



pennsylvania

DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: MAR 20 2015

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 11/24/2014 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 black ink, appearing to read "Roslyn Brewer".

Roslyn Brewer
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 13955 - 11/24/2014 - Keelty, Jennifer
 PCH Name: WOODBOURNE PLACE

1. REGULATION 55 Pa.Code §2600
 2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:
 (1) Medication self-administration training.
 (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
 (3) Care for residents with dementia and cognitive impairments.
 (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
 (5) Personal care service needs of the resident.
 (6) Safe management techniques.
 (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION
 Direct Care Staff Member A did not receive instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan in the 2013 training year.

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.

7/30/2014 Direct Care Staff Member A received instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation, and support plan for the 2014 training year. (Attachment #1)

12/3/2014 An audit was completed to verify direct care staff person were given instruction on annual training topics listed under PCH Regulation 2600.65(f).

12/28/2014 & Executive Director or designee will complete Training Plan for Ongoing the Calendar Year including required annual training topics. (Attachment #2)

Ongoing Executive Director or designee will audit routinely to ensure all required annual training topics are completed.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) KRISTIN MACLELLAN Executive Director Date 2-19-15

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

The above plan of correction is approved as of <u>2/24/15</u> (Date)	Plan of correction implementation status as of <u>2/24/15</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: 13955 - 11/24/2014 - Keely, Jennifer
 PCH Name: WOODBOURNE PLACE

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

Resident # 1 has an order for Ibuprofen 400 mg at 11:30 p.m.. The medication administration record for Resident # 1 indicates that, on 11/4/2014, the resident did not receive the medication because the medication was not present in the home.

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.

11/25/2014 Reportable Incident completed to notify Licensing Agency of medication error defined as failure to administer a medication. (Attachment #3)

12/18/2014 An audit was completed to verify medications are present in the home.

12/22/2014 Trained staff persons were reeducated regarding the procedure for safe storage, access, security, distribution, and use of medications and medical equipment. (Attachment #4)

Ongoing Care Services Manager or designee to audit routinely to ensure medications and medical equipment are present in the home.

Ongoing Executive Director or designee to randomly audit resident's medications and medical equipment to ensure are present in the home.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *KRISTIN MCCLELLAND Executive Director* Date *2-19-15*

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The above plan of correction is approved as of *2/24/15*
 (Date)

Plan of correction implementation status as of *2/24/15*
 (Date)

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

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

Violation Report: 13955 - 11/24/2014 - Keely, Jennifer

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 November 2014 medication administration record for Resident # 1 does not include the diagnosis for Percocet 7.5 mg / 325 mg.

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.

11/24/2014 Resident #1 's medication record for Percocet 7.5/325mg was updated to include purpose of medication.

12/3/2014 Care Services Manager & Executive Director completed an audit was completed to verify contents of medication records including diagnoses/purpose of medication.

12/22/2014 Care Services Manager in-serviced appropriate staff regarding required medication record contents as listed in PCH regulation 2600.187(a) **(Attachment #4)**

Ongoing Care Services Manager (Nurse) or designee will audit routinely to verify medication records include required information daily.

Ongoing Executive Director or designee will randomly audit to verify medication records include required information.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

06/06/2014

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature]

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

Kristin McClelland Executive Director

Date *2-19-15*

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(Date)

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(Date)

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Violation Report: 13955 - 11/24/2014 - Keelty, Jennifer

PCH Name: WOODBOURNE PLACE

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident # 1 has an order for Centrum Chewable Vitamin, 1 tablet daily. The resident did not receive the medication on 11/3/2014, 11/4/2014, 11/5/2014, 11/6/2014, 11/7/2014, or 11/13/2014.

Resident # 1 has an order for Ibuprofen 400 mg at 11:30 p.m.. The resident did not receive the medication on 11/4/2014, 11/5/2014, 11/6/2014, 11/7/2014, 11/8/2014, 11/13/2014, 11/14/2014, 11/17/2014, 11/19/2014, or 11/20/2014.

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.

11/25/2014 Resident #1 order for Centrum Chewable was discontinued due to resident stating the pill was too big and refusing to take it.

11/26/2014 Resident #1 order for Ibuprofen was revised to include hold medication if resident is sleeping. Prescribed time at 11pm is a resident/family preference.

