiterated during routine monthly nursing meetings.

Nicole J. Stroman, MSW 5/24/12

Nicole J. Stroman, MSW
Personal Care Administrator

Violation Report: 12782 - 05/16/2012 - Kurtz, Andrea
 PCH Name: WAVERLY HEIGHTS

1. REGULATION 65 Pa.Code §2600

2600.167(d) - The home shall follow the directions of the prescriber.

2. DESCRIPTION OF VIOLATION

- The medication administration record for resident #1 does not include documentation of treatment for keeping heels elevated when in bed per each shift on April 12, 14, 15, 22 and 29, 2012.
- The medication administration record for resident #2 does not include documentation of treatment for administration of a supplement of Boost twice daily on April 14, 15, 19, 20 and 27, 2012.
- The medication administration record for resident #2 does not include documentation of treatment completed of a daily walking program during the 7-3 shift on April 7 and 11, 2012.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See attachments # 8 and 9

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) Nicole J. Stroman, MSW

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Nicole J. Stroman, MSW Personal Care Date 5/24/12

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

The above plan of correction is approved as of 6/4/12
 (Date)

Verification of Legal Entity Representative Signature 6/4/12
 (Date)

The above plan of correction was approved by Cem
 (Initials)

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

Regulation 2600.187(d)**Plan of Correction:**

Effective 5/16/12, nursing staff responsible for medication/treatment administration will check the medication administration records at the end of each shift to ensure all prescribers orders have been followed and appropriate documentation has been completed.

In collaboration with the above procedure, effective immediately, the 11pm-7am nurse will review the medication administration records for all shifts during nightly chart checks. Any observed missing documentation will be brought to the nursing supervisor's attention. The nursing supervisor will notify the appropriate nurse that documentation is missing and must be addressed.

To prevent a re-occurring violation, effective immediately, the Director of Nursing and/or Assistant Director of Nursing will perform monthly checks for at least three months, or until compliance is confirmed. Once compliance is confirmed, the DON and ADON will perform random spot checks on an ongoing basis. Appropriate disciplinary action will be issued in the event of non-compliance.

The above procedure was reviewed with the nursing staff on 5/23/12 (see attachment #9). The procedure will also be included for review in the nursing newsletter to be distributed to all nursing staff in June, 2012. This procedure will also be reiterated during routine monthly nursing meetings.

Nicole J. Stroman, MSW 5/24/12
Nicole J. Stroman, MSW
Personal Care Administrator

Violation Report: 12782 - 05/16/2012 - Kurtz, Andrea
 PCH Name: WAVERLY HEIGHTS

1. REGULATION 55 Pa.Code §2600
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2. DESCRIPTION OF VIOLATION
 Resident #3 participated in the development of their support plan on April 30, 2012. The resident did not sign the support plan.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See attachments # 10 and 11

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) Nicole J. Stroman, MSW

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Nicole J. Stroman, MSW Personal Care admin. Date 5/24/12

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

The above plan of correction is approved as of <u>6/4/12</u> (Date)	Verification of Legal Entity Representative Signature <u>6/4/12</u> (Date)
The above plan of correction was approved by <u>CSM</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Regulation 2600.227(g)

Plan of Correction:

Effective immediately, the Personal Care Administrator, or designee, completing the RASP will ensure that all individuals participating in the development of the support plan sign the form stating such. In the event that a participant does not sign the form, the Personal Care Administrator, or designee, will indicate the reason for the absence of a signature.

To prevent a re-occurring violation, the Personal Care Administrator will perform monthly spot checks to ensure necessary signatures are present on the RASP forms.

On 5/23/12, the above regulation was reviewed and discussed with staff members who view and utilize the RASP (see attachment #11) All staff members were asked to be alert to this regulation and to notify the Personal Care Administrator if required participant's signatures are not present. Personal Care Administrator will address the situation accordingly.

 5/24/12

Nicole J. Stromman, MSW
Personal Care Administrator