

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to MCAP WILLOW GROVE OPERATOR LLC
LEGAL ENTITY

To operate THE LANDING AT WILLOW GROVE
NAME OF FACILITY OR AGENCY

Located at 1120 YORK ROAD, WILLOW GROVE, PA 19090
(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 115
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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 October 8, 2014 until October 8, 2015,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 139940

Robert E. Robinson
ISSUING OFFICER


ACTING 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.



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

OCT 08 2014

Mr. Joseph A. Irving, Vice President
MCAP Willow Grove Operator, LLC
c/o MCAP Advisers LLC
437 Madison Avenue Suite 33C
New York, New York 10022

RE: The Landing at Willow Grove
1120 York Road
Willow Grove, Pennsylvania 19090
License #: 139940

Dear Mr. Irving:

As a result of the Department of Public Welfare's licensing inspection on July 21, 2014 and July 22, 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

Sincerely,

Matthew J. Jones
Director

/s/

Enclosures
License
License Inspection Summary

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

Page 1 of 24

PCH Name: THE LANDING AT WILLOW GROVE		License Number: 13994
Address: 1120 YORK ROAD, WILLOW GROVE, PA 19090		County: Montgomery
Administrator: Rene Ackerman		Region: SOUTHEAST
Legal Entity Name: MCAP WILLOW GROVE OPERATOR LLC		
Legal Entity Address: 437 MADISON AVENUE SUITE 33C, NEW YORK, NY 10022		
Certificate(s) of Occupancy LP 02/15/1990 Commonwealth of PA		
Staffing Hours		
Resident Support:	Total Daily Staff: 95	Working Staff: 71
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for inspection(s) Renewal, Provisional		
On-Site Inspections Dates and Department Representatives On-Site 07/21/2014: Adams, Patricia; Braswell, Natasha 07/22/2014: Adams, Patricia; Braswell, Natasha		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 115	Number of Residents who:	
Number of Residents Served: 71	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 76	
Area:	Have Mental Illness: 1	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 1	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 24	
Number of Current Hospice Residents: 4	Have a Physical Disability: 1	
Number of Hospice Residents in past year: 11		

Violation Report: 13994 - 07/21/2014 - Adams, Patricia
 PCH Name: THE LANDING AT WILLOW GROVE

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

- On 7/21/14, at 10:32 am, black mold was observed around the rubber door gasket of walk in coolers #1 and #2.
- On 7/21/14, room # 135 had a strong smell of urine. The smell was attributed to a resident's puppy who was not yet paper trained.
- Residents # 1 has a physician order for blood glucose monitoring 4 times daily. On 7/20/14, blood glucose checks were taken at 6:00 am, 11:00 am and 4:00 pm; however the readings were not listed on the resident's meter.
- Resident # 2 has a physician order for blood glucose checks daily at 8:00 am. The readings on the resident's meter do not correspond to the documentation listed on the resident's medication administration record.
- Swan and geese excrement heavily littered an area next to the man-made lake; where a picnic table was located.

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.

The black mold was immediately removed from walk-in doors, (between rubber gaskets) 7/22/14. Walk-ins are being cleaned weekly with special emphasis on gaskets. Dishwashers have this assignment on their schedule. To be supervised by chef. *Attachment #1*

Sanitary conditions shall be maintained. Room #135 had carpet shampooed and extracted on 7/23/14.

