pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: MAR 0 8 2016

Mr. Benjamin J. Hoyle, CEO
Pennswood Village
1382 Newtown-Langhorne Road
Newtown, Pennsylvania 18940

RE: Pennswood Village Personal Care Home
Certificate #: 126750

Dear Mr. Hoyle:

As a result of the Department of Public Welfare's licensing inspection on September 10, 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,

Patricia Adams
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:** 126750
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

N/M

N/M

Staffing Hours

Resident Support: 0 **Total Daily Staff:** 36 **Waking Staff:** 27

Type of Inspection: Partial **BHA Docket Number:** **Notice:** Unannounced

Reason(s) for Inspection(s)

Incident

On-Site Inspections Dates and Department Representatives On-Site

09/10/2015: Colon, Lissette

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: 41

Number of Residents Served: 35

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: 2

Number of Hospice Residents in past year: 4

Number of Residents who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 35

Have Mental Illness: 0

Have an Intellectual Disability: 0

Have a Mobility Need: 1

Have a Physical Disability: 0

Violation Report: 12675 - 09/10/2015 - Colon, Lisselle
PCH Name: PENNSWOOD VILLAGE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION
On 8/26/15, resident #1 reported that approximately two weeks ago, staff member A yelled during routine care. Staff member A entered the individual's room angry and frustrated. The resident then asked the staff member what he/she expects of the individual, and staff member A responded, "I expect you to get into bed". Resident #1 felt staff member A was a little abrupt their mannerism.

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.

Considering the facts of the incident, the state findings and the investigation notes, it was decided that the CNA would not be terminated. The following were action steps taken before the CNA could resume his caregiver duties:

a) Resident will no longer be assigned to the CNA.

b) Charge nurse shadowed CNA during the care of 5 residents.

c) CNA completed the following trainings:

1. Residents rights (1 hr.)

2. Abuse and neglect (1hr)

3. Preventing residents abuse (1hr)

4. Stress management (1hr)

D. incident was discussed at the monthly all staff meeting to raise awareness.

Stress management was added to the staff curriculum, moving forward all staff will complete the stress management module annually. The home is in compliance with regulation 42 (c)

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: 11/10/15

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The above plan of correction is approved as of 11/18/15 (Date)

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

Plan of correction implementation status as of 11/18/15 (Date)

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