



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: August 30, 2017

Joseph A. Irving,
Vice President
MCAP Willow Grove Operator, LLC
c/o MCAP Advisers LLC
437 Madison Avenue Suite 33C
New York, New York 10022

RE: The Landing at Willow Grove
1120 York Road
Willow Grove, Pennsylvania 19090
License # 139940

Dear Mr. Irving:

As a result of the Department of Human Services' licensing inspection on April 20, 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,

A handwritten signature in cursive script that reads "Patricia Adams".

Patricia Adams
Regional Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 13994 - 04/20/2017 - Thomas, Tahesia
 PCH Name: THE LANDING AT WILLOW GROVE

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 home does not have a carbon monoxide detector in the boiler room.

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 carbon monoxide detector was installed while
 inspectors were at the community the same day
 violation corrected

pictures sent 7/25/17

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kathy Yanner RDO Int. ED</i>	Date <i>6/26/17</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *7/25/17*
 (Date)

Plan of correction implementation status as of *8/15/17*
 (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: 13994 - 04/20/2017 - Thomas, Tahesia
 PCH Name: THE LANDING AT WILLOW GROVE

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

The home did not ensure that the Home Care Agency followed up on the foley catheter change for Resident # 1. Per documentation, the foley catheter was changed on 01/19/17 and next follow up visit was scheduled for 02/16/17. However, the home does not have any documentation of the 02/16/17 follow up visit. On 3/28/17, Resident # 1 was admitted to the hospital for Urosepsis.

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.

Please see attached documentation showing visit completed for Feb.

In service completed for nursing and direct care staff on 7/25/17 concerning catheter care / change. *(Signature)*
 The Don is responsible for continued compliance. *(Signature)*
 Forms developed to ensure compliance. *(Signature)*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Kathy Yalmer

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

Kathy Yalmer / ROR Int ED

Date *6/26/17*

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7/25/17
 (Date)

Plan of correction implementation status as of

8/15/17
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(Signature)
 (Initials)

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Violation Report: 13994 - 04/20/2017 - Thomas, Tahesia
PCH Name: THE LANDING AT WILLOW GROVE

1. REGULATION 55 Pa.Code §2600

2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

Three large black trash cans in the kitchen do not have lids.

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 trash can lids were retrieved and replaced immediately after discovering that they had been removed. (Completed same day) - Dietary Director will monitor for compliance daily and educate staff of procedures to be followed

In service completed audits made maintenance and dietary staff in service on 7/25/17 (P)

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kathy Lehner*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kathy Lehner RDO Int. ED* Date *6/26/17*

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The above plan of correction is approved as of *8/16/17* (Date)

Plan of correction implementation status as of *8/16/17* (Date)

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

- Fully Implemented
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- Not Implemented

Violation Report: 13994 - 04/20/2017 - Thomas, Tahesia
PCH Name: THE LANDING AT WILLOW GROVE

1. REGULATION 55 Pa.Code §2600

2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

- The lid was open on the main dumpster.
- A small blue bin that is used to transport trash was not covered by a lid.

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 lid was closed when discovered, staff were provided with directions to close lid at all times for both the dumpster and transport cart

MO & FM will re-educate and monitor for compliance

Maintenance and dietary staff were in-serviced on 7/25/17.

The maintenance Director and Dietary Manager are responsible for continued compliance *(Signature)*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kathy Mahues P.D.O. (W.F.S.D)</i>	Date <i>6/25/17</i>
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The above plan of correction is approved as of <u>8/16/17</u> (Date)	Plan of correction implementation status as of <u>8/16/17</u> (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: 13994 - 04/20/2017 - Thomas, Tahesia
PCH Name: THE LANDING AT WILLOW GROVE

1. REGULATION 55 Pa.Code §2600
2600.103(d) - Food shall be stored off the floor.

2a. DESCRIPTION OF VIOLATION
The emergency water supply was stored on the floor of the storage area in the basement.

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 water was removed and stored back onto the
back during survey/inspection
MD will monitor for compliance. completed correction
while inspectors were onsite

Maintenance and facility staff were
in-service on 7/25/17.

The maintenance director is responsible
for continued compliance (M)

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Kathryn Kahner*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kathryn Kahner RDO (Int-ED)* Date *8/12/17*

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The above plan of correction is approved as of 8/16/17
(Date)

Plan of correction implementation status as of 8/16/17
(Date)

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

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Violation Report: 13984 - 04/20/2017 - Thomas, Tahesia
PCH Name: THE LANDING AT WILLOW GROVE

1. REGULATION 55 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 # 1's RASP, dated 09/07/16, does not include foley catheter under Bladder Management.

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.

Correction made during survey/inspection and DON provided direction, recommendations, and instructions for specific details for services that are provided to resident

education and monitoring will be ongoing

The DON and ADON were unsewered on 7/25/17.

The administrator is responsible for continued compliance @

Repeat Violation: Yes

Date(s) of Previous Violation(s):

05/13/2016

Signature of Legal Entity Representative
(Required on EVERY Page)

Kathy Yahnner

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

Kathy Yahnner Resident @

Date

6/25/17

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8/16/17
(Date)

Plan of correction implementation status as of

8/16/17
(Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

[Signature]
(Initials)