Housekeepers have been given an in-service, and assigned to clean room on a daily basis. Dog is being walked by staff 3 times daily to prevent accidents. Director of Maintenance ultimately responsible for oversight of housekeeping. *Attachment #2*

Resident #1 and Resident #2

Every resident who has orders for blood sugar monitoring will have their own accu-check machine with their name written on it. We are not allowed to use the machine for anyone other than its owner. All Blood sugar results must be recorded promptly in the MAR. The memory on the accu-check machine should not be deleted. It needs to be intact for future reference. Staff will be in-serviced before 9/12/14 by the Resident Care Director. *Attachment #3*

Dishwasher will wash Swan and geese excrement down twice weekly. Picnic table was removed indefinitely. Our Maintenance Director will supervise the regular clean up of the area. 9/5/14

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/29/2014	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Renee Ackerman*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Renee Ackerman Executive Director* Date *9/10/14*

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

The above plan of correction is approved as of <u>9/17/14</u> (Date)	Plan of correction implementation status as of <u>9/25/14</u> (Date)
The above plan of correction was approved by <u><i>SA</i></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

Violation Report: 13994 - 07/21/2014 - Adams, Patricia
PCH Name: THE LANDING AT WILLOW GROVE

1. REGULATION 56 Pa.Code §2600
2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION
On 7/21/14, a mattress was propped against the fence behind the dumpster along with debris and accumulation of pine needles on the ground beside the dumpster.

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.

The mattress, debris, and pine needles were immediately picked up and thrown into the dumpster, 7/22/14. All accumulated debris or any trash outside of the dumpster is picked up on a daily basis by maintenance and kitchen staff. Supervised by the Maintenance Director.


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

Signature of Legal Entity Representative
(Required on EVERY Page) *Kenee Ackerman*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kenee Ackerman, Executive Director* Date *9/10/14*

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

The above plan of correction is approved as of 9/17/14
(Date)

The above plan of correction was approved by 
(Initials)

Plan of correction implementation status as of 9/25/14
(Date)

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

Violation Report: 13994 - 07/21/2014 - Adams, Patricia
PCH Name: THE LANDING AT WILLOW GROVE

1. REGULATION 55 Pa.Code §2600

2600.87 - The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

2a. DESCRIPTION OF VIOLATION

On 7/21/14, there was a lack of lighting in the stairwell next to room # 318 room and the light was out in the stairwell next to room # 124.

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.

4

Light bulb was replaced next to room #318 in wall sconce and light bulb replaced next to room #124 on 7/23/14. All common area and stairwell lighting is checked and replaced on a weekly basis by maintenance department. Maintenance Director will be responsible.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Renee Ackerman

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

Renee Ackerman, Executive Director

Date 9/10/14

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

The above plan of correction is approved as of

9/17/14
(Date)

Plan of correction implementation status as of

9/25/14
(Date)

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

The above plan of correction was approved by

RA
(Initials)

Violation Report: 13994 - 07/21/2014 - Adams, Patricia
 PCH Name: THE LANDING AT WILLOW GROVE

1. REGULATION 65 Pa.Code §2600
 2600.68(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

- The activity closet, located in the common area, has a broken door and hanging off the hinge.
- The rugs in the home's elevators were heavily stained.
- The floor of room # 209 was stained and dirty.
- The threshold in the 2nd floor bathroom; next to the nurse station, is not secured presenting a tripping hazard.
- A single package of butter and other debris was observed on the second floor ledge above the dining room.
- The bathroom floor of room # 234 was littered with debris.

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.

The activities closet has been repaired and the door hinge has been reattached as of 7/24/14.
 The elevator carpets have been shampooed and continue to be cleaned routinely. Maintenance and housekeeping has been cleaning the carpets on a weekly basis. We have an outside vendor who comes in monthly for cleaning high traffic areas. (See attached invoices) Attachment #4

Floor of #209 was cleaned and shampooed by housekeeping on 7/25/14. Room is now under construction at present. Room once re-occupied will be cleaned on at least a weekly basis or more as needed. All rooms to be inspected weekly by Maintenance Director.

The second floor guest bath marble threshold has been grouted and secured to prevent tripping hazard 9/14/14. Any hazards to report to Safety Committee for repair by Maintenance Director.

The package of butter and all other debris was immediately removed from second floor refrigerator, 7/25/14. Housekeeping has been directed to inspect these on daily basis to keep free of debris. Director of Maintenance will be responsible for in-service of staff and inspected daily. Attachment #5

Bathroom floor of #234 was cleaned of debris on floor by housekeeping immediately 7/21/14.

