



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

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

To operate WILLOWBROOK PLACE
NAME OF FACILITY OR AGENCY

Located at 150 EDELLA ROAD, CLARKS SUMMIT, PA 18411
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

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 80
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

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 May 3, 2017 until May 3, 2018,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **226590**

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.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 04 2017

Mr. Daniel Guill,
Authorized Representative
Clarks Summit AID II OPCO LLC
330 North Wabash Avenue, Suite 3700
Chicago, Illinois 60611

RE: Willowbrook Place
150 Edella Road
Clarks Summit, Pennsylvania 18411
License #: 226590

Dear Mr. Guill:

As a result of the Department of Human Services' annual licensing inspection on March 29, 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,



Jacqueline L. Rowe
Director

Enclosures
License
License Inspection Summary

Violation Report: 22859 - 03/29/2017 - Hummel, Jesse
PCH Name: WILLOWBROOK PLACE

1. REGULATION 55 Pa.Code §2600
2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION
The facility has two natural gas fired boilers as well as a natural gas fired hot water heater located in the mechanical room. The facility does not have a carbon monoxide detector installed in the mechanical room. The facility has a natural gas-fired industrial clothing dryer located in the laundry room. The facility does not have a carbon monoxide detector installed in the laundry room.
The facility is not in compliance with the Care Facility Carbon Monoxide Alarms Standards 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.

See attached
2600.18


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) Chris Murray, Executive Dir. Date 4-11-17

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

The above plan of correction is approved as of 4-18-17
(Date)

The above plan of correction was approved by 
(Initials)

Plan of correction implementation status as of 4-18-17
(Date)

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

Violation Report: 22659 - 03/29/2017 - Hummel, Jesse
PCH Name: WILLOWBROOK PLACE

1. REGULATION 55 Pa. Code §2600
2600.65(i) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

2a. DESCRIPTION OF VIOLATION

The record of training completed for staff person A and staff person B completed on 1/28/16 did not include the topic: The Older Adult Protective Services 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.

See Attached
2600.65(i)


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(Required on EVERY Page) Chris Murray, Executive Dir. Date 4-11-17

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Violation Report: 22558 - 03/29/2017 - Hummel, Jesse
PCH Name: WILLOWBROOK PLACE

1. REGULATION 55 Pa.Code §2600

2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION

Department Representatives observed 15 to 20 extinguished cigarettes on the sidewalk leading to the designated smoking area outside of the rear sun room. Smoking is permitted only in the designated smoking area and cigarettes are required to be safely extinguished in the fireproof receptacle in the designated smoking area.

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.
2600.144(c)(1)

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Violation Report: 22659 - 03/29/2017 - Hummel, Jesse
PCH Name: WILLOWBROOK PLACE

1. REGULATION 55 Pa.Code §2600
2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

Department Representatives observed Alluria Influenza Vaccine and Tubersol Injection for staff use only located in the refrigerator in the lower level nursing office. These vials were located in the refrigerator with several other insulin vials prescribed to residents of the facility. Vaccinations as well as other medication designated for staff use only is required to be stored separately from resident 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.

See attached
2600.183(d)

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Violation Report: 22658 - 03/29/2017 - Hummel, Jesse
PCH Name: WILLOWBROOK PLACE

1. REGULATION 55 Pa.Code §2600

2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

Department Representatives completed an audit of the facility's medication carts. Observed at the bottom of the medication cart drawer was a loose, unpackaged, round, white, half tablet and a another tablet determined to be Levodihydroxine 75mg. The facility is responsible for the safe, sanitary and organized storage of resident 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.

See attached.
2600.183(e)

Repeat Violation: No

Date(s) of Previous Violation(s):

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Printed Name and Title of Legal Entity Representative
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Chris Murray, Executive Dir.

