



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

AUG 28 2014

Mr. Daniel Guill, Authorized Official
Statesman Woods AID OPCO, LLC
330 North Wabash Avenue, Suite 3700
Chicago, Illinois 60611

RE: Woodbourne Place
2619 Trenton Road
Levittown, Pennsylvania 19056
License #: 139550

Dear Mr. Guill:

As a result of the Department of Public Welfare's licensing inspection on June 6, 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 11, 2014 to July 11, 2015 was issued on June 19, 2014. Your regular license remains in good standing.

Sincerely,

Matthew J. Jones
Director

MS

Enclosure
License Inspection Summary

Violation Report: 13955 - 06/06/2014 - Adams, Patricia
 PCH Name: Woodbourne Place

1. REGULATION 55 Pa.Code §2600
 2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION
 The washroom was unlocked and accessible to residents ,and residents have not been assessed capable of recognizing and using poisons safely.

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.

6/6/2014 Cabinet containing laundry soap dispenser and laundry room door were locked. Doorknob to laundry room door was changed to a doorknob that will be in the locked position with the door is shut.

6/6/2014 Audit completed to verify poisonous materials are locked and inaccessible to residents who cannot manage them safely.

6/9/2014 Appropriate staff was in serviced regarding regulation 2600.82(c) poisonous material shall be kept locked and inaccessible to residents who cannot safely manage them. (attachment #1)

Maintenance Assistant or designee will audit laundry area Ongoing daily to verify that poisonous materials are locked and inaccessible to residents who cannot manage them safely.

Executive Director or designee will randomly audit laundry Ongoing area daily to verify that poisonous materials are locked and inaccessible to residents who cannot manage them safely.

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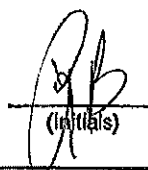
Signature of Legal Entity Representative
 (Required on EVERY Page)  EXECUTIVE DIRECTOR

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) KRISTIN M. ERNER Date 8/4/14

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

The above plan of correction is approved as of 8/7/14
 (Date)

Plan of correction implementation status as of 8/6/14
 (Date)

The above plan of correction was approved by 
 (Initials)

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

Violation Report: 13955 - 06/06/2014 - Adams, Patricia
 PCH Name: Woodbourne Place

1. REGULATION 55 Pa.Code §2600
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION
 The homes main refrigerator slipping around the door was not secure and not in good repair.

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.

6/6/2014 The equipment noted upon inspection was the community's overflow cooler. Temperature reading for this equipment was within normal range, clean, and free of hazards at time of inspection.

6/23/2014 Community's contracted vendor inspected cooler and indicated equipment is in working order. (attachment #2)

6/10/2014 An audit was completed to verify that that furniture and equipment is in good repair, clean and free of hazards.

6/9/2014 Appropriate staff in-serviced regarding proper procedure for reporting maintenance needs/abnormal findings & regulation 2600.95. (attachment #3)

Ongoing Maintenance Assistant or designee will respond to abnormal finding in a timely and efficient manner and will observe furniture and equipment for disrepair, uncleanliness, and hazards and address as needed.

Ongoing Executive Director or designee will randomly audit that furniture and equipment is in good repair, clean and free of hazards.

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
KRISTIN M. ERNER	8/4/14

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Violation Report: 13955 - 06/06/2014 - Adams, Patricia
 PCH Name: Woodbourne Place

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The medical evaluation for resident #1 dated 9/19/13 and resident #2 dated 1/20/14 does not include health and dietary 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.

6/6/2014

Resident # 1 and Resident #2 medical evaluations were corrected to include health and dietary needs by verbal order from prescriber.(attachment #4 & #5)

6/10/2014 An audit was completed to verify current residents' medical evaluations contents meet the Department standards as appropriate.

6/9/2014 Appropriate staff in-serviced regarding the content requirements of a medical evaluation regulation 2600.141(a)2. (attachment #6)

Ongoing Upon receipt of completed resident medical evaluations, Care Services Manager(Nurse) or designee will be review for regulatory compliance.

Ongoing Executive Director or designee will randomly review completed resident medical evaluations for regulatory compliance.

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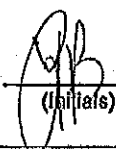
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Violation Report: 13955 - 06/06/2014 - Adams, Patricia
 PCH Name: Woodbourne Place

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

The medication administration record for resident #3 does not include the correct time to administer the medication.

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.

6/6/2014 Change of Direction label was applied to the resident #3's bottle of over the counter Tylenol indicating to refer to the medication administration record for frequency of administration. Upon inspection, medication record stated every 6 hours, bottle recommendation stated every 4-6 hours. (corrected at time of inspection)

6/10/2014 An audit was completed to verify contents of medication carts 1&2 correlate with respective medication record.

