



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: September 11, 2015

Mr. Benjamin J. Hoyle, CEO
Pennswood Village
1382 Newtown-Langhorne Road
Newtown, Pennsylvania 18940

RE: Pennswood Village Personal Care Home
License #: 126750

Dear Mr. Hoyle:

As a result of the Department of Human Services' licensing inspection on January 27, 2015, February 2, 2015 and May 15, 2015 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".

Patricia Adams
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 12675 - 01/27/2015 - McIvain, Shawn
PCH Name: Pennswood Village Personal Care Home

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

2a. DESCRIPTION OF VIOLATION

Resident # 1 is prescribed Allopurinol 300 mg, Vitamin D 2000 UI, Aspirin 81 mg, Levoxly 25 MCG, zmetoprolol 12.5 mg, Plavix 75 mg, Cerovite Senior Vitamin, Protonix:20 mg and Green Tea Complex to be administered at 9:00 am daily. Staff person A failed to administer resident #1's 9:00 am medications, as prescribed, on 1/25/15.

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.

2600.187(d) the pills were left at bedside at the request of the resident. The Charge nurses and Medtechs have been instructed to observe residents taking their pills when administered and not to leave bedside. The administrator or designee will spot check the rooms at med times to ensure compliance. The home is in compliance with regulation 2600.187(d)

Staff was re-serviced on 6/25/15 and 7/30/15 @

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/30/2014	01/14/2015
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Signature of Legal Entity Representative (Required on EVERY Page) *Daniella Pantel*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Daniella Pantel* Date *7/31/15*

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The above plan of correction is approved as of *8/2/15* (Date)

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

Plan of correction implementation status as of *8/2/15* (Date)

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