



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

SEP 16 2015

Mr. Daniel Guill, Authorized Representative  
Statesman Woods AID OPCO, LLC  
2619 Trenton Road  
Levittown, Pennsylvania 19056

RE: Woodbourne Place  
License #: 139550

Dear Mr. Guill:

As a result of the Department of Human Services' licensing inspection on June 20, 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 July 11, 2015 to July 11, 2016 was issued on May 20, 2015. Your regular license remains in good standing.

Sincerely,



A handwritten signature in black ink that reads "Matthew Jones".

Matthew J. Jones  
Director

Enclosure  
License Inspection Summary

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

PCH Name: WOODBOURNE PLACE		License Number: 13955
Address: 2619 TRENTON ROAD, LEVITOWN, PA 19056		County: Bucks
Administrator: Kirstin McClelland		Region: SOUTHEAST
Legal Entity Name: STATESMAN WOODS AID OPCO LLC		
Legal Entity Address: 2619 TRENTON ROAD, LEVITOWN, PA 19056		
<b>Certificate(s) of Occupancy</b> C-2 LP 05/08/1997 PA Dept. of L&I		
<b>Staffing Hours</b>		
Resident Support:	Total Daily Staff: 53	Working Staff: 40
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Renewal		
<b>On-Site Inspection Dates and Department Representatives On-Site</b> 06/30/2015: Kazimer, Lauren; Keelly, Jennifer		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 48 Number of Residents Served: 44 Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 9 Number of Hospice Residents in past year: 18	<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 42 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 9 Have a Physical Disability: 0	

Violation Report: 13985 - 06/30/2015 - Kazlmer, Lauren PCH Name: WOODBOURNE PLACE	
1. REGULATION 55 Pa.Code §2600 2600.57(d) - At least 75% of the personal care service hours specified in § 2600.57(b) and § 2600.57(c) shall be available during waking hours.	
2a. DESCRIPTION OF VIOLATION On 6/16/2015, 38.25 hours of direct care were required during waking hours. However, only 35.88 hours of direct care was provided during waking hours.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
<p>6/30/2015 Personal care service hours will be calculated weekly and as needed to verify compliance and monitor for resident status change by Executive Director or designee. Audit will be kept in a Employee Schedule binder with weekly reports.</p> <p>Regional Director for Care Services retrained Executive Director, Care Services Manager, and Concierge regarding PCH Regulation 2600.57 Direct Care Staffing. Training documentation will kept with annual training topics. <i>(Attachment #1)</i></p> <p>7/1/2015</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative <i>(Required on EVERY Page)</i> 	
Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i> KRISTIN MCCLELLAND, ED	Date 7-22-2015
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
The above plan of correction is approved as of <u>7/22/15</u> <i>(Date)</i>	Plan of correction implementation status as of <u>7/22/15</u> <i>(Date)</i>
The above plan of correction was approved by  <i>(Initials)</i>	<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 - 06/30/2015 - Kazimer, Lauren  
 PCH Name: WOODBOURNE PLACE

1. REGULATION 55 Pa.Code §2600  
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION  
 On 6/29/2015, resident #1's blood glucose levels were taken with resident #2's glucometer at 7:30 AM, 11:30 AM, 4:30 PM, and 7:30 PM.

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.

- 6/30/2015 Resident # 2 received a new glucometer. Resident #1 received supplies for glucometer is in use.
- 7/14/2015 Resident #1 and Resident #2's physicians and family were notified and bloodwork complete to verify no transition of Hepatitis Panel. (attachment #2)
- 6/30/2015 An audit to verify current resident's with blood glucose monitoring was performed on individual glucometers. Audit is complete in the nurse's office.
- 7/9/2015 Appropriate staff retrained regarding Infection Prevention during Blood Glucose Monitoring and Insulin Administration. Training documentation will kept in training files. (attachment #3)
- Ongoing Care Services Manager or designee will randomly audit blood glucose reading to the glucometers and blood glucose supplies weekly. Audit will be kept in a binder with weekly reports.

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) KASTIN McCLELLAND, ED      Date 7-22-2015

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

The above plan of correction is approved as of <u>7/24/15</u> (Date)	Plan of correction implementation status as of <u>7/29/15</u> (Date)
The above plan of correction was approved by <i>[Signature]</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

Violation Report: 13955 - 06/30/2015 - Kazimer, Lauren  
 PCH Name: WOODBOURNE PLACE

1. REGULATION 65 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

According to direct care staff person A's file, staff person A was refusing to evacuate residents outside exit 20 of the building during the fire drill conducted on 4/20/2015. The staff person attempted to keep the residents inside the exit door, against the direction of the fire safety expert. The home's fire drill record does not include the problem that was encountered during the fire drill.

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.

6/30/2015 The written fire drill record was revised to include situation with staff member failing to follow the direction of the fire safety expert from 4/20/15. (attachment #4)

7/2/2015 An audit was conducted of 2015 fire drill records to ensure the date, time, the amount of time it took for evacuation, the exited route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative were documented.

7/10/2015 Formally discussed with [redacted] fire safety expert, who manages fire drills to ensure understanding of compliance with PCH Regulation 2600.132c.

Ongoing Executive Director or designee will audit monthly fire drill records for specific required information of PCH Regulation 2600.132c. Audit will be kept in a binder with weekly reports.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Kristin McClelland</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) KRISTIN MCCLELLAND, ED			Date 7-22-2015

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Violation Report: 13965 - 06/30/2016 - Kazlmer, Lauren  
 PCH Name: WOODBOURNE PLACE

1. REGULATION 65 Pa.Code §2600  
 2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION  
 The home's designated evacuation time from the fire safety expert is 10 minutes, 30 seconds. The home's fire drill evacuation time on 7/19/2014 was 13 minutes, 53 seconds and on 12/4/2014 the evacuation time was 14 minutes.

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.

7/26/2014 Another fire drill was conducted with an evacuation time of 10 mins. 13 secs within the specified time during the same month as failed attempt on 7/19/14. (attachment #5)

12/17/2014 Another fire drill was conducted with an evacuation time of 9 mins and 53 secs within the specified time during the same month as failed attempt on 12/4/2014 (attachment #5)

7/2/2015 An audit was completed to ensure compliance with PCH Regulation 2600.132d on 2015 fire drill records. Audit records are kept in the ED office.

10/8/2014 & 4/28/2015 Appropriate staff was retrained regarding resident evacuation and fire safety procedures. (attachment #637)

By 10/1/2015 Community staff will be retrained regarding resident evacuation and fire safety procedures by fire safety expert.

Ongoing Executive Director or designee will monitor for ensuring resident evacuate within the specified time monthly. Audit will be kept in a binder with weekly reports.

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, ED      Date 7-22-2015

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

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