



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: March 2, 2016

Mr. Joseph A. Irving, Vice President
MCAP Willow Grove Operator, LLC
c/o MCAP Advisers LLC
437 Madison Avenue Suite 33C
New York, New York 10022

RE: The Landing at Willow Grove
1120 York Road
Willow Grove, Pennsylvania 19090
License # 139940

Dear Mr. Irving:

As a result of the Department of Human Services' licensing inspection on August 11, 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,

A handwritten signature in black ink, appearing to read "Patricia Adams", with a stylized flourish at the end.

Patricia Adams
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

VIOLATION REPORT
PERSONAL CARE HOMES - 85 Pa. Code Chapter 2600

PKR Name: THE LANDING AT WILLOW GROVE		License Number: 13694
Address: 1120 YORK ROAD, WILLOW GROVE, PA 19090		County: Montgomery
Administrator: DARLENE PRICE		Region: SOUTHEAST
Legal Entity Name:		
Legal Entity Address: 437 MADISON AVENUE, NEW YORK, NY		
Certificate(s) of Occupancy		
Staffing Hours		
Resident Support:	Total Daily Staff: 114	Waiting Staff: 86
Type of Inspection: Partial	BHA Cocket Number:	Notice: Unannounced
Reason(s) for inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 08/11/2015: Braswell, Natasha; Keelty, Jennifer		
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: 115 Number of Residents Served: 81 Secured Dementia Care Unit In Home: Yes Area: Secured Dementia Unit Capacity, if Applicable: 22 Number of Residents Served in Secured Dementia Care Unit, if applicable: 13 Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 11		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 80 Have Mental Illness: 0 Have an Intellectual Disability: 13 Have a Mobility Need: 33 Have a Physical Disability: 1

Violation Report: 13094 05/12/2015 Braswell Natasha

PGH Name: THE LANDING AT WILLOW GROVE

1. REGULATION 58 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

The home does not have procedures for the safe use of medical equipment; the glucometer for resident # 1 was not calibrated with the correct date and time.

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.

With Respect to Regulation 2600.185 (a) and Respect to resident #1. A new glucometer monitor machine was purchased immediately during inspection by the Resident Services Director. Horsham Pharmacy delivered the new machine.

With Respect to Regulation 2600.185 (a) Moving forward Glucometers are calibrated and maintained accordingly to manufacture instruction and community policy.

Resident Services Director, Resident Care Director and or Executive Director will monitor glucose machine activity for accurate calibration for date and time during medication cart audits monthly and against the Mar paperwork. As well as, the med tech and or nurse will see that the resident's glucometers shows the correct date and time prior to testing the resident's glucose.

All in-services for medication administration and documentation will be on going and warranted when necessary to be compliant with medication administration.

CBG quality control record is implemented by the nurse on the 11p-7a shift and maintained in a binder in the Nursing Office.

See attachment

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Deborah Price EXECUTIVE DIRECTOR* Date *10-13-2015*

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

The above plan of correction is approved as of *12/15/15* (Date)

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

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

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

Price 12/14/15

Violation Report: 13954 - 08/11/2015 - Braswell, Natasha
PCH Name: THE LANDING AT WILLOW GROVE

1. REGULATION 55 Pa.Code §2600

2600 187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

The medication administration record for resident # 2 does not include the amount of Humalog Insulin administered on 7/29/15 at 7:00 am, 12:00 pm, and 4:00 pm. Additionally, the administration of Humalog Insulin on 7/29/15 at 8:00 pm and 7/30/15 at 12:00 pm, 4:00 pm and 8:00 pm were not initiated.

See Attached

Signature of Legal Entity Representative (Required on EVERY Page)		<i>Darlene Price</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date	
Darlene Price EXECUTIVE DIRECTOR		10-13-2015	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of _____ (Date)		Plan of correction implementation status as of _____ (Date)	
		<input type="checkbox"/> Fully Implemented	
		<input type="checkbox"/> Partially Implemented - Adequate Progress	
		<input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress	
		<input type="checkbox"/> Not Implemented	
The above plan of correction was approved by _____ (Initials)			<i>D Price 12/14/15</i>

With Respect to Regulation 2600.187 (a) and respect to Resident #2.

An in-service training was conducted from the American Diabetes Education by [REDACTED] for Nursing Dept staff that administer medications and diabetic monitoring on 8/27/15.

Please see attachment for training materials

A training was conducted for medication technician's medication administration and documentation. A cart audit was conducted as well by [REDACTED] DPW Certified Medication Technician Trainer on 10/5/15.

Resident Services Director, Resident Care Director and or Executive Director will monitor the MARs for accuracy of medication administration date, time and staff signature on a weekly/monthly cart audit.

See attachments for weekly med cart audits

Trinity Pharmacy will have electronic (EMAR) system in place by December 2015. Pharmacy will be conducting in servicing on the program and ongoing training as needed. This system in place will show where staff must sign, initial and write in the number of diabetic readings before moving on to the next.

This was implemented on December 2, 2015.

All in-services for medication administration and documentation will be on going and warranted when necessary to be compliant with medication administration.

All in-services for medication administration and documentation will be ongoing by the Director of Resident Care and Director of Resident Services and maintained in the in-service binder.

Spri 12/14/15

Violation Report: 13054 - 08/11/2015 - Braswell, Natasha

PCH Name: THE LANDING AT WILLOW GROVE

1. REGULATION 55 Pa.Code §2800

2800.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

- Resident #1 is prescribed Humalog Insulin on a sliding scale:

- 150 - 199 - 1 unit
- 200 - 249 - 2 units
- 250 - 299 - 3 units
- 300 - 349 - 4 units
- 350 - 399 - 5 units

The blood sugar level for resident # 1 was 340 on 7/30/15 and the home administered 5 units of insulin. The resident is prescribed 4 units of insulin.

- Resident #2 is prescribed blood sugar level checks four times daily. On 7/1/15 at 11:00 am there was no documentation that the blood sugar level for resident # 2 was done.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

With Respect to Regulation 2600.187(d) moving forward, Accu check and insulin dosage and sliding scale will be checked prior to each pass by the med tech or nurse who is initiating the med pass. The E-MAR system will not allow staff to continue unless the proper information is entered. As a follow-up to the new system our med cart audit is being audited today December 14, 2015 by Trinity Pharmacy

With Respect to Regulation 2600.187(d) and Respect to Resident #1 and #2.

An in-service training was conducted from the American Diabetes Education by [redacted] for nursing department staff that administer medications and diabetic monitoring on 8/27/15.

A training was conducted for medication technicians on medication administration, documentation and a cart audit was conducted by [redacted] DPW Certified Medication Technician Trainer on 10/5/15.

Resident Services Director, Resident Care Director and or Executive Director will monitor the E-MARS for accuracy of documentation of blood glucose levels and administering of correct unit dose on a weekly/monthly cart audit. Will now monitor documentation in the E-MAR computer system.

Any medication errors will be reported immediately to the Director or Resident Care and Director of Resident Services and followed through with community policy.

All in services for medication administration and documentation will be ongoing and warranted when necessary to be compliant with medication administration.

See attachment

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *NATASHA PRILE EXECUTIVE DIRECTOR* Date *10-13-2015*

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

The above plan of correction is approved as of *2/17/16* (Date)

Plan of correction implementation status as of *2/17/16* (Date)

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

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