



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: December 29, 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 Human Services' licensing inspection on October 17, 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.

Sincerely,

A handwritten signature in cursive script that reads "Patricia Adams" followed by a large, stylized initial "PK".

Patricia Adams  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary

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

Page 1 of 3

PCH Name: THE LANDING AT WILLOW GROVE		License Number: 13994
Address: 1120 YORK ROAD, WILLOW GROVE, PA 19090		County: Montgomery
Administrator: Renee 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		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 105	Working Staff: 79
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 10/17/2014: Kazimer, Lauren; 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: 79	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: 26	
Number of Current Hospice Residents: 4	Have a Physical Disability: 3	
Number of Hospice Residents in past year: 14		

Violation Report: 13994 - 10/17/2014 - Kazimer, Lauren  
PCH Name: THE LANDING AT WILLOW GROVE

1. REGULATION 55 Pa.Code §2600  
2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION  
On 9/21/2014, resident #1 had a fall in the home that resulted in a humerus fracture. The home did not submit an incident report to the Department until 10/10/14.

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.

As of 10/17/14 any incidents regarding a resident that results in an emergency evaluation and also a significant change of status of that resident will be reported to Department of Public Welfare's Adult Residential Licensing, within 24 hours by the Executive Director, Resident Care Director or designee.

*See attachment #1 and #2*

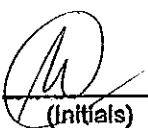
Repeat Violation: No      Date(s) of Previous Violation(s):

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 *12/12/14*

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

The above plan of correction is approved as of 12/12/14  
(Date)

The above plan of correction was approved by   
(Initials)

Plan of correction implementation status as of 12/12/14  
(Date)

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

Violation Report: 13994 - 10/17/2014 - Kazimer, Lauren  
PCH Name: THE LANDING AT WILLOW GROVE

1. REGULATION 55 Pa.Code §2600

2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION

Resident #1's support plan was finalized on 5/20/2014. The resident's support plan was not updated to include that the resident is ambulating with a wheelchair and has a shoulder immobilizer due to a fractured humerus on 9/21/2014. The support plan does not reflect the resident's recent noncompliance with ADLs.

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.

As of 10/17/14 the support plan will reflect any significant changes in the resident's status within 5 days of the noted change. These changes will be done by the Resident Care Director or designee.

See attachments #3, #4 and #5

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 *12/12/14*

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