All residents' rooms are cleaned and trash removed on daily basis. In service given to housekeeping on 9/8/14, by Maintenance director. Maintenance Director is responsible for housekeeping and inspections. Attachment #6

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/29/2014
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Renee Ackerman*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Renee Ackerman, Executive Director* Date *9/10/14*

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

The above plan of correction is approved as of 9/17/14
 (Date)

Plan of correction implementation status as of 9/25/14
 (Date)

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

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

Violation Report: 13994 - 07/21/2014 - Adams, Patricia
 PCH Name: THE LANDING AT WILLOW GROVE

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 main door near room # 343 was missing a latch cover.
- The metal shelves in the back of the kitchen, used for paper goods storage, is corroded and in need of repair.
- On 7/21/14, the kitchen stove had the following problems:
 Seven knobs used for turning the kitchen stove on and off were missing.
 Stove top and grill was caked with burnt on food. The vents above the stove were coated with grease and dirt.
 The drawer below the sink/steam unit was in need of cleaning and in disrepair.
- On 7/21/14, the commercial toaster in the kitchen was broken and full of crumbs and the 4 slice toaster used to prepare toast was full of crumbs.
- The equipment used for scrubbing pots and pans consists of three sinks, which were tilted back toward the wall and unable to drain properly, as garbage would back up and spew out of the overflow vent above the middle sink bowl.
- The refrigerator door in room # 209, had numerous dried stains upon it.
- The air conditioner in room # 237 was not working and the desk drawer was broken.

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.

The main door next to room #343 going into the stairwell was missing a cover plate, which has since been replaced by the Director of Maintenance on 7/28/14. Maintenance Director will be alerted to any deficits or repair needs in the building.
 The metal shelves will be scrubbed and painted by 9/12/14 by Dining Services Director and the Dining Service Director and the Executive Director will inspect all shelving regularly for any apparent rust or corrosion.
 The Kitchen stove had all knobs replace by 8/8/14 through American Kitchen.
 Stovetop and grill were cleaned immediately by staff on 7/23/14.
 Stovetop and grill will be cleaned regularly on a daily basis and be listed on regular staff duties. (See attached) 9/4/14.
 Vents above stove are cleaned weekly as part of the clean up by chef. Grills are placed through the dishwasher by staff on a weekly basis and supervised by the Dining services Director. 9/8/14 Attachment #6
 The drawer below the steam unit has been repaired and cleaned, 7/31/14. Chef on duty will have the responsibility of cleaning drawers on a daily basis.
 Director of Dining Services and Executive Director will inspect cleanliness of kitchen on a daily basis.
 The commercial toaster was disposed of on 7/21/14 immediately upon observation. The four-slice toaster will be cleaned of toast crumbs on a regular basis (daily) after each meal. Director of Dining Services will inspect for cleanliness on a daily basis.
 The three bay sink, which is tilted back, will be repaired by McDonald Construction as part of the kitchen re-construction commencing on 9/9/14. Kitchen project will be completed prior to 9/21/14.
 The refrigerator door in room #209 was cleaned by housekeeping on 7/25/14. Housekeeping has a checklist for cleaning rooms and paying attention to stains throughout the room. Housekeeper duties allotted- Rooms randomly checked by Director of Maintenance. Attachment #7
 The Director of Maintenance replaced air conditioner in room #237 with a new unit on 7/25/14 and desk drawer was replaced. Both are now in good working order.
 Maintenance Log Book sits on Front Desk, is reviewed, and task completed by Maintenance Assistant and Director on a daily basis

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kenee Fekerman, Executive Director* Date *9/10/14*

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

The above plan of correction is approved as of <u>9/11/14</u> (Date)	Plan of correction implementation status as of <u>9/25/14</u> (Date)
The above plan of correction was approved by <u>[Signature]</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

Violation Report: 13994 - 07/21/2014 - Adams, Patricia
PCH Name: THE LANDING AT WILLOW GROVE

1. REGULATION 56 Pa.Code 52600
2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION
The first aid kit in the linen closet on the second floor does not include tweezers.

