



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUL 07 2016

Ms. Michele DiVincenzo, Administrator
GDL Farms Corporation
Attn: PCH Administrator
3455 Davisville Road
Hatboro, Pennsylvania 19040

RE: Personal Care/Memory Care @ The Park
License #: 127900

Dear Ms. DiVincenzo:

As a result of the Department of Human Services' annual licensing inspection on May 9, 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,

A handwritten signature in black ink, appearing to read "Jay Bausch".

Jay Bausch
Deputy Secretary

Enclosure
License Inspection Summary

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

PCH Name: PERSONAL CARE MEMORY CARE @ THE PARK		License Number: 12790
Address: 3455 DAVISVILLE ROAD, HATBORO, PA 19040		County: Montgomery
Administrator: MICHELE DIVENCENZO		Region: SOUTHEAST
Legal Entity Name: GDL FARMS CORPORATION		
Legal Entity Address: 3455 DAVISVILLE ROAD, HATBORO, PA 19040		
Certificate(s) of Occupancy		
Staffing Hours		
Resident Support:	Total Daily Staff: 131	Waking Staff: 98
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 05/09/2016: Keppel, Autumn		
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: 113 Number of Residents Served: 81 Secured Dementia Care Unit in Home: Yes Area: Memory Care I and Memory II Secured Dementia Unit Capacity, if Applicable: 48 Number of Residents Served in Secured Dementia Care Unit, if applicable: 39 Number of Current Hospice Residents: 3 Number of Hospice Residents in past year: 21	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 81 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 50 Have a Physical Disability: 1	

Violation Report: 12790 - 05/09/2016 - Keppel, Autumn
 PCH Name: PERSONAL CARE MEMORY CARE @ THE PARK

1. REGULATION 55 Pa.Code §2600
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

- On 5/9/16, at 2:48PM, the water temperature at the bathroom sink in room #116 measured 125.2 degrees Fahrenheit.
- On 5/9/16, at 3:04PM, the water temperature at the bathroom sink in room #120 measured 124.8 degrees Fahrenheit.

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.

Corrected at time of inspection - By Dir of Maintenance
 * Water temp now set to 116°*
 * Replacing mixing valve control to "constant digital monitoring system"
 - Please see attached computer heading - (current) -
 - (had been set at 120) -
 - Alerts sent by computer to Directors
 Phone 9417 for continued compliance

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

Signature of Legal Entity Representative (Required on EVERY Page) *Michele DiVincenzo* Admin

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Michele DiVincenzo* Date *5-24-16*

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

The above plan of correction is approved as of *6/1/16* (Date)

Plan of correction implementation status as of *6/1/16* (Date)

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

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

Violation Report: 12790 - 05/09/2016 - Keppel, Autumn
 PCH Name: PERSONAL CARE MEMORY CARE @ THE PARK

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 5/4/16, Resident #1's blood sugar at 9:08PM was 231. This reading was not documented on the resident's medication administration record.

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.

all licensed nursing staff reminded/
 re-educated to document all occur/
 blood sugar readings on the appropriate
 space on the medication administration
 record by the Director of Nursing
 Chapter 2600.182 reviewed along with
 facility Policy and procedures with staff -
 * nurse responsible no longer employed *
 - by this community -
 Education/compliance will be ongoing
 - by DON -

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Michele DiVincenzo* Date

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

The above plan of correction is approved as of <i>6/11/16</i> (Date)	Plan of correction implementation status as of <i>6/11/16</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: 12790 - 05/09/2016 - Keppel, Autumn
 PCH Name: PERSONAL CARE MEMORY CARE @ THE PARK

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

2a. DESCRIPTION OF VIOLATION

Resident #1 has an order for their blood sugar to be checked three times a day. On 5/5/16 at 4PM, it was documented that their blood sugar was 193 but there was no reading in the resident's glucometer.

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.

all licensed nursing staff will follow doctors orders.
 Director of Nursing to ensure continued compliance - ongoing -
 * Staff member responsible for omission no longer employed by our communities *

The following procedures are used to maintain compliance:

- o Resident records are audited weekly for accuracy by the Director of Nursing (DON) and medical records staff.
 - o Physician orders are reviewed weekly by the DON.
 - o Recaps are reviewed at the end of each month.
- Education/training by the DON is ongoing. *(Signature)*

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Mr. chere Divincenzo* Date *5-24-16*

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

The above plan of correction is approved as of <u>4/1/16</u> (Date) The above plan of correction was approved by <i>(Signature)</i> (Initials)	Plan of correction implementation status as of <u>4/1/16</u> (Date) <ul style="list-style-type: none"> <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
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