



pennsylvania

DEPARTMENT OF HUMAN SERVICES

JAN 20 2017

Ms. Loriann Putzier, President & COO
VS Woods LLC
IntergraCare Corporation
6600 Brooktree Court, Suite 1000
Wexford, Pennsylvania 15090

RE: The Woods at Cedar Run
824 Lisburn Road
Camp Hill, Pennsylvania 17011
License #: 331320

Dear Ms. Putzier:

As a result of the Department of Human Services' annual licensing inspections on November 2, 2016, November 3, 2016 and November 4, 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 "Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: THE WOODS AT CEDAR RUN		License Number: 33132
Address: 824 LISBURN ROAD, CAMP HILL, PA 17011		County: Cumberland
Administrator: Courtney Bollinsky		Region: CENTRAL
Legal Entity Name: VS WOODS LLC		
Legal Entity Address: 6800 BROOKTREE COURT SUITE 1000, WEXFORD, PA 15090		
Certificate(s) of Occupancy		
C-2 LP 02/19/1997 L&I	Other 07/18/2014 Lower Allen Twp	
Staffing Hours		
Resident Support: 9	Total Daily Staff: 102	Working Staff: 77
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint, Incident		
On-Site Inspections Dates and Department Representatives On-Site		
11/02/2016: Heemer, Laura; Showers, Michael		
11/03/2016: Heemer, Laura; Showers, Michael		
11/04/2016: Heemer, Laura; Showers, Michael		
Off-Site Inspection Dates and Inspectors, if Applicable		
11/01/2016: Heemer, Laura		
11/08/2016: Heemer, Laura		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 79	Number of Residents who:	
Number of Residents Served: 69	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: Yes	Are 65 Years of Age or Older: 69	
Area: Life Stories	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable: 39	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable: 15	Have a Mobility Need: 24	
Number of Current Hospice Residents: 15	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 25		

Courtney Bollinsky
Dec 2 11/14/16

Violation Report: 33132 - 11/01/2016 - Heemer, Laura
 PCH Name: THE WOODS AT CEDAR RUN

1. REGULATION 55 Pa.Code §2600

2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

There is a ceiling tile over the sink area in the first floor activities room with an approximately 1 foot square water stain. There are water stains on three ceiling tiles in front of the first floor exit door to the patio area on the west side of the building and there is a water stain on a ceiling tile in the middle of the ceiling of the Administrator's office. During interviews, Staff reported that the water stains are a result of condensation from the air conditioning pipes.

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 Page 2A

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Courtney Bolinsky* Date *11/18/16*

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

The above plan of correction is approved as of 11/22/16
 (Date)

The above plan of correction was approved by BRS
 (Initials)

Plan of correction implementation status as of 11/22/16
 (Date)