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.

First aid kits are to be checked on a weekly basis on the 11-7 shift. A check list is provided to verify the contents of the kit. If anything is missing the listed item is circled and the list is given to the Resident Care Director or designee. This person is then responsible for replacing any missing items in a timely manner. *Staff etc.*

Attachment #8

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kesee Ackerman, Executive Director* Date *9/10/14*

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

The above plan of correction is approved as of 9/17/14
(Date)

Plan of correction implementation status as of 9/25/14
(Date)

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

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

Violation Report: 13994 - 07/21/2014 - Adams, Patricia
 PCH Name: THE LANDING AT WILLOW GROVE

1. REGULATION 65 Pa.Code §2600
 2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

- On 7/21/14, 40 feet of an area along a man made lake was unfenced and accessible to residents; presenting a safety hazard.
- The following hazardous exterior conditions were observed on 7/21/14:

Wooden retaining wall along the property line, on the west side of the building, was in disrepair; presenting a safety hazard.
 An unsecured fenced area with a small unlocked building area overgrown with vines and weeds presenting a safety hazard.
 Tree branches hung low over the pathway in the back of the home, the pathway was raised and cracked from tree roots and presenting a tripping hazard. In addition, there were fallen branches in the grassy areas along the fence; and next to the man-made lake.

There is an open area under the home's dining room, where it sits upon 5 foot slacks. The open area is the length and width of the home's dining room. The area was littered with debris and weeds. There was a large trench, approximately 3 feet deep, used for blow outs, and an accumulation of standing water. A drain pipe for redirecting water lay across a pathway resulting in an accumulation of standing muddy water.

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

On 8/4/14 a 40' fence was installed next to the PODS out by the lake to prevent residents from wandering into the lake. Director of Maintenance will be responsible for fencing maintenance. *Attachment #9*

Major landscaping will commence starting with the reconstruction of the retaining wall to be completed by October 15, 2014. McDonald Construction and landscaper will be responsible for the project.

The gate and the shed have been locked to prevent any residents from wandering into the area. Director of Maintenance is responsible for this area.

Landscaping and new pathways for residents are part of the construction by McDonald and landscaper to be completed by Phase II of construction. Overgrown vines and fallen branches were cleared on 7/24/14 by a commercial landscaper.

The open area under the home's dining room was cleared of debris and standing water was drained, 8/13/14.

A new latticework barrier will be installed as a surround for the area under dining room by McDonald Construction by 9/12/14. Director of Maintenance and Executive Director to supervise. *Attachment #10*

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Renee Ackerman, Executive Director* Date *9/10/14*

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The above plan of correction is approved as of <u>9/17/14</u> (Date)	Plan of correction implementation status as of <u>9/25/14</u> (Date)
The above plan of correction was approved by <u>(Signature)</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

Violation Report: 13994 - 07/21/2014 - Adams, Patricia
 PCH Name: THE LANDING AT WILLOW GROVE

1. REGULATION 56 Pa.Code §2600
 2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION
 The bed in room # 311 does not have a source of light that can be turned on/off from bedside.

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.

Room #319 now has a lamp placed on the bedside table. Periodic checks of resident rooms throughout the building to ensure that all rooms have lamps on end tables by the beds. Residents must be able to turn light on/off from their bed. Maintenance Director and Executive Director will do checks.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Renee Korman, Executive Director</i>	Date <i>9/10/14</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>9/17/14</u> (Date) The above plan of correction was approved by <u><i>RK</i></u> (Initials)	Plan of correction implementation status as of <u>9/25/14</u> (Date) <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
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Violation Report: 13994 - 07/21/2014 - Adams, Patricia
PCH Name: THE LANDING AT WILLOW GROVE

1. REGULATION 55 Pa.Code §2600
2600.103(b) - Kitchen surfaces must be of a nonporous material and cleaned and sanitized after each meal.