Date 4-11-17

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Violation Report: 22659 - 03/29/2017 - Hummel, Jesse
PCH Name: WILLOWBROOK PLACE

1. REGULATION 55 Pa.Code §2600
2600.184(c) - Sample prescription medications shall have written instructions from the prescriber that include the components specified in § 2600.184(a)

2a. DESCRIPTION OF VIOLATION

Department Representatives observed a sample prescription medication: Xarelto 15mg prescribed to resident #1 in the medication cart. The medication did not have a label or administration instructions from the prescriber 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.

See attached.
2600.184(c)

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)

Chris Murray, Executive Director

Date 4-11-17

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The above plan of correction is approved as of 4-17-17
(Date)
18

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(Initials)

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(Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

P2A 87

Plan of Corrections Final Draft for 03/29/2017 Annual Inspection

Willowbrook Place

Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.

- 2600.18:

P2 87

On 3/30/17, Executive Director (ED) and maintenance tech installed carbon monoxide detectors in close proximity of, but not less than 15 ft. from our natural gas boiler, hot water heater, and clothes dryer.

~~Eastern Time is to integrate detectors into alarm system to be heard throughout the building. This will be completed by 4/14/17.~~

Maintenance tech to review and incorporate into weekly QI checks to assure ongoing compliance *Adm will oversee to ensure ongoing compliance. Op. 4-18-17*

- 2600.65(I):

P3 87

On 1/28/16, staff person A completed training on Older Adult Protective Services Act. See attached training documentation, attachment A.

On 1/28/16, staff person B completed training on Older Adult Protective Services Act. See attached training documentation, attachment B.

Business office manager is transferring training records for current staff to the DHS suggested forms. To be used at our next staff meeting on 4/20/17.

Concierge/ED will assure ongoing compliance monthly at staff meetings.

Chris Murray, Executive Director

[Handwritten signature]
4/11/17

PSA 87

- 2600.144(c)(1):

Cigarette butts that were uncovered due to the melting snow were immediately removed upon inspection.

A proper receptacle in the designated smoking area has already been in place.

p4g7

ED to assure housekeeping will check and clean sidewalk leading to the designated smoking area outside of the rear sun room daily.

Our two resident smokers were re-educated regarding the resident smoking area and the proper use of receptacles.

ED and Maintenance Director will assure ongoing compliance during their routine weekly checks of the grounds.

- 2600.183(d):

~~Employee vaccinations, designated for new hire use, were~~
immediately separated from the resident insulin vials in the Med Closet fridge.

p5g7

On 4/30/17, care services manager ordered a new resin container to store the employee vaccinations within the same refrigerated area. This will be properly labeled with "employee use only". This was in place by 4/4/17.

LPN and Med Techs were re-educated by the CSM on 4/4/17 about this change.

This will be monitored by the CSM weekly for the next 4 weeks.
Adm will oversee for ongoing compliance. Q 4-18-17

- 2600.183(e):

On 3/29/17, CSM immediately and properly discarded the tablet and half tablet observed at the bottom of the medication cart.

p6g7

On 3/30/17, Lead Med Aide reorganized the entire med cart to accommodate more bubble packs and avoid overcrowded drawers.

Chris Murray, Executive Director

J. 4-11-17

P7A 87

p6g7

On 4/4/17, LPN and Med Techs were re-educated on the proper and neatly storage of medications.

Lead Med Aide/CSM will assure this by inspecting the med carts for neatness and overcrowding weekly, when they do their weekly cart audits.

Adm will oversee to assure ongoing compliance. A

4-18-17

- 2600.184(c):

On 3/29/17, CSM made a copy of the order from MD and included it with the sample medication for resident #1, in a zip lock bag to ensure label and instructions were included.

w7g7

On 3/30/17, Care services manager reviewed medications of current residents to assure no other resident has sample meds. They did not.

On 3/30/17, Care services manager trained LPN and med techs on requirement that written instructions from the prescriber be included with any sample meds.

Twice a week for four weeks, then weekly for one month, the Care Services Manager or LPN will check med carts to assure each new medication is properly labeled with instructions from the prescriber, including any sample med packs from a physician.

Adm will oversee to assure ongoing compliance

Op. 4-18-17

Chris Murray, Executive Director

Jenny 4-11-17