



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

**MAILING DATE: August 24, 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 May 13, 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 that reads "Roslyn Brewer".

Roslyn Brewer  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary



Violation Report: 13994 - 05/13/2016 - Colon, Lissette  
 PCH Name: THE LANDING AT WILLOW GROVE

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 4/5/16, resident #1 attacked resident #2 for invading his/her personal space. Resident #1 pulled resident #2's hair causing the eye glasses to fly off the resident's face. Resident #1 also smacked resident # 2 on the back of the head and neck. The home did not report the allegation to the local area agency on aging.

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.

- 1) DON completed an inservice 6/13/16 2:30 for LPN's educated staff on the policy to immediately report suspected abuse in accordance with older adults protective services act. a review of reporting procedures.
- Several calls have been made to Chuck Danfield in an attempt to set up an additional inservice
- 2) all incident reports are now being sent to regional director and VP-senior Director for review and re commendations Resident care director will also review all incidents and staff are to notify RED immediately at the time of an incident
- 3) a folder (quick reference) will be placed in to wellness office so that it is easily accessible to all staff if needed with reporting instructions
- 4) the LPN on site will complete the initial call to report the supervisor, DRC, and will complete and submit the required written forms after the completion of the investigation

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Kathy Yahner-RO*

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

Kathy Yahner Regional Director

Date

6/16/16

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

The above plan of correction is approved as of

*6/10/16*  
 (Date)

Plan of correction implementation status as of

*6/10/16*  
 (Date)

The above plan of correction was approved by

*GB*  
 (Initials)

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

Violation Report: 13994 - 05/13/2016 - Colon, Lissette  
 PCH Name: THE LANDING AT WILLOW GROVE

**1. REGULATION 55 Pa.Code §2600**

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

**2a. DESCRIPTION OF VIOLATION**

On 4/5/16, resident #1 attacked resident #2 for invading his/her personal space. According to the progress notes, resident #1 often exhibits aggressive and assaultive behaviors when other residents wander into his/ her room. The home has not completed a new assessment of the resident's needs to reflect these changes.

**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 residents with a change in status will have a new assessment completed with either updates or a new RASP showing changes and interventions to meet the residents needs  
 LPN to complete audits to ensure compliance (nightly)

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kathy Yabner Regional Director</i>	Date <i>6/16/16</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of *6/10/16*  
 (Date)

Plan of correction implementation status as of *6/12/16*  
 (Date)

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

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