



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: June 30, 2014

Ms. Kelly Cook Andress, President
Senior Living NP, LLC
501 Plush Mill Road
Wallingford, Pennsylvania 19086

RE: Plush Mills
License # 131040

Dear Ms. Andress:

As a result of the Department of Public Welfare's (Department) licensing inspection on October 15, 2013 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) 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. 2600 (relating to Personal Care Homes) must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Human Services Licensing so that compliance can be verified.

Sincerely,


Roslyn Brewer
Regional Licensing Administrator

Enclosure(s)
Licensing Inspection Summary

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

PCH Name: PLUSH MILLS		License Number: 13104
Address: 501 PLUSH MILL ROAD, WALLINGFORD, PA 19086		County: Delaware
Administrator: Megan Longley		Region: SOUTHEAST
Legal Entity Name: SENIOR LIVING NP LLC		
Legal Entity Address: 501 PLUSH MILL ROAD, WALLINGFORD, PA 19086		
Certificate(s) of Occupancy		
Staffing Hours	Total Daily Staff: 76	Waking Staff: 57
Resident Support:	BHA Docket Number:	Notice: Unannounced
Type of Inspection: Partial		
Reason(s) for Inspection(s)		
Incident		
On-Site Inspections Dates and Department Representatives On-Site		
10/15/2013: McHale, Christine		
Off-Site Inspection Dates and Inspectors, if Applicable		
10/18/2013: McHale, Christine		
Other Details		
Partial or Full Triggers:	Random Indicators:	
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 79 Number of Residents Served: 46 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 3 Number of Hospice Residents in past year: 5	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 42 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 30 Have a Physical Disability: 0	

Violation Report: 13104 - 10/15/2013 - McHale, Christine
PCH Name: PLUSH MILLS

1. REGULATION 55 Pa.Code §2600
2600.223(b) - The home shall develop written procedures for the delivery and management of services from admission to discharge.

2a. DESCRIPTION OF VIOLATION

Resident #1 has a history of exit-seeking from the home. The home's description of services lists advanced dementia including exit-seeking or continuous agitated/aggressive behaviors as requiring permanent discharge. At no point did the home attempt to discharge the resident due to this behavior until the resident eloped from the facility on 9/29/13.

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 attachment]

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Megan Longley* Executive Director

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Megan Longley, Plush Mills* Date *11.26.13*

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

The above plan of correction is approved as of *12/10/13* (Date)

The above plan of correction was approved by *SLB* (Initials)

- Plan of correction implementation status as of *12/10/13* (Date)
- Fully Implemented
 - Partially Implemented - Adequate Progress
 - Partially Implemented - Inadequate Progress
 - Not Implemented

Violation Report 13104 – 10/15/2013 – McHale, Christine

PCH Name: Plush Mills

1. Regulation 55 Pa. Code 2600

2600.223(b) – The home shall develop written procedures for the delivery and management of services from admission to discharge.

2a. Description of Violation

Resident#1 has a history of exit seeking from the home. The home's description of services lists advanced dementia including exit seeking or continuous agitated/aggressive behaviors as requiring permanent discharge. At no point did the home attempt to discharge the resident due to this behavior until the resident eloped from the facility on 09/29/2013.

What specific change will be made for all residents in this category:

- The description of services was revised to include much more specific guidelines for residents exhibiting exit seeking behavior allowing for further assessment, interventions, family interaction and support.
- The specific change includes a much more detailed plan of care with very specific guidelines and interventions to include but not limited to exact time the resident would require interventions and or companion care: the amount of time the services are needed and the specific person or persons responsible. The plan of care will be much more informative and accountable.
- Use of the elopement risk assessment tool will assist with uniform identification of at risk residents and provide a summary of assessment to help guide the interdisciplinary team, resident and family members.
- The revised description of services informs the family and resident of the consequences of exit seeking behavior and the expectations of the facility including discharge for no adherence or violations of the plan of care. Stronger enforcement will be practiced and communicated.
- (See Written Description of Services and Activities Policy 2600-223a. Refer to page 3 for specific language)
- (Elopement Assessment Tool page 1 and 2)

What specific change will be made for resident #1 identified:

Resident #1 was receiving over eight hours of one on one supervision in the home from a private companion appointed by the family. The eight hours of the day that the resident received this supervision had been identified as most problematic. The son had assumed responsibility for the weekend supervision.

The weekend supervision was not fulfilled and therefore did not offer the support that the resident required. After the incident this resident was immediately placed on constant 24 hour supervision by a care giver. The resident was assessed and the facility felt that the resident required 24 hour supervision long term in order to maintain her safety. The family agreed with the plan to provide the

 10.26.13

Violation Report: 13104 - 10/15/2013 - McHale, Christine
PCH Name: PLUSH MILLS

1. REGULATION 55 Pa.Code §2600
2600.227(d) - 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.

2a. DESCRIPTION OF VIOLATION
Resident #1's assessment dated 5/16/13 states that the resident requires supervision in the home. The resident's support plan does not address how the home will assist the resident in meeting these needs.

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 attachment]

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative. *Megan Lehigh*
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative *Megan Lehigh, Plush Mills Executive Director* Date *12/10/13*
(Required on EVERY Page)

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

The above plan of correction is approved as of 12/10/13
(Date)

Plan of correction implementation status as of 12/10/13
(Date)

The above plan of correction was approved by [Signature]
(Initials)

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

resident with 24 hour supervision. While the resident was maintained on one on one supervision, the family opted to transfer the resident to a locked dementia unit which was more economically feasible. The resident has been discharged since 10/06/2013.

Who will make the change:

The description of services has been revised by the Executive Director/PCH Administrator.

When will the change be made:

The change was made on October 21, 2013.


How will the change be made:

All residents will be assessed for potential risk factors related to elopement upon admission, thirty days after and upon significant change . The Elopement Risk Assessment Tool will be used to help identify potential risks and to assist with putting potential interventions in place as appropriate .All exit seeking residents identified will trigger a significant change. All residents who have been identified as exit seeking will have an immediate plan of care put in place to monitor them. A significant change triggers a new care plan. The care plan will have the description of the specified supervision on the care plan. The family, resident and facility staff must have a clear understanding and agree on the plan put in place. All parties must agree or a plan for discharge will be recommended. The resident will be maintained on the level of supervision as determined by the facility immediately in order to provide the safety measure required. Strict adherence to the plan of care will be enforced. If all parties are not in agreement to the care plan as recommended the facility will initiate the discharge process. The facility will assist the resident and family in immediate and appropriate placement until resident is safely discharged. The resident's safety will be maintained during this period as dictated by the plan of care.

All residents residing in the facility will receive the revised description of services plan by 12/01/13. All new residents will receive prior to admission.

What system have you implemented to make sure that the same violation will not occur again:

Each resident will be assessed for wandering by the use of the Elopement Risk Assessment Tool. (See Elopement Risk Tool attached) All residents identified as exit seeking will be recommended by the facility to participate in the wander guard program. In addition to the wander guard program the resident may require additional monitoring or close supervision. The resident, family and staff must agree with the amount of supervision required or recommended. The plan must be written identifying the specific systems that should be put in place. If an agreement cannot be reached, formal discharge plans will be put in place. The resident and family will be assisted during the discharge process if required. The resident level of supervision will be strictly maintained during this period until discharge.

 11.26.13