



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUL 28 2014

Mr. William K. Kofron, Executive Director
Brookdale Senior Living Communities, Inc.
65 Richboro-Newton Road
Richboro, Pennsylvania 18954

RE: Wynwood of Northampton Manor
License #: 127140

Dear Mr. Konfron:

As a result of the Department of Public Welfare's licensing inspection on May 27, 2014, May 28, 2014 and July 15, 2014, 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 must be maintained.

Your regular license for the period July 16, 2014 to July 16, 2015 was issued on May 30, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones".

Matthew J. Jones
Director

sd

Enclosure
License Inspection Summary

Violation Report: 12714 - 05/27/2014 - Kazimer, Lauren
 PCH Name: WYNWOOD OF NORTHAMPTON MANOR

1. REGULATION 55 Pa.Code §2600

2600.26(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

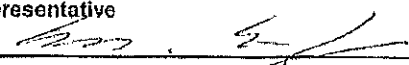
- The contract for resident # 1, admitted on 12/20/2013, was not signed by the resident.
- The contract for resident # 2, admitted on 1/13/2014, was not signed by the resident.
- Resident # 3 was transferred to the home's SDCU on 10/3/2013 and did not sign the addendum to the contract.

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 ATTACHED!

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) William K. Kazimer, ED	Date 6-27-14
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7/15/14
 (Date)

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

Plan of correction implementation status as of 7/15/14
 (Date)

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

Wynwood Northampton Manor

Plan of Correction-revised

Annual Inspection: May 27-28, 2014

The following is the Plan of Correction for Wynwood Northampton Manor regarding the Statement of Deficiency dated June 19, 2014 for the annual licensing inspection conducted May 27-28, 2014. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided detailed specific actions mitigating factors. We remain committed to the delivery of quality health care services and will continue to make changes and improvement to satisfy that objective.

Regulation 55PA Code 2600.25 (b)

The contract for resident #1 admitted on 12/20/13 was not signed by the resident. The contract for resident #2 admitted on 1/13/14 was not signed by the resident. Resident #3 was transferred to the homes SDCU on 10/3/13 and did not sign the addendum to the contract.

The contract for resident #1, resident #2 and the addendum contract for resident #3 were signed on 6/24/14. The appropriate staff were retrained on the admission/ move-in process on June 24, 2014 by Executive Director. Business Office Manager or designee will review newly signed contracts at the time of move-in to monitor for ongoing compliance. Executive Director or designee will monitor for compliance.

Evidence: See training on Admission Process sign-in sheet, copy of contracts, addendum for secure dementia.

Completion Date: June 24, 2014

km - E, GD

7-11-14

Violation Report: 12714 - 05/27/2014 - Kazimer, Lauren
 PCH Name: WYNWOOD OF NORTHAMPTON MANOR


1. REGULATION 55 Pa.Code §2600
 2600.28(f)(2) - Refunds shall be made within 30 days of the resident's discharge.

2a. DESCRIPTION OF VIOLATION
 Resident # 4 was discharged on 1/10/2014. The home did not provide the required refund until 3/24/2014.

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.

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Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>William R. Keegan ED</u>	Date <u>6-27-14</u>
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- Not Implemented

Regulation 55 PA Code 2600.28 (f)(2)

Resident # 4 was discharged on 1/10/14. The home did not provide the required refund until 3/24/14.

The appropriate staff were retrained on the community's policy relating to refunds within 30 days of discharge on June 24, 2014 by the Executive Director. The Business Office Manager or designee will audit monthly resident accounts for compliance and then notify our corporate office if out of compliance for refunds within 30 days after discharge. The Executive Director or designee will monitor for compliance.

Completion Date: June 24, 2014

Wm. L. G., ED

7-11-14

Violation Report: 12714 - 05/27/2014 - Kazimer, Lauren
 PCH Name: WYNWOOD OF NORTHAMPTON MANOR

1. REGULATION 55 Pa.Code §2600
 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 § 2600.41(d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION
 Resident # 1 and resident # 2's records did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

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.

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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>William K. Kuba, (1)</i>	Date <i>6-22-14</i>
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 (Date)

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

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- Not Implemented

Regulation 55PA Code 2600.41(e)

Resident #1 and resident #2's records did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

Resident #1 and resident #2 signed the statement that they received a copy of resident rights and the complaint procedure on June 24, 2014. The appropriate staff were retrained on the admission/ move-in process on June 24, 2014 by the Executive Director. The Business Office Manager or designee will audit each new admission within the next business day for proper signatures and documentation. The Executive Director or designee will monitor for compliance.

