



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUL 16 2015

Ms. Nancy Donnelly, Executive Director
Hatfield Mennonite Homes, Inc.
275 Dock Street
Lansdale, Pennsylvania 19446

RE: Oakwood Court
License #: 127960

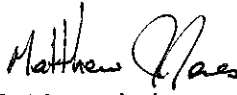
Dear Ms. Donnelly:

As a result of the Department of Human Services' licensing inspection on May 7, 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.

Your regular license for the period August 8, 2015 to August 8, 2016 was issued on May 5, 2015. Your regular license remains in good standing.

Sincerely,


Matthew J. Jones
Director ^{6/14}

Enclosure
License Inspection Summary

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

PCH Name: Oakwood Court		License Number: 12796
Address: 275 Dick Drive ^{Dock} Drive, Lansdale, PA 19446		County: Montgomery
Administrator: Erin Toth		Region: SOUTHEAST
Legal Entity Name: Hatfield Mennonite Homes Inc.		
Legal Entity Address: 275 DOCK DRIVE, LANSDALE, PA 19446		
Certificate(s) of Occupancy C-2 LP 10/22/1999 PAL & I		
Staffing Hours		
Resident Support:	Total Daily Staff: 100	Waking Staff: 75
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 05/07/2015: McIlvain, Shawn; Colon, Lissette		
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: 80 Number of Residents Served: 72 Secured Dementia Care Unit In Home: Yes Area: Harmony House Secured Dementia Unit Capacity, if Applicable: 26 Number of Residents Served in Secured Dementia Care Unit, if applicable: 25 Number of Current Hospice Residents: 4 Number of Hospice Residents in past year: 8		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 0 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 28 Have a Physical Disability: 0

Violation Report: 12796 - 05/07/2015 - Mollvain, Shawn
 PCH Name: Oakwood Court

1. REGULATION 55 Pa.Code §2600
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

On May 7, 2015 the water temperature in all of the resident rooms located in Harmony House South wing measured 123.1 degrees Fahrenheit.

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.

2600.89(b) - Upon discovery of the elevated water temperatures, Environmental Services (ES) staff immediately adjusted the hot water mixing valve. The water temperature was checked again and verified to be below 120. The hot water temperatures in Personal Care are checked daily. (see attached)

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Erin N. Toth, RHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Erin N. Toth - Dir. of PC Svcs.</i>	Date <i>6/2/15</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7/9/15
 (Date)

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

Plan of correction implementation status as of 7/2/15
 (Date)

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

Violation Report: 12796 - 05/07/2015 - McIlvain, Shawn
 PCH Name: Oakwood Court

1. REGULATION 55 Pa.Code §2600
 2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION
 No fire drill was conducted during May 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.

2600.132(a) - Please see attached for reason why fire drill was missed. Two fire drills were conducted in June 2014 to correct the error. Our procedure is to have the Maintenance Supervisor conduct and schedule the fire drills. Going forward, the Administrator has set a monthly task reminder through Outlook to ensure the fire drill has been conducted in a timely manner.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Erin N. Toth, PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Erin N. Toth - Dir. of Pc Svcs.</i>	Date <i>6/2/15</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7/2/15
 (Date)

Plan of correction implementation status as of 7/2/15
 (Date)

The above plan of correction was approved by 
 (Initials)

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

Violation Report: 12796 - 05/07/2015 - McIlvain, Shawn
 PCH Name: Oakwood Court

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's glucometer was unlabeled and not working.

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.

2600.185(a) - Resident #1's glucometer was ordered PRN only and had not been used for a long time. The order was discontinued (see attached) and the glucometer was removed from the med. cart and given to family. Going forward, glucometers will be checked at least monthly, during cart audits, to ensure that they are labeled and working.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) Erin N. Toth, RHA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Erin N. Toth - Dir. of PC Svcs.</u>	Date <u>6/2/15</u>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>7/7/15</u> (Date) The above plan of correction was approved by <u>[Signature]</u> (Initials)	Plan of correction implementation status as of <u>7/7/15</u> (Date) <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
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Violation Report: 12796 - 05/07/2015 - McIvain, Shawn
 PCH Name: Oakwood Court

1. REGULATION 55 Pa.Code §2800

2600.251(b) - The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

2a. DESCRIPTION OF VIOLATION

Resident # 2's pre-screening was missing the screening completion date.

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.

2600.251(b) - Resident # 2's pre-screening was corrected. (see attached). Going forward, the Personal Care Support Coordinator will check all pre-screenings, prior to filing them, to ensure completion.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) Erin N. Joth, PCA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Erin N. Joth - Dir. of PC Svcs.</u>	Date <u>6/2/15</u>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 2/7/15
 (Date)

Plan of correction implementation status as of 2/7/15
 (Date)

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

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