



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: JUL 13 2015

Mr. Joseph A Irving Vice President
MCAP Willow Grove Operator LLC
c/o MCAP Advisers LLC
437 Madison Avenue Suite 3C
New York, New York 10022

RE: The Landing at Willow Grove
1120 York Road
Willow Grove, Pennsylvania
License #: 139940

Dear Mr.Irving:

As a result of the Department of Human Services' licensing inspection on 05/07/2015 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,

Roslyn Brewer
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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

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:		
Legal Entity Address: 437 MADISON AVENUE SUITE 33C, NEW YORK, NY		
Certificate(s) of Occupancy		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 103	Waking Staff: 77
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 05/07/2015: Kazimer, Lauren; McHale, Christine		
Off-Site Inspection Dates and Inspectors, If Applicable 05/11/2015: Kazimer, Lauren		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 115 Number of Residents Served: 75 Secured Dementia Care Unit in Home: Yes Area: Safe Harbor Secured Dementia Unit Capacity, If Applicable: 22 Number of Residents Served in Secured Dementia Care Unit, If applicable: 9 Number of Current Hospice Residents: 5 Number of Hospice Residents in past year: 9		Number of Residents who: Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 72 Have Mental Illness: 0 Have an Intellectual Disability: 1 Have a Mobility Need: 28 Have a Physical Disability: 0

Violation Report: 13994 - 05/07/2015 - Kazimer, Lauren
PCH Name: The Landing at Willow Grove

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

Resident # 1 was admitted to the home's SDCU on 1/5/15. The resident's assessment and support plan completed on 1/10/15 indicates the resident requires 24 hour supervision in the home. On 4/28/15, between the hours of 5:00 AM and 5:30 AM, there were no staff present in the SDCU. At approximately 5:30 AM staff member A walked onto the unit and found resident #1 on his hands and knees outside of the dining area, which is located approximately 15 feet from the resident's bedroom. The resident had an unwitnessed fall and was bleeding from their head. The resident was sent to the hospital and received ten staples to the laceration.

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.

See attached

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Debra Faraday

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

Debra Faraday, Director of Wellness


Date *07-10-15*

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

The above plan of correction is approved as of 7/13/15
(Date)

Plan of correction implementation status as of 7/13/15
(Date)

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

The above plan of correction was approved by 
(Initials)

Pa. DHS Regulation # 2600.42(b)

This regulation is important and necessary as all residents need to be cared for correctly, spoken to in a civil manner and not mistreated in either a physical or a verbal manner, nor subjected to corporal punishment in any form.

Plan of Correction

The Landing at Willow Grove

The SCDU with a population of presently 13 residents will be staffed at all times per DHS staffing regulations.

This action will be achieved by staffing the SCDU with 2 memory care trained aides during waking hours 7AM-11PM. 11PM-7AM will be staffed by 1 memory care trained aide. All staff in the SCDU will have current CPR and First Aid certification in place; as well as Memory Care certification. The Director of Wellness will monitor staffing schedule to ensure compliance at all times.

The staff will have to complete mandatory Memory Care Training as mandated by DHS. The staff will also have to complete the annual 12 trainings mandated by DHS regulation.

A neglect training was held in house and all staff was mandated to attend. Enclosed please find the above mentioned training.

A newly formed full time position was recently filled and the new Program director will be working in the SCDU to monitor and maintain compliance in all SCDU Regulations.

The nurse supervisor in charge on the weekend will assume the duties of making sure that the compliance is maintained in the SCDU.

If there should be any call offs in the SCDU ; there will be maintained in the Wellness Office at all times a list of qualified staff The nursing supervisor on duty will make sure that Staff will be called in to fill immediately to fill the open slot.

Alissa Faraday - Director of Wellness

Violation Report: 13994 - 05/07/2015 - Kazimer, Lauren
 PCH Name: The Landing at Willow Grove

1. REGULATION 55 Pa.Code §2600

2600.60(a) - Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

Resident #1 requires 24 hour direct care supervision in the home as documented in their assessment and support plan. These services could not be provided due to lack of available direct care staffing in the SDCU during the 11:00 PM -7:00 AM shift on 4/20/15 and 4/28/15

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.