12/18/2014 Care Service Manager completed a three way audit was complete to verify prescriber's order are being followed.

12/22/2014 Care Services Manager in-serviced appropriate staff regarding required medication management at listed in PCH regulation 2600.187(d) (Attachment #4)

Ongoing Care Services Manager(Nurse) or designee will audit medication records to verify home is following directions of the prescriber routinely.

Ongoing Executive Director or designee will randomly audit medication records to verify home is following directions of the prescriber.

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)

Kristin McClelland Executive Director

Date 2-19-15

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Violation Report: 13955 - 11/24/2014 - Keelty, Jennifer
 PCH Name: WOODBOURNE PLACE


1. REGULATION 55 Pa.Code §2600
 2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION
 Resident # 1's contract, dated 8/29/2014, indicates that the resident utilizes an assistive device to ambulate and needs the assistance of one person to transfer in and out of bed and chairs. However, Resident # 1's assessment, finalized 9/7/2014, does not indicate this need. Additionally, there is no indication of the degree of need for Resident # 1's personal care or behavioral or cognitive needs.
 Resident # 2's assessment, finalized 3/13/2014, indicates that Resident # 2 ambulates independently. Resident # 2's contract, dated 3/13/2014, indicates that the resident utilizes a walker to ambulate.

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.

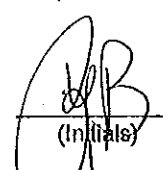
- 12/4/2014 Resident # 1 assessment was revised to include the above information. (Attachment # 5)
- 12/30/2014 Resident #2 assessment was completed to include the above information. (Attachment # 6)
- 12/1/2014 Executive Director in-serviced new Care Services Manager regarding PCH Regulation 2600.225(a) (Attachment # 7)
- 12/29/2014 Care Services Manager completed an audit to verify resident assessments contain accurate information and are complete upon admission, significant change, and annually.
- Ongoing Care Services Manager or designee will audit routinely that RASPs for accuracy and completion upon admission, significant change, and annually.
- Ongoing Executive Director or designee will randomly audit the RASPs for residents and ensure completed upon admission, significant change, and annually.

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) Kristin MacLellan Executive Director	Date 2-19-15
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Violation Report: 13955 - 11/24/2014 - Keely, Jennifer
 PCH Name: WOODBOURNE PLACE

1. REGULATION 55 Pa.Code §2600

2600.227(f) - A resident may participate in the development and implementation of the support plan. A resident may include a designated person in making decisions about services.

2a. DESCRIPTION OF VIOLATION

Resident # 1's assessment and support plan, finalized 9/7/2014, gave no indication of an opportunity to participate in the development or implementation of the support plan.

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.

12/4/2014 Resident #1 was given opportunity to participate in implementation of support plan and signature in acknowledgement. (Attachment #3)

12/29/2014 Care Services Manager completed an audit to verify compliance regarding documentation of resident or designated person presented opportunity to participate or implementation of support plan.

12/1/2014 Executive Director in-serviced new Care Services Manager regarding PCH Regulation 2600.227(f) (Attachment #7)

Ongoing Care Services Manager (Nurse) or designee will reviewed support plans for signatures and dates of individuals who participated within 15 days of completion.

Ongoing Executive Director or designee will audit support plans for signatures of participated routinely.

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) Kristin Maclelland, Executive Director Date 2-19-15

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Violation Report: 13955 - 11/24/2014 - Keelty, Jennifer
 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
 Staff Member B was the assessor for Resident # 1's support plan, finalized 9/7/2014. Staff Member B did not sign the support plan.

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.

12/4/2014 Creator(Staff Member B) of support plan dated 9/17/2014 signed as the assessor. (Attachment # 5)

12/29/2014 Care Services Manager completed an audit to verify compliance with regulation 227(g) regarding Individuals who participate in development of the support plan including signatures and dates.

12/1/2014 Executive Director In-serviced new Care Services Manager regarding PCH Regulation 2600.227(g)
 (Attachment # 17)

Ongoing Care Services Manager (Nurse) or designee will reviewed support plans for signatures and dates of individuals who participated within 15 days of completion.

Ongoing Executive Director or designee will audit support plans for signature of participates routinely.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/06/2014
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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) Kristin McClelland, Executive Director Date 2-19-15

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