



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 26 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' annual licensing inspections on July 18, 2016 and July 19, 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 "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PGH Name: THE LANDING AT WILLOW GROVE		License Number: 13994
Address: 1120 YORK ROAD, WILLOW GROVE, PA 19090		County: Montgomery
Administrator: Kathy Yahner		Region: SOUTHEAST
Legal Entity Name: MCAP WILLOW GROVE OPERATOR LLC		
Legal Entity Address: 437 MADISON AVENUE SUITE 33C, NEW YORK, NY 10022		
Certificate(s) of Occupancy Other 02/15/1990 Commonwealth of PA		
Staffing Hours		
Resident Support: 142.5	Total Daily Staff: 243	Waking Staff: 182
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 07/18/2016: Freeman, Sabrina; Colon, Lissette 07/19/2016: Freeman, Sabrina; Colon, Lissette		
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: 115	Number of Residents who:	
Number of Residents Served: 74	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: Yes	Are 60 Years of Age or Older: 74	
Area: Safe Harbor	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable: 25	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable: 16	Have a Mobility Need: 26	
Number of Current Hospice Residents: 3	Have a Physical Disability: 1	
Number of Hospice Residents in past year: 6		



Violation Report: 13994 - 07/18/2016 - Freeman, Sabrina
 PCH Name: THE LANDING AT WILLOW GROVE

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 April 26, 2016, resident # 1 fell and required the services of an emergency management agency. The Home has not submitted an incident report to the Department regarding this reportable incident.

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.

See attached sheet

Education / supervision and monitoring to be completed
 by RSD and ED

2600.16

Ongoing: Education provided to RSD for both PC and MC regarding mandatory timely reporting of incidents identified in regulations 2600.16

Any and all incidents resulting in significant injury or that require transport and treatment as identified in 2600.16 will be reported to the ED to ensure timely reporting

ED will continue to monitor to ensure compliance

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kathy Vahner</i>	Date <i>8/29/16</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <i>8/30/16</i> (Date)	Plan of correction implementation status as of <i>8/30/16</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: 13994 - 07/18/2016 - Freeman, Sabrina
 PCH Name: THE LANDING AT WILLOW GROVE

1. REGULATION 55 Pa.Code §2600
 2600.122 - Unless otherwise regulated by the Department of Labor and Industry, the Department of Health or the appropriate local building authority, all buildings must have at least two independent and accessible exits from every floor, arranged to reduce the possibility that both will be blocked in an emergency situation.

2a. DESCRIPTION OF VIOLATION
 The 2nd floor of the home has only one operational means of egress. The 2nd floor is undergoing renovation and at the time of inspection the second means of egress was shut-off, blocked and obstructed by construction materials.

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.

2600.122

Ongoing: A letter was obtained from Montgomery County Acting Fire Marshall which acknowledges and approves the operational means of the egress route presently being utilized while the temporary construction on the 2nd floor is being completed

ED will continue to monitor to ensure compliance

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Signature of Legal Entity Representative (Required on EVERY Page) <i>Kathy Vahner</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kathy Vahner</i>			Date <i>8/29/16</i>
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Violation Report: 13994 - 07/18/2016 - Freeman, Sabrina
 PCH Name: THE LANDING AT WILLOW GROVE

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The medical evaluation for resident #2, dated 6/10/2016 does not include the evaluation date, a general physical examination, health status, cognitive functioning, a signature by a certified medical professional, or documentation whether or not resident # 2 can safely use and avoid poisonous materials.

The medical evaluation for resident #3, dated 12/19/2015 does not include the evaluation date, a general physical examination, health status or cognitive functioning.

The medical evaluation for resident #4, dated 7/1/2015 does not include the evaluation date, a general physical examination, special health or dietary needs or body positioning/movement.

The medical evaluation for resident #5, dated 8/27/15 does not include a general physical examination.

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.

2600.141 (a)(2)

Ongoing:

The ED or designee will complete a chart audit on all residents' records to ensure all information listed on the medical evaluation is completed

ED will continue to monitor to ensure compliance

audits to be completed 1x week for 3 months

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Kathy Johner*

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

Date *8/29/16*

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 (Initials)

- Fully Implemented
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Violation Report: 13994 - 07/18/2016 - Freeman, Sabrina
 PCH Name: THE LANDING AT WILLOW GROVE

1. REGULATION 55 Pa.Code §2600
 2500.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
 Resident #5's last medical evaluation was completed on June 2, 2015.

