



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 13 2017

Mr. Benjamin T. Hoyle,
CEO
Pennswood Village
1382 Newtown-Langhorne Road
Newtown, Pennsylvania 18940

RE: Pennswood Village Personal Care Home
Certificate #: 126750

Dear Mr. Hoyle:

As a result of the Department of Human Services' annual licensing inspection on December 2, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

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 2000

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| PCH Name: PENNSWOOD VILLAGE PERSONAL CARE HOME | | Licence Number: 12875 |
| Address: 1382 NEWTOWN LANGHORNE ROAD, NEWTOWN, PA 18940 | | County: Bucks |
| Administrator: DANIELLA PANTAI. | | Region: SOUTHEAST |
| Legal Entity Name: PENNSWOOD VILLAGE | | |
| Legal Entity Address: 1382 NEWTOWN LANGHORNE ROAD, NEWTOWN, PA 18940 | | |
| Certificate(s) of Occupancy | | |
| C-1 | 1-2 | |
| 09/03/1993 | | |
| PA DEPT OF HEALTH | Township of Middletown / L&I | |
| Staffing Hours | | |
| Resident Support: 0 | Total Daily Staff: 37 | Working Staff: 20 |
| Type of Inspection: Full | BHA Denial Number: | Notice: Unannounced |
| Reason(s) for Inspection(s) | | |
| Renewal | | |
| On-Site Inspection Dates and Department Representatives On-Site | | |
| 12/02/2016: Colon, Lieselle; Adams, Patricia; Thomas, Tahesia | | |
| Off-Site Inspection Dates and Inspectors, if Applicable | | |
| | | |
| Other Details | | |
| Partial or Full Triggers: | | Random Indicator: |
| Resident Demographic Data as of Inspection Dates | | |
| Licensed Capacity: 37 | Number of Residents who: | Receive Supplemental Security Income: 0 |
| Number of Residents Served: 37 | Are 60 Years of Age or Older: 36 | Have Mental Illness: 0 |
| Secured Dementia Care Unit in Home: No | Have an Intellectual Disability: 0 | Have a Mobility Need: 0 |
| Area: | Have a Physical Disability: 0 | |
| Secured Dementia Unit Capacity, (if Applicable): | | |
| Number of Residents Served in Secured Dementia Care Unit, if applicable: | | |
| Number of Current Hospice Residents: 2 | | |
| Number of Hospice Residents in past year: 5 | | |

Violation Report: 12076 - 12/02/2016 - Colon, I. Isabella
PCF Name: PENNSWOOD VILLAGE PERSONAL CARE HOME

1. REGULATION #6 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 2600.16 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

- On 11/18/16, resident # 1 missed their 1:00 pm eye treatment. The home did not submit an incident report to the department.
- On 11/20/16 and 11/29/16, resident # 2 was administered Tylenol Extra Strength 600mg and Namenda 10mg more than four hour into. The home did not submit an incident report to the department.

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.

As a result of the multiple medication errors that occurred and were reported, the home elicited the help of our pharmacy consultant to provide training to the staff. On 11/22/16 our pharmacy consultant held a training class on medication administration and the general processes associated with administering medications including documentation (see attachment #1). Corrective actions and counseling to the individuals involved. PCA will continue to monitor for compliance. The home is in compliance with regulation 2600.16c.

2600.65(d)

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| Report Violation: No | Date(s) of Previous Violation(s): | |
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| Signature of Legal Entity Representative (Required on EVERY Page) | <i>Daniella Pantel</i> |
|--|------------------------|

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|---|----------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) | Date |
| Daniella Pantel | 12/27/16 |

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The above plan of correction is approved on of 1/9/17
(Date)

Plan of correction implementation status as of 1/9/17
(Date)