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

PLAN OF CORRECTION TEMPLATE

Community Name: VS Woods, LLC d/b/a The Woods at Cedar Run

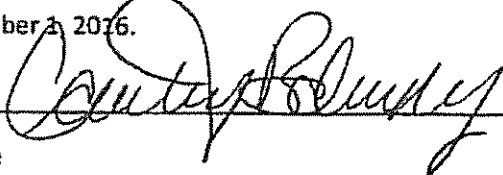
License Number: 331320

Date of Visit: November 2-4, 2016

Date of Submission: November 18, 2016

1. Violation Review: 2600.88(a) Floors, walls, ceilings, windows, doors, and other surfaces must be clean, in good repair and free of hazards.
2. Violation Interpretative Statement: During the inspection it was observed that there was a ceiling tile over the sink area in the first floor activities room (country kitchen) with approximately 1 square foot water stain. There are water stains on three ceiling tiles in front of the first floor exit door to the patio area on the west side of the building and there is a water stain on a ceiling tile in the middle of the ceiling of the Administrator's office.
3. Review the benefit of the Regulation, per RCG: Safe surfaces help to maintain sanitary conditions in the home, minimize the risk that residents will suffer an injury while ambulating, and provide dignified living conditions.
4. Description of the Repair of the Immediate Problem:
 - a. The stained ceiling tile in the administrator's office was replaced prior to the completion of the DHS inspection.
 - b. The ceiling tiles identified in the violation have been replaced at this time.
Determine / document the Root Cause of the Violation: Staff didn't actively replace stained ceiling tiles.
5. Detail Action Steps / System Developed to prevent future occurrence:
 - a. Changing practice? A system for routine inspection of ceiling tiles will be put into place.
 - b. Teaching or Training? The Environmental Services team members will be educated on responsibility of observing for areas in need of repair and the system for reporting a work order.
 - c. On-going Monitoring? Ongoing compliance will be monitored by the Director of Environmental Services/designee.
6. Designated position responsible and specify target date for correction.
 - a. The Director of Environmental Services/designee is responsible for ensuring compliance effective December 1, 2016.
 - b. The Environmental Services team members will receive additional instruction by December 1, 2016.

Authorized Signature



Date:

11/18/16

Plan of Correction Template

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ADM040

Violation Report: 33132 - 11/01/2016 - Heimer, Laura
 PCH Name: THE WOODS AT CEDAR RUN

1. REGULATION 55 Pa.Code §2600
 2600.102(d)(1) - Toilet and bath areas must have grab bars, hand rails or assist bars.

2a. DESCRIPTION OF VIOLATION
 There is no grab bar, hand rail or assist bar within reach of the toilet located in the bathroom of Resident Room 218.

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 Page 3A

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Courtney Belinsky* Date *11/18/16*

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The above plan of correction is approved as of 11/22/16
 (Date)

The above plan of correction was approved by BAH
 (Initials)

Plan of correction implementation status as of 11/22/16
 (Date)

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

PLAN OF CORRECTION TEMPLATE

Community Name: VS Woods, LLC d/b/a The Woods at Cedar Run

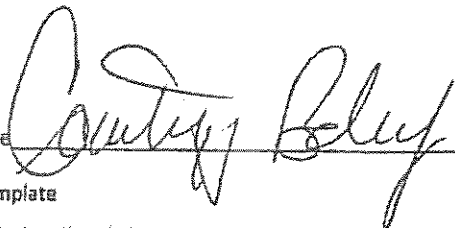
License Number: 331320

Date of Visit: November 2-4, 2016

Date of Submission: November 18, 2016

1. Violation Review: 2600.120(d)(1) – Toilet and bath areas must have grab bars, hand rails, or assist bars.
2. Violation Interpretative Statement: There is no grab bar, hand rail, or assist bar within reach of the toilet located in the bathroom of Resident Room 218.
3. Review the benefit of the Regulation, per RCG: Grab bars, handrails, or assist bars prevent injurious falls and allow residents to engage in self-care if desired.
4. Description of the Repair of the Immediate Problem:
 - a. Room 218 bathroom was inspected and a toilet seat with attached assist bars was installed.
5. Determine / document the Root Cause of the Violation: The bathroom has an assist bar in front of the toilet, this was determined upon inspection to not be within a suitable reach for use.
6. Detail Action Steps / System Developed to prevent future occurrence:
 - a. Changing practice? An audit of all bathrooms will be conducted to assure compliance.
 - b. Teaching or Training? The Environmental Service Director will receive additional instruction on interpretive guidelines of this regulation.
 - c. On-going Monitoring? Ongoing compliance will be monitored by The Director of Environmental Services.
7. Designated position responsible and specify target date for correction.
 - a. The Director of Environmental Services/designee is responsible for ensuring compliance effective December 30, 2016.
 - b. The Environmental Services team members will receive additional instruction by December 1, 2016.

Authorized Signature



Date:

11/18/16

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ADM040

Violation Report: 33132 - 11/01/2016 - Heemer, Laura
 PCH Name: THE WOODS AT CEDAR RUN

1. REGULATION 55 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 did not document the date the assessment was completed.