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.

2600.141 (b) (1)

Ongoing:

All new admission records will be audited by the ED for the next three months to ensure completion of required forms, information, and dates to meet regulatory requirements and compliance

The ED or designee will complete a chart audit on all residents' records to ensure all information listed on the medical evaluation is completed thoroughly and within timeframe requirements

ED will continue to monitor to ensure compliance

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

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

Date *8/29/16*

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Violation Report: 13994 - 07/18/2016 - Freeman, Sabrina
 PCN Name: THE LANDING AT WILLOW GROVE

1. REGULATION 55 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION
 Resident # 8's Warfin 3 mg & 10 mg tablets were discontinued. On 7/19/2016 the Warfin was still in the medication cart.
 Resident # 8's Warfin 5 mg was discontinued 7/11/2016. On 7/19/2016 the Warfin was still in the medication cart.
 Resident # 9's Atorvastatin 20 mg was discontinued on 6/30/2016. On 7/19/2016 the Atorvastatin was still in the medication cart.

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.

2600.183 (d)

Ongoing: A weekly cart audit will be completed by the RSD which will assist with accurate timely removal of discontinued medications. Quarterly cart audits will also be completed by pharmacy. We have now implemented cycle fill which will also act as a cross check system to ensure medication in cart will have

Medication Administration policies and procedures will be reviewed with all staff members that administer medications. Procedures for discontinued medications will be focused on during the review

ED will continue to monitor to ensure compliance

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page) <i>Kathy Yahner</i>		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kathy Yahner</i>		Date <i>8/12/16</i>
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Violation Report: 13994 - 07/18/2016 - Freeman, Sabrina
 PCH Name: THE LANDING AT WILLOW GROVE

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident # 9's has an order for Tramadol HCL 50 mg, 1 tab at bedtime. However, the label on the medication package reads Tramado HCL 50 mg twice a day.

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.

2600.184 (a) and 183 (d)

Ongoing: A weekly cart audit will be completed by the RSD. Quarterly cart audits will also be completed by pharmacy. We have now implemented cycle fill which will also act as a cross check system to ensure the medication in the cart will have current and active orders. Discontinued medications will be removed until receipt of MD's order

Medication Administration policies and procedures will be reviewed with all staff members that administer medications focal points to include MAR to label medication directions/instruction and procedure if a change has occurred including discontinued medications or the change in the dosage

ED will continue to monitor to ensure compliance

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kathy Kahner* Date *8/29/16*

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Violation Report: 13994 - 07/18/2016 - Freeman, Sabrina
 PCH Name: THE LANDING AT WILLOW GROVE

1. REGULATION 55 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 #7's as needed medication; 1 mg tab Lorazepam & 50 mg tab Tramadol HCL 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.

2600. 185(a)

Ongoing: A weekly cart audit will be completed by the RSD. Quarterly cart audits will also be completed by pharmacy. We have now implemented cycle fill which will also act as a cross check system to ensure the medication in the cart will have current and active orders. Discontinued medications will be removed until receipt of MD's order

Medication Administration policies and procedures will be reviewed with all staff members that administer medications focal points to include MAR to label medication directions/instruction and procedure if a change has occurred including discontinued medications or the change in the dosage Reporting procedures for medication errors will be reviewed

ED will continue to monitor to ensure compliance

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Kathy Palmer</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Kathy Palmer</i>	<i>8/29/16</i>

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Violation Report: 13994 - 07/18/2016 - Freeman, Sabrina
 PCH Name: THE LANDING AT WILLOW GROVE

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

2a. DESCRIPTION OF VIOLATION

Resident # 8 has a prescribed order to receive 20 units of Lantus daily; however, the medication administration record documented that resident # 8 was to receive 21 units of Lantus.

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.

2600:

187 (d)

Ongoing: A weekly cart audit will be completed by the RSD. Quarterly cart audits will also be completed by pharmacy. We have now implemented cycle fill which will also act as a cross check system to ensure the medication in the cart will have current and active orders. Discontinued medications will be removed until receipt of MD's order.