6/9/2014 Appropriate staff in-service completed regarding regulation 2600.187(a) required content. (attachment #7)

Ongoing Care Services Manager(Nurse) or designee will verify medication record and pharmacy label/over the counter recommendation match, upon receipt of delivery or change in prescription.

Ongoing Executive Director or designee will randomly audit 10% of medication record and pharmacy label/over the counter recommendation match, monthly.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
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[Handwritten Signature] EXECUTIVE DIRECTOR

Printed Name and Title of Legal Entity Representative
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KRISTIN M. EBNER

Date 8/4/14

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Violation Report: 13955 - 06/06/2014 - Adams, Patricia
 PCH Name: Woodbourne Place

1. REGULATION 55 Pa.Code §2600
 2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION
 On 6/6/2014 at 7:30 am resident #4 medication record was not initial or recored.
 Medication for resident #5 the label did not match the MAR.

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.

Reportable incident complete and submitted to the department for
 6/6/2014 resident #4's omission of medication on 6/6/2014 at 7:30am. Prescriber
 and responsible party notified. (attachment #8)

6/6/2014 Resident #5 medication record was updated to reflect the original
 prescription including the strength of the ointment. (attachment #9)

6/6/2014 Audit completed of medication administration record to verify that
 medications administer are recorded at the time of administration.

6/10/2014 An audit was completed to verify contents of medication carts #1 and #2
 correlating with respective medication record.

6/9/2014 Appropriate staff in-service completed regarding regulation 2600.187(b)
 required content. (attachment #7)

Ongoing Care Services Manager(Nurse) or designee will audit medication
 administrator records weekly to verify documentation compliance.

Ongoing Executive Director or designee will randomly audit 10% of medication
 administrator records to verify documentation compliance, monthly.

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) KRISTIN M. EBNER Date 8/4/14

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Violation Report: 13955 - 06/06/2014 - Adams, Patricia
 PCH Name: Woodbourne Place

1. REGULATION 55 Pa.Code §2600

2a. DESCRIPTION OF VIOLATION

On 5/4/2014, an error in resident #6 occurred involving missed Guviscon extra strength . The error was not reported to the doctor.

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.

Reportable incident complete and submitted to the department for
 6/6/2014 resident #6's omission of medication on 5/4/2014 at 1:00pm.
 Prescriber and responsible party notified. (attachment #10)

Audit completed of medication administration record to verify that
 6/6/2014 medications administered are recorded at the time of
 administration.

6/9/2014 Appropriate staff in-service completed regarding regulation
 2600.187(b) required content. (attachment #7)

Ongoing Care Services Manager(Nurse) or designee will audit medication
 administration records weekly to verify documentation compliance.

Ongoing Executive Director or designee will randomly audit 10% of
 medication administrator records to verify documentation
 compliance, monthly.

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Violation Report: 13955 - 06/06/2014 - Adams, Patricia
 PCH Name: Woodbourne Place

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 #6 has 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.

6/6/2014 Resident #6 was educated regarding regulation 2600.191, resident's right to question or refuse a medication if they believe there may be a medication error. (corrected at time of survey) (attachment #11)

6/6/2014 Enlivant corporate support center revised resident rights appendix of residence agreement packet to include regulation 2600.191 resident's right to questions or refuse a medication if they believe there may be a medication error.

6/8/2014 An audit was completed to verify compliance regarding resident rights and documentation of education.

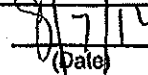
Executive Director or designee will review contract content Ongoing including resident rights and documentation of resident education, upon completion of residence agreement.

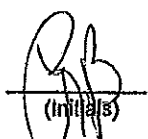
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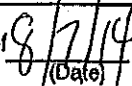
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Violation Report: 13955 - 06/06/2014 - Adams, Patricia
 PCH Name: Woodbourne Place

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.

2a. DESCRIPTION OF VIOLATION
 Resident #7 support plan was not signed by the administrator.

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.

Creator of support plan dated 7/2013 is no longer employed at 6/10/2014 Woodbourne Place. Current support plan completed and is signed at dated by the current creator. (attachment #12)

6/9/2014 An audit was completed to verify compliance with regulation 227(g) regarding individuals who participate in development of the support plan including signatures and dates.

6/9/2014 Appropriate staff in-serviced regarding required signatures and dates of individuals who participate in development of the support plan. (attachment #6)

Ongoing Completed support plans will be reviewed for signatures and dates of individuals who participated in development of support plan.

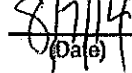
Ongoing Executive Director or designee will randomly audit that all participates have signed and dated the support plan, monthly.

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


Signature of Legal Entity Representative (Required on EVERY Page)  EXECUTIVE DIRECTOR

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) KRISTIN M EBERLE Date 8/4/14

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