2a. DESCRIPTION OF VIOLATION
- The front of the ice machine, located in the home's kitchen, had numerous dried stains.

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.

10

The ice machine is part of the weekly cleaning listing the dishwasher- Assignments are attached. Stains were removed from the front of the ice machine on 7/23/14. Dining Services Director will check ice machine daily.

Attachment #11

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Renee Ackerman*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Renee Ackerman, Executive Director* Date *9/10/14*

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

The above plan of correction is approved as of 9/17/14
(Date)

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

Plan of correction implementation status as of 9/25/14
(Date)

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

Violation Report: 13994 - 07/21/2014 - Adams, Patricia
PCH Name: THE LANDING AT WILLOW GROVE

1. REGULATION 66 Pa.Code §2600
2600.103(o) - Food shall be protected from contamination while being stored, prepared, transported and served.

2a. DESCRIPTION OF VIOLATION
On 7/21/14, the medication carts on the second floor had uncovered pitchers of water on the counter tops. The water was used for administering medications.

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.

All medication cart pitchers will have a properly fitting lid on at all times when in use. If a lid is not available, the pitcher will be covered with either plastic wrap or foil. The Resident Care Director replaced water pitchers on 7/22/14. In-service to be done by the Resident Care Director by 9/12/14.

Attachment #12

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Renee Ackerman*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Renee Ackerman, Executive Director* Date *9/10/14*

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

The above plan of correction is approved as of 9/17/14
(Date)

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

Plan of correction implementation status as of 9/26/14
(Date)

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

Violation Report: 13994 - 07/21/2014 - Adams, Patricia
PCH Name: THE LANDING AT WILLOW GROVE

1. REGULATION 55 Pa.Code §2600
2600.103(d) - Food shall be stored off the floor.

2a. DESCRIPTION OF VIOLATION
On 7/21/14, water was stored on the floor in the basement.

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.

12

Emergency water supply was place on pallets by Maintenance Director on 9/5/14. No water will be stored on floor.

Checked on a regular basis by Dining Services Director.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature]

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

Renee Ackerman, Executive Director

Date *9/10/14*

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

The above plan of correction is approved as of 9/17/14
(Date)

Plan of correction implementation status as of 9/25/14
(Date)

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

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

Violation Report: 13994 - 07/21/2014 - Adams, Patricia
 PCH Name: THE LANDING AT WILLOW GROVE

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.

2a. DESCRIPTION OF VIOLATION
 Two containers of vegetables were observed unlabeled on 7/21/14.

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.

13

Vegetables in unlabeled containers were thrown away 7/21/14.

All containers must be labeled as to content and dated. In-service for chefs will be given by 9/9/14 by Dining Services Director.

In-Service attached.

Dining Services Director will perform Attachment #13

Checks as of 9/25/14 on a daily basis.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Renee Ackerman, Executive Director</i>	Date <i>9/10/14</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <i>9/25/14</i> (Date)	Plan of correction implementation status as of <i>9/25/14</i> (Date)
The above plan of correction was approved by <i>AB</i> (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

Violation Report: 13984 - 07/21/2014 - Adams, Patricia
 PCH Name: THE LANDING AT WILLOW GROVE

1. REGULATION 55 Pa.Code §2600
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
 On 7/21/14, an open bottle of lemon juice with a label stating "refrigerate after opening" was observed on the top shelf of the steam table.

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.

14
 Any food item that is labeled "refrigerate after opening" must be kept at 40° or below. Lemon juice was immediately thrown away by Dining Services Director 7/21/14, An in-service will be planned for all cooks regarding refrigeration of food items by Dining Services Director on 9/10/14. Executive Director will be present for in-service and inspect kitchen periodically /weekly.