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

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

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| Violation Report: 12676 - 12/02/2016 - Colon, Linselle PCH Name: PENNSWOOD VILLAGE PERSONAL CARE HOME | |
| 1. REGULATION 65 Pa.Cod. §2600 2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas: (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. (2) Emergency preparedness procedures and recognition and response to crises and emergency situations. (3) Resident rights. (4) The Older Adult Protective Services Act (36 P. S. §§ 10225.101-10225.5102). (5) Falls and accident prevention. (6) New population groups that are being served at the home that were not previously served, if applicable. | |
| 2a. DESCRIPTION OF VIOLATION - Staff member B did not receive training in Fire Safety and Emergency Preparedness during the 2016 training year. - Staff member C did not receive training in Emergency Preparedness during the 2016 training year. | |
| 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. | |
| <p>The regulation was reviewed with Human Resources and compliance departments. Fire safety and emergency preparedness are assigned to all current and new hires. Additional classroom classes are also offered. Compliance department will monitor through quarterly audit reports. Staff B has completed his 2016 training. Moving forward the administrator and or designee and the compliance department will monitor to ensure compliance. The home is in compliance with regulation 2600.65(g)</p> <p>Staff C will complete the annual Emergency preparedness training within the next 30 days. The administrator Or designee will audit all staff training records, at least biannually, to ensure all required annual training is conducted As required. [SW 5.24.17]</p> | |
| Report Violation: No | Date(s) of Previous Violation(s): |
| Signature of Legal Entity Representative (Required on EVERY Page) <i>Daniella Pantal</i> | |
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Daniella Pantal</i> | Date <i>12/27/16</i> |
| DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE | |
| The above plan of correction is approved as of <i>1/9/17</i> (Date) | Plan of correction implementation status as of <i>1/9/17</i> (Date) |
| The above plan of correction was approved by <i>[Signature]</i> (Signature) | <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: 12676 - 12/02/2016 - Colon, Lisselle
PCH Name: PENNSWOOD VILLAGE PERSONAL CARE HOME

1. REGULATION 85 Pa.Code §2600
2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F.
Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

- On 12/02/16, at 8:00am, there was no thermometer in the North Wing kitchen galley refrigerator.
- The home serves breakfast between 8:00 am-9:00 am. On 12/02/16, at 9:30 am, Resident # 3's breakfast tray was left out on the counter.

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 home has requested a waiver of the regulation. (See Attachment #2). The north wing kitchen galley refrigerator is also equipped with a thermometer. Staff was made aware of the incident. The tray was held at the resident's request. Moving forward, staff has been instructed to inspect the tray to ensure that food requiring temperature control is not left on the counter. The home is in compliance with regulation 2600.103(f)

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

Signature of Legal Entity Representative (Required on EVERY Panel) *Daniella Pantal*

Printed Name and Title of Legal Entity Representative (Required on EVERY Panel) *Daniella Pantal* Date *12/27/16*

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The above plan of correction is approved as of *1/4/17*
(Date)

Plan of correction implementation status as of *1/9/17*
(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: 12676 - 12/02/2016 - Colon, Lleselle
PCH Name: PENNSWOOD VILLAGE PERSONAL CARE HOME

1. REGULATION 68 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
On 12/22/16, resident # 11a Lasix 40 MG (PRN) was not available for administration.

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 incident was reviewed with the staff. Resident also has a standing order of Lasix. Med drawer audits are performed monthly. Staff was instructed to monitor during audits to ensure prn medications are available for when needed. Charge nurses and PCA will monitor for compliance. The home is in compliance with regulation 2600.185(a).

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

Signature of Legal Entity Representative (Required on EVERY Page) *Daniella Pantel*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Daniella Pantel* Date *12/27/16*

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

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

Violation Report: 12076 - 12/02/2016 - Colon, Lissotto
 PCH Name: PENNSWOOD VILLAGE PERSONAL CARE HOME

1. REGULATION 66 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 # 4 does not include the dosage form for Miralax 17 gram.

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 order was sent to Pharmacy immediately. Packets of Miralax were ordered and the resident is receiving the correct dosage. The incident was reviewed with appropriate staff. Moving forward, the home will carefully monitor such orders to ensure compliance. Charge nurses and PCA will monitor to ensure compliance. The home is in compliance with regulation 2600.187(a).


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| Signature of Legal Entity Representative (Required on EVERY Page) | |
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| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) | Date |
| Daniella Pantal | 12/27/16 |

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| The above plan of correction was approved by  (Initials) | <input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |
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Violation Report: 12876 - 12/02/2016 - Colon, Lisanto
 PCH Name: PENNSWOOD VILLAGE PERSONAL CARE HOME

1. REGULATION 65 Pa. Code §2000
 2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

2a. DESCRIPTION OF VIOLATION
 On 11/14/16, 11/10/16, 11/24/16 and 11/28/16, resident #5 refused to take a scheduled dose of Miralax 8600 mg. The home did not report the refusal to the resident's doctor as required.

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.