Evidence: *See training sign-in sheet , copy of signed resident rights*

Completion Date: June 24, 2014

Sp. to J., ED

7-11-14

Violation Report: 12714 - 05/27/2014 - Kazimer, Lauren
 PCH Name: WYNWOOD OF NORTHAMPTON MANOR

1. REGULATION 55 Pa.Code §2600
 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.

2a. DESCRIPTION OF VIOLATION
 Direct care staff person A completed their 40th scheduled work hour on 3/25/2014. The staff person did not receive training on Reportable Incidents until 4/2/2014 and the Emergency Medical Plan until 4/3/2014.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
William K. Kohan, EV	6-27-14

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The above plan of correction was approved by <u>OKM</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Regulation 55PA Code 2600.65 (b)

Direct care staff person A completed their 40th scheduled work hour on 3/25/14. The staff person did not receive training on Reportable Incidents until 4/2/14 and the Emergency Medical Plan until 4/3/14.

The appropriate Department Heads were retrained on the process for orientation of new hires including the time frame for completion of training in resident rights, emergency medical plan, reporting of abuse /neglect and notification of reportable events within 40 scheduled working hours June 24, 2014 by the Executive Director. The Business Office Manager or designee will audit new hire files within first 32 hours worked to monitor for training compliance. The Executive Director or designee will monitor for compliance.

Evidence: See attached training sheet

Completion Date: July 31, 2014

[Handwritten signatures and initials] ED 7-11-14

Violation Report: 12714 - 05/27/2014 - Kazimer, Lauren
 PCH Name: WYNWOOD OF NORTHAMPTON MANOR

1. REGULATION 55 Pa.Code §2600
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

- On 5/28/2014, the water temperature at the sink of the SCU common bathroom measured 122.3 degrees Fahrenheit.
- On 5/28/2014, the water temperature at the bathroom sink of resident room G-05 measured 122.1 degrees Fahrenheit.
- On 5/28/2014, the water temperature at the bathroom sink of room 234 measured 123.0 degrees Fahrenheit.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) William L. Kazimer, EP	Date 6-27-14
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 (Date)

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 (Initials)

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

Regulation 55PA Code 2600.89 (b)

On 5/28/14 the water temperature at the sink of the SDCU common bathroom was 122.3 degrees. On 5/28/14 the water temperature at the bathroom sink of resident room G-05 measured 122 degrees. On 5/28/14 the water temperature at the bathroom sink of room 234 measured 123 degrees.

The Maintenance Technician called the service contractor on May 28, 2014 and set-up an appointment for water valve repair. The service contractor was scheduled to rebuild the mixing valves on Friday, June 27, 2014 but was rescheduled for July 11, 2014. The Maintenance Technician or designee will audit the water temperature during environmental rounds on a weekly basis. The Executive Director or designee will monitor for compliance.

Evidence: Repair contract , temperature log

Completion Date: June 27, 2014

M. E. S., ED 7-11-14

Violation Report: 12714 - 06/27/2014 - Kazimer, Lauren
 PCH Name: WYNWOOD OF NORTHAMPTON MANOR

1. REGULATION 55 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

- On 5/28/2014, resident # 2's PRN Ondansetron HCL 4mg was found in the medication cart. The home did not have an order for this medication.
 - On 5/28/2014, the medication cart contained Once Daily Multiple Vitamin and Loperamide HCL oral suspension for resident # 5. These medications did not have a current physician's order.

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.

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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>William R. F. K., ED</i>	Date <i>6-27-14</i>
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 (Date)

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

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

Regulation 55PA Code 2600.183(d)

On 5/28/14, resident # 2 PRN Ondansetron HCL 4 mg was found in the medication cart. The home did not have an order for this medication. On 5/28/14, the medication cart contained once daily Multiple vitamins and Loperamine HCL oral suspension for resident #5. These medications did not have a current physician order.

The noted medications were disposed of on day of survey according to the community's policy. Appropriate staff were retrained on the process for removal of medications when orders are discontinued on June 26, 2014 by the Health and Wellness Director. Medication order reconciliation will be completed according to the community's policy for residents returning from the hospital. The Resident Care Coordinator or designee will audit the medication carts as they correspond to the Medication Administration Record for discontinued medications on a weekly basis. The Health and Wellness Director or designee will monitor for compliance.

Completion Date: June 27, 2014

Mr. [Signature], CD

7-11-14

Violation Report: 12714 - 06/27/2014 - Kazimer, Lauren
 PCH Name: WYNWOOD OF NORTHAMPTON MANOR

1. REGULATION 55 Pa.Code §2600
 2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION
 On 4/16/2014 resident # 6's Amitriptyline HCL 25mg was discontinued. The medication was found in the home's medication cart on 6/28/2014.

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.

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Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>William K. Kazimer, ED</i>	Date <i>6-27-14</i>
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The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Regulation 55PA Code 2600.183(f)

On 4/16/2014 resident #6 Amitriptyline HCL was discontinued. The medication was found in the cart on 5/28/14.

