



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: JUN 28 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 February 12, 2016 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



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 #1, does not include the initials of the staff person for Novolog injection at 11:00am on 2/9/16.
- The medication administration for #3, does not include the amount of Novolog injection administered on 2/7/16 at 11:00am.

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 2600.187(A) and respect to resident #1, during completion of a med pass, the med tech or nurse will review the E-MAR to assure that the staff persons initials have been documented. Director of Resident Care will review the E-MAR <sup>every 100</sup> follow through to assure compliance of the staff persons initials have been entered and that the computer shows the entry. If the director of resident care can not review, then the shift nurse will check for completion.  
 \* see Attachment A Staff returned on 3/10/16

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/11/2015	
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Signature of Legal Entity Representative (Required on EVERY Page) *Darlene Price*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Darlene Price* Date *3-18-2016*

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

The above plan of correction is approved as of \_\_\_\_\_ (Date)

The above plan of correction was approved by \_\_\_\_\_ (Initials)

Plan of correction implementation status as of \_\_\_\_\_ (Date)

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

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 2600.187(a) and respect to resident # (3)

During completion of a med pass, the med tech and the nurse will review the E-MAR to assure that the staff person has entered the amount of the insulin that was administered. Director of Resident Care will follow through to assure compliance of the staff person has entered the amount of the insulin and that the computer shows the entry, if Director of Resident Services is not, then the nurse on duty will check.

1. REGULATION 55 Pa.Code §2600

2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

- Resident #1, is prescribed blood sugar level checks four times daily. On 2/9/16 at 11:00am, there was no documentation that the blood sugar level for resident #1 was completed.
- Resident #2, has a prescribed order to have blood sugar level checks only on Tuesdays and Fridays. However, as per the glucometer readings, resident # 2's blood sugar level was also checked on, Thursday 2/4/16, and Thursday 2/8/15.
- Resident #3, is on a sliding scale, in which a certain amount of insulin is administered according to the glucometer readings. However the physician must be notified if the blood sugar levels exceed 400bg. On 2/11/16, at 10:09pm, the resident had a blood sugar level reading of 493bg. The medication administration records indicates, 392bg and 8 units of insulin was given. There is no verbal or written documentaton stating the physician was notified.

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 2600.187(d) and respect to resident (#1) during the completion of the med pass, the med tech or nurse will make sure that the blood sugar levels has been entered and will be reviewed after the completion by the shift supervisor to assure documentation.
- With respect to Regulation of the <sup>ERROR</sup> med pass 2600.187(e) and respect to resident (#2) Trinity pharmacy has blocked off all dates, except for Tuesday, Thursday, assuming that no error in documentation can occur on any other days of the week. Shift supervisor will also review the EMAR to make sure the blood sugar has been entered.

Staff was retrained on Diabetes Education and Insulin administration on 3/10/16

See Attachment B

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/11/2015	
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Signature of Legal Entity Representative (Required on EVERY Page) *Darlene Price*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *DARLENE PRICE* Date *3-18-2016*

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)
The above plan of correction was approved by _____ (Initials)	
<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

187 D

Attachment B

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 2600.187(d) and respect to resident (#3)  
All nurses and med techs have been instructed, to notify  
the physician with abnormal blood sugar readings  
and to document the reading on the EMAR and to  
document in the EMAR "Notes" that the doctor was  
notified and to follow any new orders from the  
doctor; No second blood check is to be done  
unless there is an order for it, and that  
readings will be documented in the note portion of the  
EMAR.  
• Nurses and med techs see attached