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 Page 4A

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
<i>Courtney Bolinsky</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
<i>Courtney Bolinsky</i>			<i>11/18/16</i>

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The above plan of correction is approved as of <u>11/22/16</u> (Date)	Plan of correction implementation status as of <u>11/22/16</u> (Date)
The above plan of correction was approved by <u>BAS</u> (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

PLAN OF CORRECTION TEMPLATE

Community Name: VS Woods, LLC d/b/a The Woods at Cedar Run

License Number: 331320

Date of Visit: November 2-4, 2016

Date of Submission: November 18, 2016

1. Violation Review: 2600255(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.
2. Violation Interpretative Statement: The initial assessment for Resident 2 did not document the date the assessment was completed.
3. Review the benefit of the Regulation, per RCG: Allows homes to create a comprehensive profile of a resident's needs and serves as the basis for the plan to meet those needs.
4. Description of the Repair of the Immediate Problem: The Resident's assessment was reviewed and edited to reflect the date of completion.
5. Determine / document the Root Cause of the Violation: This was a typographical error, the assessment was signed by the Director of Resident Care Services on the date of completion but, the date was not transferred to this section of the assessment.
6. Detail Action Steps / System Developed to prevent future occurrence:
 - a. Changing practice? All current resident assessments will be audited to assure compliance.
 - b. Teaching or Training? The Director of Resident Care Services will be re-educated on completion of the assessment.
 - c. On-going Monitoring? Ongoing compliance will be monitored by the Director of Resident Care Services/designee.
7. Designated position responsible and specify target date for correction.
 - a. The Director of Resident Care Services/designee is responsible for ensuring compliance of all current resident assessments by December 30, 2016.
 - b. The Director of Resident Care Services will receive additional instruction by December 1, 2016.

Authorized Signature



Date:

11/18/16

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ADM040

Violation Report: 33132 - 11/01/2016 - Heemer, Laura
 PCH Name: THE WOODS AT CEDAR RUN

1. REGULATION 55 Pa.Code 52600

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

In April of 2016 the Home requested Resident 4 be evaluated for hospice services due to the Resident being more combative with care. On [redacted] 2016 the Resident was admitted to a hospice for services to be provided in the Home. The Home did not complete a new assessment of the resident's needs to reflect this significant change.

The updated Medical Evaluation completed for Resident 3 on 7/14/2016 indicates the resident has a service needs related to a new diagnosis of Cholecystitis. The home did not complete a new assessment to reflect this significant change in the needs of the resident and document how this need will be met.

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 Pages 5A and 5B

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Courtney Bolinsky* Date *11/22/16*

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 (Date)

The above plan of correction was approved by BAS
 (Initials)

Plan of correction implementation status as of 11/22/16
 (Date)

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

PLAN OF CORRECTION TEMPLATE

Community Name: VS Woods, LLC d/b/a The Woods at Cedar Run

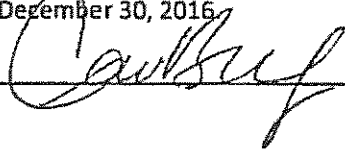
License Number: 331320

Date of Visit: November 2-4, 2016

Date of Submission: November 18, 2016

1. Violation Review: 2600.225(c) A resident shall have additional assessments as follows: annually, if the condition of the resident significantly changes prior to the annual assessment, and at the request of the Department upon cause to believe that an update is required.
2. Violation Interpretative Statement: In April of 2016 the Home requested Resident 4 be evaluated for hospice service due to the resident becoming more combative with care. On [REDACTED]/2016 the resident was admitted to a hospice for services to be provided in the home. The home did not complete a new assessment of the resident's needs to reflect this significant change. The updated medical evaluation completed for resident 3 on 7/14/16 indicates the resident has a service needs related to a new diagnosis of cholecystitis. The home did not complete a new assessment to reflect this significant change in needs of the resident and document how this need will be met.
3. Review the benefit of the Regulation, per RCG: Allows homes to create a comprehensive profile of a resident's needs and serves as the basis for the plan to meet those needs.
4. Description of the Repair of the Immediate Problem: The Resident 4's assessment was reviewed and updated to reflect current status. Resident 3's assessment was reviewed and updated to reflect current status.
5. Determine / document the Root Cause of the Violation: Staff didn't update these 2 resident assessments per the regulation.
6. Detail Action Steps / System Developed to prevent future occurrence:
 - a. Changing practice? All current resident assessments will be audited to assure compliance.
 - b. Teaching or Training? The Director of Resident Care Services will be re-educated on accuracy/ completion of the assessment per the regulation.
 - c. On-going Monitoring? Ongoing compliance will be monitored by the Director of Resident Care Services/designee.
7. Designated position responsible and specify target date for correction.
 - a. The Director of Resident Care Services/designee is responsible for ensuring compliance of all current resident assessments by December 30, 2016.

