



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 16 2015

Mr. D. Michael Peasley, CEO
Foulkeways at Gwynedd
1120 Meeting House Road
Gwynedd, Pennsylvania 19436

RE: Foulkeways at Gwynedd
License #: 127740

Dear Mr. Peasley:

As a result of the Department of Human Services' licensing inspection on July 1, 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 27, 2015 to August 27, 2016 was issued on May 18, 2015. Your regular license remains in good standing.

Sincerely,

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

Matthew J. Jones
Director *MSH*

Enclosure
License Inspection Summary

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

PCH Name: FOULKEWAYS AT GWYNEDD		License Number: 12774
Address: 1120 MEETING HOUSE ROAD, GWYNEDD, PA 19436		County: Montgomery
Adminstrator: Faith Lucas		Region: SOUTHEAST
Legal Entity Name: FOULKEWAYS AT GWYNEDD		
Legal Entity Address: 1120 MEETING HOUSE ROAD, GWYNEDD, PA 19436		
Certificate(s) of Occupancy		
C-2 LP 06/14/2004 PA Dept. of L&I	Other 06/14/2004 PA Dept. of L&I	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 66	Waking Staff: 50
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 07/01/2015: Keppel, Autumn; 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: 64	Number of Residents who:	
Number of Residents Served: 61	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit In Home: No	Are 60 Years of Age or Older: 61	
Area:	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served In Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 6	
Number of Current Hospice Residents: 1	Have a Physical Disability: 1	
Number of Hospice Residents in past year: 9		

Violation Report: 12774 - 07/01/2015 - Keppel, Autumn
 PCH Name: FOULKEWAYS AT GWYNEDD

1. REGULATION 55 Pa.Code §2600
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION
 The contract for Resident #1 was not signed by the resident.

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.

2600.25(b)

Beginning 7-16-15 The Personal Care Administrators and appropriate members of the interdisciplinary team reviewed the Regulation 55 Pa. Code 2600 and related policies and procedures in order to ensure proper knowledge and necessary compliance as a result of the exit conference held on 7-1-2015.

The resident reviewed the contents of and signed the contract prior to the exit interview on 7-1-2015.

The Administrators conducted an audit of all existing Personal Care records to ensure compliance with this regulation.

Ongoing monitoring of compliance will be performed by the Administrators following the completion of each new admission to Personal Care.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/18/2014		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Mary T Knapp*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>DIR. HEALTH SERVICES MARY T KNAPP</i>	Date	<i>7/24/2015</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>7/29/15</i> (Date)	Plan of correction implementation status as of <i>7/29/15</i> (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: 12774 - 07/01/2015 - Keppel, Autumn
 PCH Name: FOULKEWAYS AT GWYNEDD

1. REGULATION 55 Pa.Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Ancillary Staff Member A, hired 1/5/15, did not receive orientation in any of the topics required by this regulation.

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.

2600.65 (a)

Ancillary Staff member A was not working in Personal Care on the date of her hire. She was assigned to Personal Care after her date of hire. She received her fire safety and emergency preparedness training on March 31, 2015 as noted on the attached documentation which was before the July 1, 2015 survey inspection.

The Director of Human Resources has changed the new hire checklist to include the required fire and safety training on the first day for all regular direct care staff even if they are not hired to work in Personal Care.

Human Resources staff has been re-trained on this procedure. The Director of Human Resources will audit new hire records to insure compliance.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/18/2014	
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Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) DIR OF HEALTH SERVICES MARY TRNAVA Date 7/24/2015

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 (Initials)

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Violation Report: 12774 - 07/01/2015 - Keppel, Autumn
 PCH Name: FOULKEWAYS AT GWYNEDD

1. REGULATION 55 Pa.Code §2600
 2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION
 On 7/1/15, there was an accumulation of lint in the lint trap of each of the three commercial dryers located in the main laundry room.

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.

2600.105(g)(1)

Beginning 7-16-15 The Personal Care Administrators and appropriate members of the interdisciplinary team reviewed the Regulation 55 Pa. Code 2600 and related policies and procedures in order to ensure proper knowledge and necessary compliance as a result of the exit conference held on 7-1-2015.

Laundry staff was educated regarding cleaning of dryer lint traps and drums following each use. A sign indicating this requirement was placed in the laundry area. Laundry management and Administrators will provide ongoing monitoring to ensure compliance.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Mary T. Knapp*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *DIR. HEALTH SERVICES* *MARY T. KNAPP* Date *7/24/2015*

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 (Date)

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 (Initials)

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Violation Report: 12774 - 07/01/2015 - Keppel, Autumn
 PCH Name: FOULKEWAYS AT GWYNEDD

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
 The medical evaluation for Resident #1, dated 12/10/14, does not include (4) special health or dietary needs, and (7) ability to self-administer medications.
 The medical evaluation for Resident #2, dated 5/4/15, does not include (4) special health or dietary needs.

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.

2600.141(a) (2)

The medical evaluation for Resident #1, dated 12-10-14 has been updated to include (4) special health or dietary needs, and (7) ability to self-administer medications.

The medical evaluation for Resident #2, dated 5-4-15 has been updated to include (4) special health or dietary needs.

Ongoing monitoring of compliance will be performed by the Administrators through periodic audits (as needed) beginning 7-16-2015.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/18/2014
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Mary J. Krapp*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *DIR OF HEALTH SERVICES MARY KRAPP* Date *7/24/2015*

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 (Initials)

Violation Report: 12774 - 07/01/2015 - Keppel, Autumn
 PCH Name: FOULKEWAYS AT GWYNEDD

1. REGULATION 55 Pa.Code §2600

2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION

Resident #3 had an order for Ondansetron ODT 4mg as needed for five days, that was filled on 3/17/15. On 6/1/15, this medication was still in the homes medication cart.

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.

2600.183 (f)

Ondansetron ODT 4mg ordered for Resident #3 (filled on 3-17-15) was returned to Pharmacy on 7-2-15
 Education of staff members regarding the management of discontinued or expired medications was initiated on 7-16-15.

The Administrators will conduct periodic audits of medication administration areas and re-educate staff members when indicated to ensure compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
<i>Mary Truapp</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			
DIR OF HEALTH SERVICES		Date	7/24/2015
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