The noted medication was disposed of on day of survey according to the community's policy. Appropriate staff were retrained on the process regarding removal of medications when orders are discontinued on June 26, 2014 by the Health and Wellness Director. Medications will be reconciled following return from the hospital. The Resident Care Coordinator or designee will audit the medication carts for discontinued medications on a weekly basis. The Health and Wellness Director or designee will monitor for compliance.

Evidence: Attendance sheet from training

Completion Date: July 2, 2014

62-65, ED 7-11-14

Violation Report: 12714 - 05/27/2014 - Kaziner, Lauren
 PCH Name: WYNWOOD OF NORTHAMPTON MANOR

1. REGULATION 55 Pa.Code §2600

2600.185(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.

2a. DESCRIPTION OF VIOLATION

The home's medication policy states that the Nurse or designee will check all delivered medications for accuracy before signing for them. If there is a discrepancy, the HWD or nurse on call will be notified and medications will be sent back to the pharmacy. At the end of each shift, two staff persons will count all controlled substances. If there is a discrepancy in the count, the nurse, ED, or designee will be notified and the home will initiate an investigation.

Resident # 1's Alprazolam 0.5mg was filled on 5/24/2014. The home's narcotic count sheet states there were 30 pills present at time of receipt and no pills have been administered. During a medication audit on 5/28/2014, the blister pack of Alprazolam 0.5mg only contained 29 pills, with no evidence of the package being tampered with. The staff of the home had been documenting controlled substance counts on each shift, indicating that 30 pills were present each time.

Upon the Department's discovery that the count sheet did not match the amount of pills present, staff person B attempted to cross out the number 30 to write 29. Staff person C advised staff person B to throw away the original count sheet and create a new one.

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.

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) William K. Kaziner, ED	Date 6-27-14
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 (Initials)

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 (Date)

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

Regulation 55PA Code 2600.185 (a)

The homes medication policy states that the nurse or designee will check all delivered medications for accuracy before signing for them. If there is a discrepancy, HWD or nurse will be notified and medications will be sent back to the pharmacy. At the end of each shift, two staff persons will count all controlled substances. If there is a discrepancy in the count, the nurse, ED or designee will be notified and an investigation will be initiated. Resident #1's Alprazolam 0.5 mg was filled on 5/24/14. The home's narcotic count sheet states there were 30 pills present at the time of receipt and no pills were administered. During a medication audit the blister pack contained 29 pills with no evidence of packaging being tampered with. The staff of the home had been documenting controlled substance counts on each shift, indicating there were 30 pills.

The pill blister pack was returned to the pharmacy following discovery that the medication was delivered to the home with an inaccurate count. This pharmacy has put in place a new green sticker system which has signature lines on each blister pack for the pharmacy and the receiving nurse to sign on receipt and count for narcotics upon delivery. Medication Technicians were retrained on the community's policy of receiving narcotics when delivered by the pharmacy on June 12, 2014 by the Health and Wellness Director. The Resident Care Coordinator or designee will audit narcotic delivery packs and narcotic count sheets for accuracy on a weekly basis. The Health and Wellness Director or designee will monitor for compliance.

Evidence: Training sign in sheet

Completion Date: June 20, 2014

[Handwritten signature], ED

7-11-14

Violation Report: 12714 - 05/27/2014 - Kazliner, Lauren
 PCH Name: WYNWOOD OF NORTHAMPTON MANOR

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.

2a. DESCRIPTION OF VIOLATION

Resident # 5 has a current order for PRN medication MAPAP 160mg/5ml. This medication was not listed on the resident's medication administration record.

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 ATTACHED

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative
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Date 6-27-14

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7/15/14
 (Date)

Plan of correction implementation status as of

7/15/14
 (Date)

The above plan of correction was approved by

ORW
 (Initials)

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

Regulation 55PA Code 2600.187(a)

Resident #5 has an order for PRN MAPAP 160mg/ 5ml. The medication was not listed on the resident's medication record.

The medication was discarded according to the community's policy. The appropriate staff were retrained on the community's policy on medication reconciliation following hospitalization on June 26, 2014. On return from the hospital, medication orders will be reconciled with the current physician orders. Any medications that are not reordered will be discarded according to the community's policy. The Resident Care Coordinator or designee will audit the Medication Administration Record with the available medications in the medication cart on a weekly basis. The Health and Wellness Director or designee will monitor for compliance.

Completion Date: June 27, 2014

[Handwritten signature], ED 7-11-14

Violation Report: 12714 - 05/27/2014 - Kazimer, Lauren
 PCH Name: WYNWOOD OF NORTHAMPTON MANOR

1. REGULATION 55 Pa.Code §2600
 2600.191 - The home shall educate the resident on 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.

