



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: SEP 15 2015

Mr. Frank Beech, Executive Director
Dunwoody Village, Inc.
Attn: Personal Care Services
3500 West Chester Pike
Newtown Square, Pennsylvania 19073

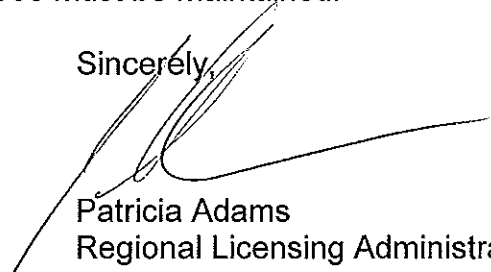
RE: Dunwoody Village
License #: 145250

Dear Mr. Beech:

As a result of the Department of Human Services' licensing inspection on February 11, 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,



Patricia Adams
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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

PCH Name: DUNWOODY VILLAGE		License Number: 14625
Address: 3600 WEST CHESTER PIKE, NEWTOWN SQUARE, PA 19073		County: Delaware
Administrator: Mary McGoldrick		Region: SOUTHEAST
Legal Entity Name: DUNWOODY VILLAGE INC		
Legal Entity Address: 3600 WEST CHESTER PIKE, NEWTOWN SQUARE, PA 19073		
Certificate(s) of Occupancy		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 98	Working Staff: 74
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Interim, Incident		
On-Site Inspections Dates and Department Representatives On-Site 02/11/2015: Kazimer, Lauren		
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: 81 Number of Residents Served: 74 Secured Dementia Care Unit in Home: Yes Area: Secured Dementia Unit Capacity, if Applicable: 20 Number of Residents Served in Secured Dementia Care Unit, if applicable: 20 Number of Current Hospice Residents: 2 Number of Hospice Residents in past year: 2	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 74 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 24 Have a Physical Disability: 0	

Violation Report: 14525 - 02/11/2015 - Kazimer, Lauren
PCH Name: DUNWOODY VILLAGE

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

2a. DESCRIPTION OF VIOLATION

Resident # 1 had a physician's order for insulin administration based on blood sugar levels four times a day for 1/26/2015 only. The parameters were as follows: blood sugar levels between 250-300, inject Novalog 3 units; between 301-350, inject Novalog 4 units; between 351-400, inject Novalog 5 units. The home followed these prescriber's orders on 1/26/2015 and in error 1/27/2015.

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.

POC for Regulation 2600.187(d);

1. A procedure for clarification /verification of a prescriber's order was developed.
2. The PCA worked with our Consultant Pharmacist [REDACTED] RPh, CGP, CCG to develop the procedure.
3. The procedure was developed immediately and implemented. Nursing staff was educated.
4. The procedure will now be followed by all nursing staff.
5. Nursing staff educated to clarify all orders as needed and to follow the new procedure. The procedure is posted in all medication rooms. The procedure explained in the Monthly Newsletter in-service. Procedure discussed in the March Nursing Meeting.
6. A copy of the procedure is now included in all nursing orientations. A copy is posted in all medication rooms. The procedure will be discussed at future nursing meetings.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Mary McGoldrick PCA

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

MARY McGoldrick PCA

Date

5-27-15

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

The above plan of correction is approved as of

6/9/15
(Date)

Plan of correction implementation status as of

6/9/15
(Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

[Signature]
(Initials)