pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: MAR 0 7 2016

Ms. Daniella Pantal
Pennswood Village
1382 Newtown-Langhorne Road
Newtown, PA 18940

RE: Pennswood Village Personal Care Home
License # 126750

Dear Ms. Pantal:

As a result of the Department of Human Services's licensing inspection on July 30, 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: PENNSWOOD VILLAGE PERSONAL CARE HOME	License Number: 12675
Address: 1382 NEWTOWN LANGHORNE ROAD, NEWTOWN, PA 18940	County: Bucks
Administrator: Daniella Pantal	Region: SOUTHEAST
Legal Entity Name: PENNSWOOD VILLAGE	
Legal Entity Address: 1382 NEWTOWN-LANGHORNE ROAD, NEWTOWN, PA 18940	

Certificate(s) of Occupancy

mn

nm

Staffing Hours

Resident Support: 0	Total Daily Staff: 37	Waking Staff: 28
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced

Reason(s) for Inspection(s)

Incident

On-Site Inspections Dates and Department Representatives On-Site

07/30/2015: Keelty, Jennifer

Off-Site Inspection Dates and Inspectors, If Applicable

07/22/2015: Keelty, Jennifer
07/24/2015: Keelty, Jennifer
07/28/2015: Keelty, Jennifer
09/03/2015: Keelty, Jennifer

Other Details

Partial or Full Triggers: Random Indicators:

Resident Demographic Data as of Inspection Dates

Licensed Capacity: 41	Number of Residents who:
Number of Residents Served: 37	Receive Supplemental Security Income: 0
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 36
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: 0
Number of Current Hospice Residents: 2	Have a Physical Disability: 1
Number of Hospice Residents in past year: 2	

Violation Report: 12875 - 07/22/2015 - Keolly, Jennifer
PCH Name: PENNSWOOD VILLAGE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:
(1) Medication self-administration training.
(2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
(3) Care for residents with dementia and cognitive impairments.
(4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
(5) Personal care service needs of the resident.
(6) Safe management techniques.
(7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION
Staff Member A did not receive training in the following topics in the 2014 training year:
Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan
Personal care service needs of the resident
Safe management techniques

Staff Member B did not receive training in the following topics in the 2014 training year:
Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan
Safe management techniques

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(f) Safe management technique has since been added to the training curriculum. Handling aggressive behavior has been added to all staff training assignment; see attached outline of the curriculum.
STAFF A+B will complete the required training within 30 days of receipt of this plan of correction.
The administrator or designee will develop + implement a tracking record for ALL STAFF trainings to ensure all STAFF complete the required trainings annually, starting within 30 days of receipt of this plan of correction.

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

Signature of Legal Entity Representative (Required on EVERY Page) Daniella Pantal

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Daniella Pantal — Date 10/19/15

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

The above plan of correction is approved as of 10/20/15 (Date)

The above plan of correction was approved by _____ (Initials)

Plan of correction implementation status as of 10/20/15 (Date)

- [ ] Fully Implemented
- [x] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

Violation Report: 12676 - 07/22/2015 - Reilly, Jennifer
PCH Name: PENNSWOOD VILLAGE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
(1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
(2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
(3) Resident rights.
(4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.6102).
(5) Falls and accident prevention.
(6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION
Direct care Staff Members A and B did not receive training in emergency preparedness procedures and recognition and response to crises and emergency situations or The Older Adult Protective Services Act in the 2014 training year.

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(g) Staff A and B have since been terminated. Emergency preparedness, response to emergencies and OAPSA are listed in the training curriculum.Current staff is in compliance for 2015.

PCA will monitor training record quarterly to ensure compliance. The home is in compliance with regulation 2600.65(g), starting within 30 days of receipt of this plan of correction. The administrator or designee will develop and implement a tracking record for all required ~~staff~~ training within 30 days of receipt of this plan of correction.