Attachment #14

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/29/2014
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Renee Ackerman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Renee Ackerman, Executive Director</i>	Date <i>9/10/14</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>9/17/14</u> (Date)	Plan of correction implementation status as of <u>9/25/14</u> (Date)
The above plan of correction was approved by <u><i>RD</i></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

Violation Report: 13994 - 07/21/2014 - Adams, Patricia
PCH Name: THE LANDING AT WILLOW GROVE

1. REGULATION 55 Pa.Code §2800
2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION
There were 8 molding cucumbers and 5 dried up green peppers on the self of the #2 walk in cooler on 7/21/14

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.

15

Produce will continually be rotated and all produce past its prime will immediately be thrown away, this will be done on a daily basis. Produce will be checked for freshness by the Dining Services Director, Executive Director will follow up by checking walk-ins, daily.

Attachment - # 15

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Renee Ackerman*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Renee Ackerman, Executive Director* Date *9/10/14*

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

The above plan of correction is approved as of 9/17/14
(Date)

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

Plan of correction implementation status as of 9/25/14
(Date)

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

Violation Report: 13994 - 07/21/2014 - Adams, Patricia
 PCH Name: THE LANDING AT WILLOW GROVE

1. REGULATION 56 Pa.Code §2800
 2600.105(e) - Clean linens and towels shall be stored in an area separate from soiled linen and clothing.

2a. DESCRIPTION OF VIOLATION
 On 7/21/14, 2 gallon cans of paint was stored under the clean linen table and a box full of tv remotes were stored on top of the clean linen.

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.

16

Clean linens will be stored separately in the laundry room or in all closeted areas on each floor. Paint cans and TV remotes were removed 7/22/14 from laundry area. Paint and remotes will be stored in Maintenance area. Signs placed in laundry room as a reminder. Executive Director will perform observation of laundry room twice a week to ensure that no other items will be stored are placed near or on clean laundry.
 Executive Director will commence rounds of laundry areas and linen closets on 9/8/14, weekly

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Renee Ackerman*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Renee Ackerman, Executive Director* Date *9/10/14*

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

The above plan of correction is approved as of <u>9/17/14</u> (Date)	Plan of correction implementation status as of <u>9/25/14</u> (Date)
The above plan of correction was approved by <u><i>RA</i></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

Violation Report: 13994 - 07/21/2014 - Adams, Patricia
 PCH Name: THE LANDING AT WILLOW GROVE

1. REGULATION 66 Pa.Code §2600
 2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION
 On 7/21/14, there was an accumulation of lint in the lint trap of the dryer located in the laundry room.

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.

17

A small amount of lint was removed from the second floor resident clothes dryer 7/21/14. Signs are posted to clean out lint filter in the dryer after every use. Maintenance staff and housekeeping staff will do regular checks (several times a day) to monitor lint filters in dryers used by our residents.
 Maintenance director will be responsible for checking lint filters in all dryers daily.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Kerec A. Herman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kerec A. Herman, Executive Director</i>	Date <i>9/10/14</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>9/17/14</u> (Date) The above plan of correction was approved by <u>(S)</u> (Initials)	Plan of correction implementation status as of <u>9/26/14</u> (Date) <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
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Violation Report: 13994 - 07/21/2014 - Adams, Patricia
 PCH Name: THE LANDING AT WILLOW GROVE

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 # 3, dated 8/28/13, does not include page #2 of the form.

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.

