



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to WYNCOTE AID II OPCO LLC
LEGAL ENTITY

To operate WYNCOTE PLACE
NAME OF FACILITY OR AGENCY

Located at 240 BARKER ROAD, WYNCOTE, PA 19095
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 60
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)
Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 60

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from April 5, 2017 until April 5, 2018,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **142540**

Robert E. Robinson
ISSUING OFFICER

Jay Bank
DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



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DEPARTMENT OF HUMAN SERVICES

APR 05 2017

Mr. Daniel Guill,
Authorized Signatory
Wyncote AID II OPCO LLC
330 N. Wabash Avenue, Suite 3700
Chicago, Illinois 60611

RE: Wyncote Place
240 Barker Road
Wyncote, Pennsylvania 19095
License #: 142540

Dear Mr. Guill:

As a result of the Department of Human Services' annual licensing inspection on February 13, 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

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, appearing to read 'J. Rowe', written in a cursive style.

Jacqueline L. Rowe
Director

Enclosures
License
License Inspection Summary

Violation Report: 14254 - 02/13/2017 - Colon, Lissette
 PCH Name: WYNCOTE PLACE

1. REGULATION 55 Pa.Code §2600
 2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION
 Between January 16, 2017 - January 24, 2017, suspected ancillary staff person A, financially exploited resident # 1. The staff person allegedly took the resident's ATM debit card, and withdrew cash advances totaling \$190.00. The card was also used at five other merchants totaling \$69.53. The total amount stolen was \$259.53.

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.

2600.42(b) - Staff Person A is no longer employed by the community. A police report was filed by the community on 1/26/2017. Community staff are being re-educated on Resident Rights, Abuse, Neglect and Exploitation by community ED or designee no later than 3/31/17. This re-education will be included in the orientation for new hires and annually for community staff. Community staff continues to assist resident and police in the on-going investigation.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Jacqueline Geger*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jacqueline Geger, Executive Director* Date *3/10/17*

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

The above plan of correction is approved as of *3/14/17*
 (Date)

Plan of correction implementation status as of *3/13/17*
 (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: 14264 - 02/13/2017 - Colon, Lisselle
 PCH Name: WYNCOTE PLACE

1. REGULATION 55 Pa.Code §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 (35 P. S. §§ 10226.101-10226.5102).
 (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
 Direct care staff B did not receive the following training during training year 2016,

- Fire Safety
- Emergency preparedness
- Resident Rights
- Falls and accident prevention
- Older Adult Protective Service Act

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.

2600.65(g) - Direct Care Staff person B was re-educated on the items listed in the citation by community Executive Director (ED) on 2/17/17 (see attached). ED or designee will review staff training records monthly to maintain compliance.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Jacqueline Griger*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Jacqueline Griger, Executive Director* Date *3/10/17*

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

The above plan of correction is approved as of *3/13/17*
 (Date)

Plan of correction implementation status as of *3/13/17*
 (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: 14254 - 02/13/2017 - Colon, Lissette
 PCH Name: WYNCOTE PLACE

1. REGULATION 65 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION
 On 2/13/17, the bed sheets inside room # 205 was soiled with feces.

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.

2600.85(a) - The bed sheets were removed and laundered at the time of inspection. During rounds by direct care staff, linens will be checked and removed when soiled. Residents identified with recurring soiled linens will have documentation on the RASP to assure appropriate interventions are in place.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jacqueline Galarr, Executive Director</i>	Date <i>3/10/17</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>3/13/17</i> (Date)	Plan of correction implementation status as of <i>3/13/17</i> (Date)
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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
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Violation Report: 14254 - 02/13/2017 - Colon, Lissello
 PCH Name: WYNCOTE PLACE

1. REGULATION 65 Pa.Code §2600
 2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION
 The home's written emergency procedures have not been submitted to the municipal emergency management agency.

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.

2600.107(d) - Community had submitted the written Emergency Procedures to Cheltenham Township on October 3, 2016 and again on October 18, 2016 (see attached). Documentation of submissions available in the ED's office.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Jacqueline Gelapp, Executive Director* Date *3/10/17*

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The above plan of correction is approved as of <i>3/13/17</i> (Date)	Plan of correction implementation status as of <i>3/13/17</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: 14254 - 02/13/2017 - Colon, Lissette
 PCH Name: WYNCOTE PLACE

1. REGULATION 55 Pa.Code §2600
 2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

2a. DESCRIPTION OF VIOLATION
 The home has not notified the local fire department in writing of the location of resident bedrooms or the assistance needed in an evacuation.

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.

2600.124 - Community had submitted the Immobile Resident Notification to Cheltenham Township on April 20, 2016 and again on October 18, 2016 (see attached). Documentation of submissions available in the ED's office.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Jaqueline Geiger*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Jaqueline Geiger, Executive Director* Date *3/10/17*

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The above plan of correction is approved as of *3/13/17* (Date) Plan of correction implementation status as of *3/13/17* (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: 14264 - 02/13/2017 - Colon, Lissette
 PCH Name: WYNCOTE PLACE

1. REGULATION 56 Pa.Code §2600
 2600.231(c) - A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION
 Resident # 2 was admitted to the SDU on [redacted] 17. The resident's cognitive screening was completed on 6/27/16.

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.

2600.231(c) - Care Services Manager (CSM) or designee will review cognitive screenings completed by healthcare providers outside of the community, prior to admission. Pre-admission cognitive screenings with non-compliant dating will be returned to the outside healthcare provider for correction. CSM or designee will complete cognitive screenings for potential residents as needed, within 72 hours prior to admission.
 ED or designee will review the completed cognitive screenings on date of admission to assure compliance.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jacqueline Geiger, Executive Director</i>	Date <i>3/10/17</i>
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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