Medication Administration policies and procedures will be reviewed with all staff members that administer medications focal points to include MAR to label medication directions/instruction and procedure if a change has occurred including discontinued medications or the change in the dosage Reporting procedures for medication errors will be reviewed

ED will continue to monitor to ensure compliance

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Kathy Palmer</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kathy Palmer</i>			Date 8/29/16
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Violation Report: 13994 - 07/18/2016 - Freeman, Sabrina
 PCH Name: THE LANDING AT WILLOW GROVE

1. REGULATION 56 Pa.Code §2600
 2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION
 On 7/1/2016 & 7/2/2016, an error in resident 9's medication administration occurred involving Atorvastatin 20 mg tab.
 The Atorvastatin 20 mg was discontinued on 6/30/2016; however, it was administered on 7/1/2016 & 7/2/2016. The error was not reported, but was discovered on the day of inspection on 7/19/2016.

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.

2600.188 (b)

Ongoing: A weekly cart audit will be completed by the RSD. Quarterly cart audits will also be completed by pharmacy. We have now implemented cycle fill which will also act as a cross check system to ensure the medication in the cart will have current and active orders. Discontinued medications will be removed until receipt of MD's order.

Medication Administration policies and procedures will be reviewed with all staff members that administer medications focal points to include MAR to label medication directions/instruction and procedure if a change has occurred including discontinued medications or the change in the dosage Reporting procedures for medication errors will be reviewed

ED will continue to monitor to ensure compliance

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Katryn Mahner*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Katryn Mahner* Date *8/29/16*

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

Plan of correction implementation status as of *8/30/16* (Date)

- Fully Implemented
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- Not Implemented

Violation Report: 13994 - 07/18/2016 - Freeman, Sabrina
 PCH Name: THE LANDING AT WILLOW GROVE

1. REGULATION 55 Pa.Code §2600
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION

Resident #2's support plan dated 1/31/2016 was not signed by the resident, the assessor or any staff that participated in the development of the plan.

Resident #5's support plan dated 10/7/2015 was not signed by the resident, the assessor or any staff that participated in the development of the plan.

Resident #6's support plan dated 12/17/2015 was not signed by the resident, the assessor or any staff that participated in the development of the plan.

Resident #7's support plan dated 7/18/2016 was not signed by the resident, the assessor or any staff that participated in the development of the plan.

Resident #8's support plan dated 3/4/2016 was not signed by the resident, the assessor or any staff that participated in the development of the plan.

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.

2600.227 (g)

Ongoing: The community will develop and implement a system of weekly audits to identify and ensure individuals who participate in the development of the support plan will sign and date the support plan

RSD for PC/MC will complete audits
 1x week for 3 months

ED will monitor

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kathy Palmer</i>	Date <i>8/29/16</i>
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Violation Report: 13994 - 07/18/2016 - Freeman, Sabrina
 PCH Name: THE LANDING AT WILLOW GROVE

1. REGULATION 55 Pa.Code §2600
 2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION
 Resident #2, admitted to the SDCU on [redacted] 2015; however, the medical evaluation form was not dated until 5/10/16.
 Resident #4, admitted to the SDCU on [redacted] 2015; however, the medical evaluation did not document the resident's diagnosis of dementia or need for SDCU care.

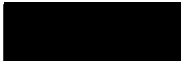
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

2600.231(b)

Ongoing: The community will develop and implement an audit that will be completed by the RSD or designee to ensure the resident will have a medical evaluation by a physician, physician's assistance or certified registered nurse practitioner, documented on a form provided by DHS within 60 days prior to admission. Documentation will include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to reside in a secure dementia care unit

ED will monitor and DME for accurate completion

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Kathy Mahner</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kathy Mahner</i>			Date <i>8/29/16</i>
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Violation Report: 13994 - 07/18/2016 - Freeman, Sabrina
 PCH Name: THE LANDING AT WILLOW GROVE

1. REGULATION 55 Pa. Code §2800
 2600.234(a) - Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

2a. DESCRIPTION OF VIOLATION
 Resident #2 was admitted to the SDCU on [redacted] 2015. The resident's initial support plan was developed on 8/22/2015.
 Resident #4 was admitted to the SDCU on [redacted] 2015. The resident's initial support plan was developed on 7/7/2015.

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.

2600.234 (a)

Ongoing: The community will develop and implement an audit that will be completed by the RSD or designee to ensure the resident will have with 72 hours of admission, or within 72 hours prior to the resident's admission to the secured memory care unit, a support plan developed, implemented and documented in the resident's record

ED will monitor and DME for accurate timely completion to ensure regulatory completion

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

Signature of Legal Entity Representative (Required on EVERY Page) *Katney Yabner*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Katney Yabner* Date *8/29/16*

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