There will be a minimum of one dedicated staff member on the SDCU at all times. See the attached copy of the schedule. When the staff member takes a break, another qualified staff member must be in the unit to substitute for them. Thus, at no time will the unit be unmanned.

Dementia 6 hour training is scheduled for all new staff member on June 16.

All staff schedules will be reviewed by both the Director of Resident Care and the Executive Director. Any call outs for the SDCU will be reported to the RCD and the Executive Director.

*Completed 5/29/15
 Attachment #3
 Attachment #4*

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) <i>Renee Ackerman Administrator</i>	Date <i>5/29/15</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *6/11/15*
 (Date)

Plan of correction implementation status as of *6/11/15*
 (Date)

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

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

Violation Report: 13994 - 05/07/2015 - Kazimer, Lauren
 PCH Name: The Landing at Willow Grove

1. REGULATION 55 Pa.Code §2600

2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

- Resident # 1, admitted to the SDCU on 1/5/15, had a medical evaluation completed on 12/12/14 that did not document the resident's need for SDCU care.
- Resident # 2, admitted to the SDCU on 1/1/15, had a medical evaluation completed on 3/26/15 that did not document the resident's need for SDCU care.
- Resident # 3, admitted to the SDCU on 4/22/15, had a medical evaluation completed on 8/12/14 that did not document the resident's need for SDCU care.
- Resident # 4, admitted to the SDCU on 3/27/15, had a medical evaluation completed on 4/23/15 that did not document the resident's need for SDCU care.

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.

All DMEs have been ammended to reflect the need for SDCU. The DON will monitor all new admissions to the unit to ensure that the DME is properly completed. This will be monitored by the ED. See

attached DMEs. Resident 1 is no longer here;

Resident #3 has an appointment on 6/2/15 at 1:30PM with Dr. [REDACTED], Doylestown, PA and we are transporting.

Completed 5/29/15

Attachment # 5

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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, Administrator* Date *5/29/15*

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

The above plan of correction is approved as of *6/11/15*
 (Date)

Plan of correction implementation status as of *6/11/15*
 (Date)

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

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

Violation Report: 13994 - 05/07/2015 - Kazimer, Lauren
 PCH Name: The Landing at Willow Grove

1. REGULATION 55 Pa.Code §2600
 2600.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

2a. DESCRIPTION OF VIOLATION
 The directions for operating the home's locking mechanism are not conspicuously posted near the main entrance and exit door of the SDCU.

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.

All alarmed Entrances and Exits in the SDCU have the code posted.
 See attached photo. Our Maintenance Director will be responsible for making certain that they are continually posted with the corresponding code. Ultimately the Executive Director will be checking on a regular basis.

*Completed 5/11/15
 Attachment # 6*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Renee Ackerman, Administrator</i>	Date <i>5/29/15</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u><i>6/1/15</i></u> (Date)	Plan of correction implementation status as of <u><i>6/1/15</i></u> (Date)
The above plan of correction was approved by <u><i>RA</i></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: 13994 - 05/07/2015 - Kazimer, Lauren
 PCH Name: The Landing at Willow Grove

1. REGULATION 55 Pa.Code §2600
 2600.234(a) - Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

2a. DESCRIPTION OF VIOLATION
 The following residents did not have initial support plans developed with 72 hours of admission to the SDCU: Resident # 1, #2, #3 #4, #5, and #6.

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.

All support plans that were amended when a resident transferred from PC to SDCU have been redone to reflect the current status.- Residents #3 and #5. See attached support plans. Resident #1 is no longer in the building.

The Resident Care Director will monitor all new admissions to the SDCU to ensure that support plans are completed within 72 hours of admission, and this will be supervised by the ED

Completed 5/29/15

Attachment # 7

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kesee Ackerman, Administrator</i>	Date <i>5/29/15</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <i>6/4/15</i> (Date)	Plan of correction implementation status as of <i>6/4/15</i> (Date)
The above plan of correction was approved by <i>QA</i> (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