2a. DESCRIPTION OF VIOLATION
 Resident # 1 and resident # 2 have not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

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.

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Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>William K. Kuhn, ED</i>	Date <i>6-23-14</i>
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Regulation 55PA Code 2600.191

Resident #1 and resident #2 have not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Resident #1 and resident #2 were educated in their right to refuse medication and signed statements to document this education on June 24, 2014 by the Executive Director. The right to refuse medication is included in the resident rights statement that is included in the residency agreement. The appropriate staff were retrained on the community's move-in policies/process relating to medication refusal documentation on June 24, 2014 by the Executive Director. The Business Office Manager or designee will audit contracts on move-in to verify the appropriate documentation has been received. The Executive Director or designee will monitor.

Evidence: Training sign in sheet, copy of signed forms

Completion Date: June 26, 2014

hm 6/26, FD 7-11-14

Violation Report: 12714 - 05/27/2014 - Kazimer, Lauren
 PCH Name: WYNWOOD OF NORTHAMPTON MANOR

1. REGULATION 55 Pa.Code §2600
 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.

2a. DESCRIPTION OF VIOLATION

- The pre-admission screening form for resident # 1 does not include a completion date. It cannot be determined if it was completed within the required time frame.
- The preadmission screening for resident # 1 was incomplete. Sections I-B, I-C, I-D, I-E, and I-F were left blank.
- Resident # 7, admitted on 3/21/2014, had a pre-admission screening form completed on 2/8/2014.

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.

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>William K. Kazimer, CEO</u>	Date <u>6-22-14</u>
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Regulation 55PA Code 2600.224 (a)

The pre-admission screening form for resident #1 does not include a completion date. It cannot be determined if it was completed within the required time frame. The pre-admission screening for resident #1 was incomplete. Section 1-B, 1-C, 1-D, 1-E and 1-F were left blank. Resident #7 admitted on 3/21/14 had a pre-admission screen form completed on 2/8/14.

Appropriate staff were retrained on the admission process for pre-admission screening June 27, 2014 by the Health and Wellness Director. The Health and Wellness Director or designee will review pre-admission screens to verify they are filled out according to the community's policy prior to move-in and completed in a timely basis. The Executive Director or designee will monitor for compliance.

Evidence: See training attendance sheet, included 3 examples of pre-admission screen since survey

Completion Date: June 27, 2014

Greg K. S., ED 7-11-14

Violation Report: 12714 - 05/27/2014 - Kazimer, Lauren
 PCH Name: WYNWOOD OF NORTHAMPTON MANOR

1. REGULATION 55 Pa.Code §2600
 2600.231(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.

2a. DESCRIPTION OF VIOLATION
 Resident # 8 was admitted to the SDU on 4/26/2013, and had a cognitive assessment completed on 3/26/2013.

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 ATTACHED

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

Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Date

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

The above plan of correction is approved as of 7/15/14
 (Date)

Plan of correction implementation status as of 7/15/14
 (Date)

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

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

Regulation 55PA Code 2600.231 (c)

Resident #8 was admitted to the SDU on 4/26/13 and had a cognitive assessment completed on 3/26/13.

Appropriate staff were retrained on the community's policy relating to cognitive screen completion within 72 hours prior to move-in to the SDU on June 26, 2014 by the Health and Wellness Director. The Health and Wellness Director or designee will audit resident's move-in documentation prior to admission. The Executive Director or designee will monitor for compliance.

Evidence: Training sign in sheets, example of most current move-in to secure dementia unit

Completion Date: June 27, 2014

Mr. G. E., ED 7-11-14

Violation Report: 12714 - 05/27/2014 - Kazimer, Lauren
 PCH Name: WYNWOOD OF NORTHAMPTON MANOR

1. REGULATION 55 Pa.Code §2600
 2600.231(e) - Each resident record shall have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

2a. DESCRIPTION OF VIOLATION
 Resident # 3 was admitted to the SDCU on 10/3/2013. The home has no documentation that the resident has not objected to the admission.

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 ATTACHED

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Wynwood R. K.E. CO	6-27-14

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

The above plan of correction is approved as of <u>7/15/14</u> (Date)	Plan of correction implementation status as of <u>7/15/14</u> (Date)
The above plan of correction was approved by <u>OREM</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Regulation 55PA Code 2600.231 (e)

Resident #3 was admitted to the SDU on 10/3/13. The home has no documentation that the resident has not objected to the admission.

The statement was signed by the resident on June, 24, 2014. The appropriate staff were retrained on the policy regarding pre-admission documentation on June 24, 2014 by the executive Director. The Business Office Manager or designee will audit contracts prior to move-in to monitor for compliance. The Executive Director or designee will monitor for compliance.

Evidence: Training sign-in sheet, copy of signed document

Completion Date: June 27, 2014

W. [Signature], ED 7-11-14