18

Resident #3

The Resident Care Director will review all medical evaluations or a designee before it is placed in the residents chart. Any missing information will be obtained from the appropriate source and the form will be completed then placed in the resident's chart. (See attached documents) Attachment #16

Quoted to started as of 9/25/14 - All charts will audit for any missing documentation by the Resident Care Director

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Renee Ackerman, Executive Director* Date *9/25/14*

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

The above plan of correction is approved as of 9/25/14
 (Date)

Plan of correction implementation status as of 9/25/14
 (Date)

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

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

Violation Report: 13994 - 07/21/2014 - Adams, Patricia
PCH Name: THE LANDING AT WILLOW GROVE

1. REGULATION 55 Pa.Code §2600
2600.144(c) - A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include 2600.144(c)1-3.

2a. DESCRIPTION OF VIOLATION
The home permit's smoking, but does not have a designated area.

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.

A no smoking policy was placed in effect in 2009. See photo of the sign. We had a previously designated area for residents smoking on back patio of 1st floor, long hallway, but the area is now under construction. We presently have no smokers living in our facility. Smoking area for staff is approximately 75 feet from back of the building. A receptacle for cigarettes is located in the staff smoking area for safety.
Maintenance Director will be responsible for keeping receptacle clean. Attachment # 17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *Renee Ackerman*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Renee Ackerman, Executive Director*

Date *9/10/14*

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

The above plan of correction is approved as of 9/17/14
(Date)

Plan of correction implementation status as of 9/25/14
(Date)

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

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

Violation Report: 13994 - 07/21/2014 - Adams, Patricia
 PCH Name: THE LANDING AT WILLOW GROVE

1. REGULATION 55 Pa.Code §2600
 2600.171(c) - The home shall maintain current copies of the following documentation for each of the home's vehicles used to transport residents:
 (1) Vehicle registration.
 (2) Valid driver's license for each vehicle operator.
 (3) Vehicle insurance.
 (4) Current inspection.
 (5) Commercial driver's license for vehicle operator if applicable.

2a. DESCRIPTION OF VIOLATION
 The inspection and registration for the home's van expired on 4/14.

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.


At the time of the transition on 3/31/14, our previous owner, Senior Living Management (SLM), had lost the original title to the van and it was not transferred in the sale. SLM applied to the state for a duplicate title. The Landing at Willow Grove did not drive the van or transport any residents in it. As soon as we received the original title, the new owner, MCAP, signed it and the Executive Director went to Hendrix Auto Tags for the new title on 7/14/14. After receiving new tags and title on 7/30/14, we had the van inspected. All paperwork is attached. # 18

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Renee Ackerman, Executive Director* Date *9/10/14*

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

The above plan of correction is approved as of <u>9/17/14</u> (Date)	Plan of correction implementation status as of <u>9/17/14</u> (Date)
The above plan of correction was approved by <u></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

Violation Report: 13994 - 07/21/2014 - Adams, Patricia
 PCH Name: THE LANDING AT WILLOW GROVE

1. REGULATION 55 Pa.Code §2600
 2600.181(d) - If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

2a. DESCRIPTION OF VIOLATION
 Resident # 4 self administers medications and stores medications in their room. On 7/21/14, the door was propped open and the medication was accessible and unsecured on the resident's night stand..

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.

21

Resident #4 was provided with a security box with a key to store all medications in her room. She understands that all meds must be kept in the box at all times. Her door remains open when she is awake due to her physical limitations secondary to CVA. This change is reflected on her support plan. See attached documents. Attachment # 19

Security boxes purchased and Res support plans updated by Director of Resident Care. Staff was given instruction and will check to see that medication box is locked when door is open; if resident is not in room. as of 9/25/14

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kenee Ackerman, Executive Director</i>	Date <i>9/10/14</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 9/25/14 (Date)

Plan of correction implementation status as of 9/25/14 (Date)

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

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

Violation Report: 13994 - 07/21/2014 - Adams, Patricia
 PCH Name: THE LANDING AT WILLOW GROVE

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

- Resident # 2's Amiodarome 100 mg pharmacy label was altered to include a handwritten notation.
- The label for resident # 5's Mometasone Furoate does not include the resident's name, date prescription issued, prescribed dosage and instructions for administration and name and title of prescriber.

