



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: SEP 12 2016

Ms. Holly Moylan Executive Director
227 Evergreen Road Operations LLC
227 Evergreen Road
Pottstown, Pennsylvania 1946

RE: Sanatoga Court
License #: 136140

Dear Ms. Moylan:

As a result of the Department of Human Services' licensing inspection on July 5 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
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

PCH Name: SANATOGA COURT		License Number: 13614
Address: 227 EVERGREEN ROAD, POTTSTOWN, PA 19464		County: Montgomery
Administrator: Holly Moylan		Region: SOUTHEAST
Legal Entity Name: 227 EVERGREEN ROAD OPERATIONS LLC		
Legal Entity Address: 227 EVERGREEN ROAD, POTTSTOWN, PA 19464		
Certificate(s) of Occupancy		
Staffing Hours		
Resident Support:	Total Daily Staff: 88	Waking Staff: 66
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Interim		
On-Site Inspections Dates and Department Representatives On-Site		
Off-Site Inspection Dates and Inspectors, if Applicable		
07/05/2016: Adams, Patricia		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 85 Number of Residents Served: 60 Secured Dementia Care Unit in Home: Yes Area: Secured Dementia Unit Capacity, if Applicable: 28 Number of Residents Served in Secured Dementia Care Unit, if applicable: 26 Number of Current Hospice Residents: 2 Number of Hospice Residents in past year: 5	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 58 Have Mental Illness: 2 Have an Intellectual Disability: 0 Have a Mobility Need: 28 Have a Physical Disability: 0	

Violation Report: 13614 - 07/05/2016 - Adams, Patricia
PCH Name: SANATOGA COURT

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 7/3/16, resident # 1 was ambulating with a walker in the living room, turned around, lost their balance and fell. The resident was examined and no visible injuries were found. Resident #1 initially refused evaluation at the emergency room, but later experienced pain and was transported via ambulance to Phoenixville Hospital emergency room. The resident was admitted with hip injury. The home did not submit an incident report to the Department until 7/5/16.

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.

The facility has completed staff training to contact the administrator or designee in the event that a resident is admitted to the hospital for pain or injury. The administrator or designee will contact the department's personal care home regional office or complaint hotline within 24 hours of being notified by the hospital that the resident was admitted for pain or injury.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Lolly Maylan* Date *8/4/16*

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

The above plan of correction is approved as of <i>9/6/16</i> (Date)	Plan of correction implementation status as of <i>9/6/16</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