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Date 10/19/15

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- ☑ Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

Violation Report: 12675 - 07/22/2015 - Keelly, Jennifer
PCH Name: PENNSWOOD VILLAGE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:
(1) Identify the correct resident.
(2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
(3) Remove the medication from the original container.
(4) Crush or split the medication as ordered by the prescriber.
(5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
(6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
(7) Complete documentation in accordance with § 2600.187 (relating to medication records).

2a. DESCRIPTION OF VIOLATION
On 7/21/2015, at 9 a.m., Staff Member C did not identify the correct route for Neomycin and Polymycin B Sulfates and Hydrocortisone Otic drops and administered the ear drop into Resident # 1's right eye.

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.

2600.182(c) Staff member C was re-instructed and observed administering medications; the rights of medication administration(right patient, right medication, right dose right route, right time, right documentation, right reason , right response) are being followed. Medication trainer will monitor all Medtechs quarterly to ensure compliance. PCA will audit randomly to ensure compliance. The home is in Compliance with regulation2600.182(c)

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

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

Date 10/19/15

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The above plan of correction was approved by JP (Initials)

Plan of correction implementation status as of 10/20/15 (Date)

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

Violation Report: 12676 - 07/22/2015 - Koolty, Jennifer
PCH Name: PENNSWOOD VILLAGE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION
Resident # 1's order for Neomycin and Polymyxin B Sulfates and Hydrocortisone Otic drops was discontinued on 9/23/2014. The medication was still in the home on 7/21/2015.

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.

2600.183 (d) the ear drops were removed immediately. The Medtech and charge nurses have been re-instructed on medication administration. Weekly audits of the medication drawers will be utilized to assure only medications ordered by the attending physician or their designee are present. The PCA will randomly monitor for compliance. The home is in compliance with regulation 2600.183(d)

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/14/2015	10/30/2014	

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Daniella Pantal — Date 10/19/15

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The above plan of correction was approved by (Initials)

Plan of correction implementation status as of 10/20/15 (Date)

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

Violation Report: 12875 - 07/22/2015 - Keolly, Jennifer
PCH Name: PENNSWOOD VILLAGE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.183(c) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION
On 7/21/2015, the box for Resident # 1's Dorzolamide 2% eye drops contained a bottle of Neomycin and Polymycin B Sulfates and Hydrocortisone Otic drops.

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(c) All medication drawers have been reorganized. Weekly audits of the medication drawers will be utilized to assure only medications ordered by the attending physician or their designee are present. The PCA will randomly monitor for compliance. The home is in compliance with regulation 2600.183(e).

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

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Daniella Pantal — Date 10/19/15

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Plan of correction implementation status as of 10/20/15 (Date)

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

Violation Report: 12675 - 07/22/2015 - Keelty, Jennifer
PCH Name: PENNSWOOD VILLAGE PERSONAL CARE HOME

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

2a. DESCRIPTION OF VIOLATION
On 7/21/2015, at 9 a.m., Staff Member C administered Neomycin and Polymycin B Sulfates and Hydrocortisone Otic Drops into Resident # 1's right eye instead of the prescribed Dorzolamide 2% eye drops.

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.

2600.187(d) Medications administration rights have been reviewed with staff member C as well as all Medtechs. Medication trainer will monitor all Medtechs quarterly to ensure compliance. The PCA will monitor randomly to ensure compliance. The home is in compliance with regulation 2600.187(d)

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/14/2015	10/30/2014	

Signature of Legal Entity Representative (Required on EVERY Page) Daniella Pontal

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Daniella Pontal — Date 10/19/15

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The above plan of correction was approved by (Initials)

Plan of correction implementation status as of 11/20/15 (Date)

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

Violation Report: 12676 - 07/22/2015 - Koolly, Jennifer
PCH Name: PENNSWOOD VILLAGE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
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 assessment and support plan, signed by staff on 10/3/2014, does not include a date finalized. Several sections of the assessment and support plan, including the judgement, short-term memory, and summary and determination section are illegible.

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) all residents assessments and support plans are currently done electronically. No hand written documentation. PCA will audit records quarterly to ensure compliance. The home is currently in compliance with regulation 2600.251(b)

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Plan of correction implementation status as of 12/20/15 (Date)

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