



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 02 2017

Mr. Robert Dulla, Jr.,
Executive Director
Grove Manor
235 North Broad Street
Grove City, Pennsylvania 16127

RE: Woodcrest Senior Living Community
1 Woodcrest Circle
Scottsdale, Pennsylvania 15683
License #: 442120

Dear Mr. Dulla:

As a result of the Department of Human Services' annual licensing inspection on January 24, 2017 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: 44212 - 01/24/2017 - Georgoullis, Karen
 PCH Name: WOODCREST SENIOR LIVING COMMUNITY

1. REGULATION 65 Pa.Code §2600
 2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION
 The licensing inspection summary dated 4/30/16 was not posted 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.

This regulation permits residents', families, + visitors to learn about applicable regulations and the Regulatory Compliance status of the home, + the homes' plan to correct any violations found. Our inspection survey was not posted in the home.

In reviewing the cause of this violation, it was discovered that the report was sent to our Corporate office in Grove City, PA and not forwarded to Woodcrest. A copy of the most current violation report was placed during the inspection. Notification was given to the corporate office regarding the importance of communications from D.H.S.

The Personal Care Administrator will be responsible to assure that the most recent copy of the violation report is posted.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) ROBIN METZGER	Date 4-14-17
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 4-19-17
 (Date)

Plan of correction implementation status as of 4-19-17
 (Date)

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

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

Violation Report: 44212 - 01/24/2017 - Georgoulis, Karen
 PCH Name: WOODCREST SENIOR LIVING COMMUNITY

1. REGULATION 65 Pa.Code §2800

2600.65(b) - Within 40 scheduled working hours, direct care persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
- (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A started working in the home on [redacted] 17. The training documentation to include all required training within 40 working hours is not dated. Therefore, it is unable to be determined that the training was completed within 40 working hours.

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.

Ensures that all staff persons working in the home are familiar with Residents Rights, Mandatory Reporting and the procedures for responding to medical emergencies. Proper completion of the orientation, regarding dates, was not completed. The violation occurred due to improper review of orientation checklist. A review was conducted of all current employees' orientation checklist to ensure all dates are present. The orientation checklist will be added to the New Employee checklist (Attachment 'A') to ensure completion. The Executive Director will be responsible to review all documents on new employee checklist for completion.

Repeat Violation: No	Date(s) of Previous Violation(s):			
Signature of Legal Entity Representative (Required on EVERY Page)				
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)				Date
ROBIN HETZGER				4-14-17

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Violation Report: 44212 - 01/24/2017 - Georgoulis, Karen
 PCH Name: WOODCREST SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

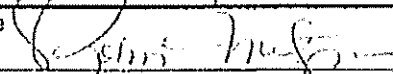
Direct care staff person A provided unsupervised direct care services to residents on 1/24/17. However, direct care staff person A has not completed the Department-approved direct care course and passed the competency test.

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.

Ensures that each individual who provides assistance with ADL's is trained to do so properly. Staff Person "A" provided unsupervised care prior to completing Department approved Direct Care Competency Course. Staff person "A" completed the competency course (Attachment "B"). The new employee orientation checklist will be added to the new employee checklist to ensure completion. (Attachment "A")

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

Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **ROBIN METZGER** Date **4-14-17**

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(Initials)

Violation Report: 44212 - 01/24/2017 - Georgoullis, Karen
 PCH Name: WOODCREST SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Codo §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
 Resident #1's medical evaluation, dated on 7/20/16, does not include the resident's height, weight or temperature. These sections were blank.
 Resident #2's medical evaluation, dated 8/19/16, does not include the health status or cognitive functioning. These sections were blank.

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.

Accurate, updated information helps homes decide whether a Resident's needs can be met at the home, helps the home develop accurate assessments and support plans and ensures that Residents' medical needs will be met. The medical evaluation was not completed on Residents' 1 and 2. Review of the Medical Eval was not completed. A complete review of all PC Residents' medical evals was done to ensure forms were completed. (Attachment C)

Upon receipt of a new Medical Eval, the Personal Care Admin. will review the form to ensure all documentation is complete.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) ROBIN METZGER	Date 4-14-17
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Violation Report: 44212 - 01/24/2017 - Georgoules, Karen
 PCH Name: WOODCREST SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

Resident #3 is prescribed Florinef 1mg tab - take one tab daily, Rivastigmine 3mg cap -- one cap by mouth twice daily and Quetiapine 25mg tab - one tab by mouth twice daily. The resident's January 2017 medication administration record was not initiated by the staff member who administered the medication on 1/14/17 at 8:00 a.m. for any of these medications.

Resident #4 is prescribed Clobetasol ointment 0.5% - apply topically to both arms twice a day. The resident's January 2017 medication administration record was not initiated by the staff member who administered the medication as follows:

- * 1/7/17 at 8:00 a.m.
- * 1/13/17 at 8:00 p.m.
- * 1/19/17 at 8:00 a.m.
- * 1/21/17 at 8:00 p.m.
- * 1/22/17 at 8:00 p.m.

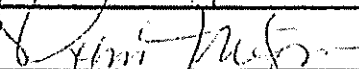
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

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.

Ensures HAR accuracy by minimizing the chance of documentation mistakes if a Resident refuses a medication. Documentation was missing on medication administration. The violation was caused by improper documentation skills. A complete review of the current MAR's was completed to ensure documentation was complete. The Personal Care Admin will review MAR's on a weekly basis to ensure documentation is being completed.

Also, proper documentation will be reviewed at the May staff inservice. (Attachment "c")

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Violation Report: 44212 - 01/24/2017 - Georgoulla, Karen
 PCH Name: WOODCREST SENIOR LIVING COMMUNITY

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

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Metoprolol 25mg -- take ½ tab two times daily. On 1/18/17 at 5:00 p.m. the medication was not administered.

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.

Ensures that Residents receive medications and treatments as ordered by a physician. Resident #1 Did not receive Metoprolol as ordered. Physicians' office called to hold the 5 pm dose but failed to send a script for the order. Notice given to staff regarding holding or changing medication without a script from the physician.

An additional review will be done at the May Inservice. The Personal Care Admin. will continue to monitor for compliance.

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 (Initials)

Violation Report: 44212 - 01/24/2017 - Georgoula, Karen
 PCH Name: WOODCREST SENIOR LIVING COMMUNITY

1. REGULATION 65 Pa.Code §2600

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

Resident #4's assessment, dated 4/30/16, was not updated to include the resident's diagnosis of urinary incontinence identified during the resident's in-person medical evaluation completed on 5/6/16.

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.

Allows homes to create a comprehensive profile of a residents needs and serves as the basis for the plan to meet these needs. Incontinence diagnosis was missing from the RASP diagnosis. The incontinence diagnosis was overlooked during the completion of the RASP. An updated RASP was completed on Resident 4 (Attachment "D")


The Executive Director will review all RASPs for completion.

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) ROBIN METZGER	Date 4-14-17
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