Authorized Signature _____



Date: _____

11/18/16

Plan of Correction Template

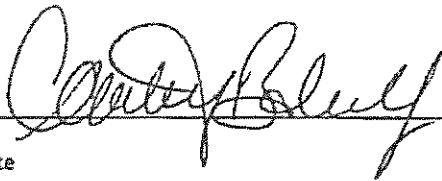
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b. The Director of Resident Care Services will receive additional instruction by December 1, 2016.

Authorized Signature _____



Date: _____

11/18/16

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ADM040

Violation Report: 33132 - 11/01/2016 - Heemer, Laura
 PCH Name: THE WOODS AT CEDAR RUN

1. REGULATION 55 Pa.Code §2600
 2600.227(h) - If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

2a. DESCRIPTION OF VIOLATION
 A support plan was developed for Resident 1 on 1/28/2016. This support plan was not signed by the resident and the home did not make a notation regarding the resident's inability or refusal to sign the support plan.
 A support plan was developed for Resident 2 on 8/10/16. This support plan was not signed by the resident and the home did not make a notation regarding the resident's inability or refusal to sign.

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 Page 6A

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Courtney Binsky* Date *11/18/16*

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

The above plan of correction is approved as of <u>11/22/16</u> (Date)	Plan of correction implementation status as of <u>11/22/16</u> (Date)
The above plan of correction was approved by <u>BJS</u> (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

PLAN OF CORRECTION TEMPLATE

Community Name: VS Woods, LLC d/b/a The Woods at Cedar Run

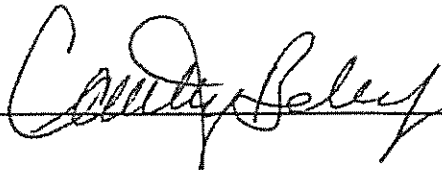
License Number: 331320

Date of Visit: November 2-4, 2016

Date of Submission: November 18, 2016

1. Violation Review: 2600.227(h) If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.
2. Violation Interpretative Statement: A support plan was developed for Resident 1 on 1/28/2016. This support plan was not signed by the resident and the home did not make a notation regarding the resident's inability or refusal to sign the support plan. A support plan was developed for Resident 2 on 6/10/16. This support plan was not signed by the resident and the home did not make a notation regarding the resident's inability or refusal to sign.
3. Review the benefit of the Regulation, per RCG: If a resident and/or a designated person participates in the development of the support plan and is unable or chooses not to sign and date the support plan, noting this in the record provides a record of who participated in the development of the support plan for future reference purposes (even though the persons did not sign).
4. Description of the Repair of the Immediate Problem: Resident 1 and Resident 2's assessment was reviewed and corrected to reflect participation.
5. Determine / document the Root Cause of the Violation: This was an oversight in completion of the assessment by facility staff.
6. Detail Action Steps / System Developed to prevent future occurrence:
 - a. Changing practice? All current resident assessments will be audited to assure compliance.
 - b. Teaching or Training? The Director of Resident Care Services will be re-educated on completion of the assessment.
 - c. On-going Monitoring? Ongoing compliance will be monitored by the Director of Resident Care Services/designee.
7. Designated position responsible and specify target date for correction.
 - a. The Director of Resident Care Services/designee is responsible for ensuring compliance of all current resident assessments by December 30, 2016.
 - b. The Director of Resident Care Services will receive additional instruction by December 1, 2016.

Authorized Signature



Date:

11/18/16

Plan of Correction Template

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