



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

SEP 14 2016

Mr. Daniel Guill, Authorized Representative  
Statesman Woods AID OPCO, LLC  
2619 Trenton Road  
Levittown, Pennsylvania 19056

RE: Woodbourne Place  
License #: 139550

Dear Mr. Guill:

As a result of the Department of Human Services' annual licensing inspection on June 28, 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 "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



Violation Report: 13955 - 06/28/2016 - Colon, Lissette  
 PCH Name: WOODBOURNE PLACE

1. REGULATION 55 Pa. Code §2600  
 2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION  
 The trash can in the kitchen does not have a lid.

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.

06/28/2016 Trash cans located in the kitchen now have secured lids.

7/5/2016 Staff educated on proper storage of trash cans. Education documentation kept in training files.

Attachment #1

Ongoing- Daily inspection of trash can by cook. Random checks by administrator or designee.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Harrison, Executive Director.*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Cassara L Harrison*      Date *8/9/16*

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

The above plan of correction is approved as of *8/10/16*  
 (Date)

Plan of correction implementation status as of *8/10/16*  
 (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: 13955 - 06/28/2016 - Colon, Lissette  
 PCII Name: WOODBOURNE PLACE

1. REGULATION 65 Pa.Code §2000  
 2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION

On 6/28/16, the following items were inside ziplock bags in the freezer not labeled or dated,

- seven bags of shrimps
- two bags of ravioli
- one bag of riblets
- one bag of hamburger
- one bag of tatar tots
- one bag of french fries
- one bag of sausages
- one bag of bread sticks
- one bag of bread rolls
- one bag of raw cookie dough
- one doz. styrofoam cup filled with vanilla ice cream

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.

6/28/16 Items addressed above were discarded

7/5/16 Staff educated in regards to placement of items that are removed from the original packaging and general food storage. Attachment #1

Ongoing: Daily check list initiated. Audit to be completed by executive director or designee

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

Signature of Legal Entity Representative (Required on EVERY Page) *Casson Hamson* Executive Director

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Casson Hamson*      Date *8/9/15*

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The above plan of correction is approved as of *8/10/16* (Date)

Plan of correction implementation status as of *8/10/16* (Date)

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

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Violation Report: 13956 - 06/28/2016 - Colon, Lisselle  
 PCH Name: WOODBOURNE PLACE

1. REGULATION 56 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  
 Resident # 1's "as needed" Acetaminophen 325mg tablets were not available in the home.

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.*

06/28/2016 Resident #1 received as needed Acetaminophen from pharmacy for use.

6/28/2016 An audit was conducted of all as needed medication by Care Service Manager to ensure all as needed medications are available. Audit kept in nurse's office.

7/5/2016 Medication techs retrained regarding medications being available in the community at all times according to PCH regulation 2600.185(a) ATTACHMENT #2

Ongoing Care service Manager or designee will audit medication cart weekly to ensure medications are available for use according to PCH regulation 2600.185. Audits will be kept in the nurse's office.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Cassara* Executive Director

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Cassara L Harrison ED*      Date *8/9/16*

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The above plan of correction is approved as of *8/10/16* (Date)      Plan of correction implementation status as of *8/10/16* (Date)

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

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

Violation Report: 13955 - 06/28/2016 - Colon, Lisette  
 PCH Name: WOODBOURNE PLACE

1. REGULATION 65 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 diagnosis or purpose for Lasix 20mg.

~~- The medication administration record for resident # 3 does not include the diagnosis or purpose for Quetiapine 25mg.~~

- Resident # 3 has a prescribed order for Paxil 30mg. The medication administration record states Paxil 20mg.

- The following "as needed" medications for resident # 3, were not current orders on the medication administration record. The orders were from a previous hospital discharge: Lorazepam 1 mg, Maalox 30cc, Tylenol 650mg, Ativan 0.5mg, and Ambien 5mg.

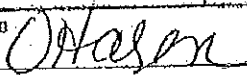
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
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6/28/2016 Resident #2 diagnosis/ purpose of the use of Lasix 20mg was added to MAR per physician orders  
 Resident # 3 Diagnosis/Purpose of the use of Quetiapine 25mg was added to MAR per physician orders.  
 Resident # 3 Medication administration record was updated to reflect correct prescription which was provided by Primary care Physician.  
 Resident #3 medication record was updated to reflect current medication orders which were verified by medical records.

6/28/2016 An audit was performed by the Care Service Manager to ensure medication administration records reflect current usage of medications. Audit will be kept in nurse's office.

7/5/2016 Medication techs retrained regarding medications record keeping and storage. ATTACHMENT #2

Ongoing- care service manager/ED or designee will audit medication records weekly to ensure compliance with new orders of PCH regulation 2600.187

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		
 Cassana L. Hamsin EIS		executive Director Date 8/9/16

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Violation Report: 13955 - 06/28/2016 - Colon, Lissette  
 PCH Name: WOODBOURNE PLACE

1. REGULATION 85 Pa.Code §2600  
 2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION  
 The initial assessment for resident # 2, admitted 1/20/16 was completed on 2/23/16.

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.

06/28/2016 Resident #2 cannot go back to change date on initial assessment. Appropriate plan of care is in place.

8/5/16- educated care service manager and executive director on PCH regulation 2600.225  
 ATTACHMENT # 2  
 Ongoing- ED and/or CSM will review new move-in assessment within 14 days of moving in, to ensure completion of the state required form.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Cassara L Hamsm Executive Director*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cassara L Hamsm ED*      Date *8/9/16*

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