



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: JUL 28 2017

Nancy Donnelly, ED
Hatfield Mennonite Homes, Inc.
275 Dock Drive
Lansdale, Pennsylvania 19446

RE: Oakwood Court
License #: 127960

Dear Ms. Donnelly:

As a result of the Department of Human Services' off site licensing inspection on February 21, 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.

Sincerely,



Patricia Adams
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

PCH Name: OAKWOOD COURT		License Number: 127980
Address: 275 DOCK DRIVE, LANSDALE, PA 19446		County: Montgomery
Administrator: Kathy Moskowitz		Region: SOUTHEAST
Legal Entity Name: HATFIELD MENNONITE HOMES INC		
Legal Entity Address: 275 DOCK DRIVE, LANSDALE, PA 19446		
Certificate(s) of Occupancy		
Staffing Hours		
Resident Support:	Total Daily Staff: 64	Waking Staff: 48
Type of Inspection:	BHA Docket Number:	Notice:
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 02/21/2017: Weaver, Tina		
Off-Site Inspection Dates and Inspectors, if Applicable 02/28/2017: Weaver, Tina		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 72	Number of Residents who:	
Number of Residents Served: 64	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit In Home: Yes	Are 60 Years of Age or Older: 64	
Area: Secured Dementia Unit	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable: 26	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable: 24	Have a Mobility Need: 0	
Number of Current Hospice Residents: 1	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 6		

Violation Report: 12796 - 02/21/2017 - Weaver, Tina
PCH Name: OAKWOOD COURT

1. REGULATION 55 Pa.Code §2600
2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

During the interview with Resident #1 on 2/21/17, Resident #1, stated staff member A, repeatedly called the resident " [REDACTED] ". Staff member A, also called Resident #1 crazy twice. Resident #1 believes staff member A resorts to name calling because the resident ties their Foley Catheter bag with a [REDACTED]. In addition, staff member A was rude when Resident #1 requested their creams be open properly. Staff member A told Resident #1 "don't tell me how to run my business, I know what I am doing".

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 with the cream occurred on 2/8/17. The staff member A, which was involved in the incident, went out on emergency medical leave on [REDACTED] 17. She had resigned her position on [REDACTED] 17 due to health reasons. A staff wide in service on resident rights in personal care had been completed by all staff members in February as part of their monthly in service training, and annually thereafter. (2)

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kathy Miskowitz RN, MBA, PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kathy Miskowitz* Date *4.19.17*

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

The above plan of correction is approved as of *5/2/17*
(Date)

Plan of correction implementation status as of *5/2/17*
(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: 12796 - 02/21/2017 - Weaver, Tina
 PCH Name: OAKWOOD COURT

1. REGULATION 56 Pa.Code §2600
 2600.181(c). - A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

2a. DESCRIPTION OF VIOLATION

Resident #1 has an order, dated 4/26/16, that states "resident may self-administer all creams and may keep in room." On 2/8/17, Staff member A administered resident Betamethasone Dipropionate 0.05% cream. There is no documentation the resident was assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer and the need for reminders to take medications.

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.

Staff reports that resident had requested that staff apply the cream due to the overall large area of the rash. Reminded staff that order needs to be obtained if resident continually asking for assistance. The importance of obtaining orders for staff to administer meds for a self-med administration resident was review with the staff during the April in-service.

Repeat Violation: No

Date(s) of Previous Violation(s): 1-8

Signature of Legal Entity Representative
 (Required on EVERY Page)

Kathy Miskowitz RN, MBA, PCH

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

Kathy Miskowitz

Date

4.19.17

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

The above plan of correction is approved as of

5/2/17
 (Date)

Plan of correction implementation status as of

5/2/17
 (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: 12796 - 02/21/2017 - Weaver, Tina
 PCH Name: OAKWOOD COURT

1. REGULATION 55 Pa.Code §2600
 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

The Resident Assessment Support Plan (RASP), dated 1/26/17, under medications states, "Resident can self-administer medications without assistance". "Staff will monitor Resident #1 continued ability to manage their own medications". On 2/8/17, staff member A, administered Betamethasone Dipropionate cream 0.05% to Resident # 1's rash on, arms, legs, back and abdominal.

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.

Staff reports that resident had requested that staff apply the cream due to the overall large area of the rash. Reminded staff that order needs to be obtained if resident continually asking for assistance. The importance of obtaining orders for staff to administer meds for a self-med administration resident was review with the staff during the April in-service. *Home*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Kathy Mischowitz RN, MBA, PCHC

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

Kathy Mischowitz

Date *4.19.17*

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

The above plan of correction is approved as of *5/2/17*
 (Date)

Plan of correction implementation status as of *5/2/17*
 (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: 12796 - 02/21/2017 - Weaver, Tina
 PCH Name: OAKWOOD COURT

1. **REGULATION 55 Pa.Code §2600**
 2600.261(b) - The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

2a. **DESCRIPTION OF VIOLATION**
 The dated noted on the Doctors's Order dated 2/28/17 was not legible.

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 topic of charting had been reviewed in our March staff meeting. The points that had been discussed with the staff were the importance of documentation being legible, no writing over and signing and dating all documentation. There was also a webinar on *Nursing Documentation of Healthcare Data* that has been assigned to all nurses for in service training in May. This will give the staff education on documentation and reinforce the importance of concise, legible documentation and charting.

Repeat Violation: No	Date(s) of Previous Violation(s):	2		
----------------------	-----------------------------------	---	--	--

Signature of Legal Entity Representative
 (Required on EVERY Page)

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

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

The above plan of correction is approved as of 5/2/17
 (Date)

Plan of correction implementation status as of 5/2/17
 (Date)

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

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