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.

22

Resident #2

No staff member is permitted to write on a prescription label containing the resident's name, date of prescription, and the dosage, instructions for administration, medication name, name and title of prescriber. If all of these items are not present, the medication cannot be given and the pharmacy should be notified that the label is incorrect and request a new label be sent. In-servicing to be done by 9/12/14 by the Resident Care Director.

Resident #5

All prescription medications must have a pharmacy label containing the resident's name, date of prescription, the dosage, instructions for administration, medication name, name and title of prescriber. If all of these items are not present the medication can not be given and the pharmacy should be notified that the label is incorrect and request a new label be sent. In servicing to be done by 9/12/14 by the Resident Care Director.

Attachment # 20

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kenee Ackerman, Executive Director* Date *9/10/14*

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

The above plan of correction is approved as of <u>9/12/14</u> (Date)	Plan of correction implementation status as of <u>9/12/14</u> (Date)
The above plan of correction was approved by <u>(Signature)</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

Violation Report: 13984 - 07/21/2014 - Adams, Patricia
 PCH Name: THE LANDING AT WILLOW GROVE

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 5/23/14, at 6:00 am, resident # 8's Levothroxium 88 mcg was administered. The medication administration record was not initialed.

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.

23

Resident #6
 All MARS will be reviewed on a daily basis by the 11-7 shift supervisor to check for omissions. Any omissions found will be recorded and delivered to the Resident Care Director or designee. This person will be responsible for notifying the staff that their documentation is incomplete and it must be corrected. (See attached documents) All staff will be in serviced by 9/12/14 by Resident Care Director.

Attachment # 21

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Renee Ackerman</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Renee Ackerman, Executive Director</i>			Date <i>9/10/14</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>9/17/14</u> (Date)		Plan of correction Implementation status as of <u>9/23/14</u> (Date)	
The above plan of correction was approved by <u><i>[Signature]</i></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	

Violation Report: 13994 - 07/21/2014 - Adams, Patricia
 PCH Name: THE LANDING AT WILLOW GROVE

1. REGULATION 56 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

- Resident # 6 self administers Baza Protech Cream twice daily to sacrum and buttocks. The resident cannot self administer.
- There is no documentation that barrier cream is applied to resident # 6's sacrum.
- On 7/21/14, resident # 7 had a container of Calmoseptine Ointment on the bathroom sink. The resident does not have an order for the medication.
- Fungi-Nail, Tinactin, Hydrogen Peroxide, Aspirin 325 mg, Isopropyl alcohol, Mometasone Furoate were observed in resident # 8's room. The resident cannot self administer medications.
- Ventoline HFA was observed in a basin and on the bed in room # 209. The resident does not have an order for the administration of 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.

Resident #6

Any orders that are to be completed by the resident care associates will be documented by them on the resident care flow sheet. These sheets will be checked daily by the 11-7 supervisor. Any omissions will be recorded and delivered to the Resident care Director or designee. This person will be responsible for notifying the staff that their documentation is incomplete and it must be corrected. (See attached documents)
 In servicing to be done by 9/12/14 by Resident Care Director.

Resident #7

No resident will receive a medication, prescription or over the counter, without verifying that there is a physician's order in their chart, their MAR and that it is labeled correctly before administering the medication. In servicing to be done by 9/12 by the Resident Care Director.

Resident #8

A physician's order was obtained to allow the resident to self administer over the counter medication. The support plan and the DME reflect this change. The resident is aware that he must keep his door locked when he is not in the room. (See attached documents)

All residents who self medicate will have a physicians order and it will be documented on the DME and the support plan.
 In servicing to be done by 9/12/14 by Resident Care Director

Attachment #20

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Renee Akerman, Executive Director* Date *9/10/14*

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

The above plan of correction is approved as of <u>9/17/14</u> (Date)	Plan of correction Implementation status as of <u>9/25/14</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></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