Refusal of medications are being reported to prescribers and also documented. As a result of the multiple med errors that occurred and were reported, the home elicited the help of our pharmacy consultant to retrain the staff. On 11/22/16 our pharmacy consultant held a training class on administration and the general processes associated with administering medications including documentation (see attachment #1). Corrective actions including termination were also implemented. PCA will continue to monitor for compliance. The home is in compliance with regulation 2600.187 (c)

The administrator of the home will schedule an updated medication administration training for all staff on the importance of notifying the prescriber when residents refuse medications, starting within 15 days of receipt of this plan of correction. Documentation of the training will be maintained for the Departments review. [SW 5/18/17]

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| Repeat Violation: No | Date(s) of Previous Violation(s): | | |
| Signature of Legal Entity Representative (Required on EVERY Page) | | <i>Daniella Pantal</i> | |
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) | | Date 12/27/16 | |
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| 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: 12876 - 12/09/2016 - Colon, Lisette
POH Name: PENNSWOOD VILLAGE PERSONAL CARE HOME

1. REGULATION 68 Pa.Code §2800
2800.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
- On 11/20/16, the home administered the 6:00 pm dosage of Tylenol 600mg and Namonda 10mg at 9:00 pm to resident # 2.
- On 11/29/16, the home did not administer the 9:00 pm dose of Lorazepam 10mg to resident # 2 because the medication dropped into the side sill of the machine.
- On 11/06/16, 11/06/16, 11/07/16, and 11/08/16, Resident # 3's 9:00 am dose of Vitamin B12 1000mg was not available for administration.
- On 11/03/16; at 9:00 am, staff member D did not administer Myrbetriq 60mg to resident # 5.
- On 11/07/16, the home did not administer the morning dosage of Claritin 10mg to resident # 6.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Includes 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.
As a result of the multiple medication errors that occurred and were reported, the home elicited the help of our pharmacy consultant to provide training to the staff. On 11/22/16 our pharmacy consultant held a training class on medication administration and the general processes associated with administering medications including documentation (see attachment #1). Corrective actions and counseling to the individuals involved. PCA will continue to monitor for compliance. The home is in compliance with regulation 2600.187(d)

The administrator of the home will schedule an updated medication administration training for all staff on the importance of notifying the prescriber when residents refuse medications, or the medications are not administered to the resident, starting within 15 days of receipt of this plan of correction. Documentation of the training will be maintained for the Department's review. [SW 5/18/17]

The administrator or designee will conduct monthly audits of the MAR's to ensure staff are administering medications and contacting the prescribers when residents refuse medications, to begin immediately. [SW 5/18/17]

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

Signature of Legal Entity Representative (Required on EVERY Page) *Daniella Pantel*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Daniella Pantel* Date *12/27/16*

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

Violation Report: 12676 - 12/02/2016 - Colon, Linnette
PCH Name: PENNSWOOD VILLAGE PERSONAL CARE HOME

1. REGULATION 88 Pr. Code §2000
2000.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION
- On 11/20/16, an error in resident # 2's Tylenol Extra Strength 600mg and Namenda 10mg occurred involving into administration. This error was not reported to the resident's designated person and the prescriber.
- On 11/14/16, 11/16/16, 11/24/16, and 11/28/16, an error in resident # 6's Miralox 800mg occurred involving medication refusal. The error was not reported to the resident's designated person and the prescriber.

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.

As a result of the multiple medication errors that occurred and were reported, the home elicited the help of our pharmacy consultant to provide training to the staff. On 11/22/16 our pharmacy consultant held a training class on medication administration and the general processes associated with administering medications including documentation (see attachment #1). Corrective actions and counseling to the Individuals Involved. PCA will continue to monitor monthly Ar. compliance. The home is in compliance with regulation 2600.188(b) SW

The administrator of the home will schedule an updated medication administration training for all staff on the importance of notifying the prescriber and the residents designated person when a medication error occurs, starting within 15 days of receipt of this plan of correction. Documentation of the training will be maintained for the Departments review. [SW 5/18/17] SW

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

Signature of Legal Entity Representative (Required on EVERY Page) *Daniella Pantel*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Daniella Pantel* Date *12/27/16*

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Plan of correction implementation status as of *1/9/17* (Date)

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

Violation Report: 12876 - 12/02/2016 - Colon, L. Assate
PGH Name: PENNSWOOD VILLAGE PERSONAL CARE HOME

1. REGULATION 68 Pa. Code §2000
2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION
Resident # 4 refused several times to wear their hearing aids. The resident's support plan has not been revised to address their service needs.

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.

Resident was seen by audiology 6/6/16 as stated in the audiologist notes (see attachment #3) resident stated that [redacted] hears fine without [redacted] hearing aid. Resident continues to refuse them and the absence of the hearing aids doesn't seem to interfere with [redacted] quality of life. Incident shared with the nursing staff. Will continue to monitor. The home is in compliance with regulation 2600.227(c)

Resident #4's RASP will be updated to include the residents refusal to wear the hearing aides and any additional services they might need to ensure a quality of life, within the next 10 days of receipt of this plan of correction [RB 5.25.17716]

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

Signature of Legal Entity Representative (Required on EVERY Page) *Daniella Pantal*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Daniella Pantal* Date *12/27/16*

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(Date)

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(Date)

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