



**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 June 23, 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 black ink, appearing to read "Roslyn Brewer".

Roslyn Brewer  
Regional Licensing Supervisor

Enclosure  
Licensing Inspection Summary



Violation Report: 13994 - 06/23/2017 - Colon, Lisselle  
 PCH Name: THE LANDING AT WILLOW GROVE

**1. REGULATION 55 Pa.Code §2600**

2600.26(b) - The quality management plan shall address the periodic review and evaluation of the following:

- (1) The reportable incident and condition reporting procedures.
- (2) Complaint procedures.
- (3) Staff person training.
- (4) Licensing violations and plans of correction, if applicable.
- (5) Resident or family councils, or both, if applicable.

**2a. DESCRIPTION OF VIOLATION**

The last quality management review occurred on 6/23/16. It did not address reportable incidents and condition reporting procedures, licensing violations, and plans of correction.

**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.*

We have implemented a new form to be completed by the Executive Director on a quarterly basis. The form will include a more detailed analysis including graphs to show the reportable incidents.

The staff training, the violation report, and the Resident/Family council minutes will also be included on the form

Form is included with the POC

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Cathy Kahney RDO* Date *8/22/17*

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

The above plan of correction is approved as of *8/25/17*  
 (Date)

Plan of correction implementation status as of *8/25/17*  
 (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 - 08/23/2017 - Colon, Lissette  
 PCH Name: THE LANDING AT WILLOW GROVE

**1. REGULATION 56 Pa.Code §2600**

2600.60(a) - Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

**2a. DESCRIPTION OF VIOLATION**

On 6/23/17, resident # 1 was observed waiting for someone to assist with toileting. The home has enough personal care staffing hours and waking hours, however, it was observed that residents in Memory Care are waiting for staff to assist them. It was also observed that only one staff person was present during the time in which resident # 1 was waiting for assistance. The home is still in need of additional support in Memory Care I and II, in order to provide the proper assistance for each resident during morning care, especially for residents who require total assistance.

**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 DON and Executive Director have completed an in-service reviewing the principles of utilizing the walkie communicating system.

The in-service stressed that this system is to be used to communicate to other team members when they are in need of assistance

The DON and the Memory Care Coordinator will review and enforce the break and meal schedules to ensure the care staff are following times allotted for breaks. This will assist in tracking the number of people off the units at the same time

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Kathy Valmer, RDO* Date *8/22/17*

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

The above plan of correction is approved as of <i>8/23/17</i> (Date)	Plan of correction implementation status as of <i>8/23/17</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: 13894 - 08/23/2017 - Colon, Lisette  
 PCH Name: THE LANDING AT WILLOW GROVE

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

2a. DESCRIPTION OF VIOLATION

On 8/23/17, the carpets in room #117 and room # 121 in Memory Care I, had a pungent odor of urine.

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 Maintenance Director and Housekeeping Director have developed a carpet cleaning schedule with focus on our MCUs. They will complete daily, periodic, walk throughs to monitor for odors. They will communicate with the caregivers to inquire about any further assistance that may be needed and will address issues at that time.

Schedule included

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Kathy Yanner</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kathy Yanner / RDO</i>			Date <i>8/22/17</i>
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
The above plan of correction is approved as of <i>8/25/17</i> (Date)		Plan of correction implementation status as of <i>8/29/17</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: 13994 - 08/23/2017 - Colon, Lissette  
 PCH Name: THE LANDING AT WILLOW GROVE

1. REGULATION 56 Pa.Code §2600  
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The medical evaluation for resident # 1, dated 12/15/16, does not include the date the resident was evaluated, the height, pulse rate, and temperature.

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 DON along with the ADON will review the DMEs to ensure it is complete in its entirety

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Kathy Cochran RDO* Date *8/22/17*

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The above plan of correction is approved as of <i>8/23/17</i> (Date)	Plan of correction implementation status as of <i>8/23/17</i> (Date)
The above plan of correction was approved by <i>KS</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 - 06/23/2017 - Colon, Lissette  
 PCH Name: THE LANDING AT WILLOW GROVE

1. REGULATION 55 Pa.Code §2600  
 2600.221(b) - The program must provide social, physical, intellectual and recreational activities in a planned, coordinated and structured manner.

2a. DESCRIPTION OF VIOLATION  
 During the investigation, it was observed at 10:30am, the home's activities program in Memory Care I and II does not include any recreational activities. It was also observed, there was no motivation to have the residents engage in activities.

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 Executive Director coinciding with the Memory Care Coordinator will review the monthly calendar to ensure that the residents social, physical, intellectual, and recreational needs are being met. In addition to the advanced and daily review of activities we have upgraded the Activity Assistant position by hiring a candidate with MA credentials in music to help with engagement and motivation for activity attendance

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) *Kathy Yanner RDO* Date *8/22/17*

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Violation Report: 13894 - 06/23/2017 - Colon, Lissette  
 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 condition has significantly changed since being admitted on [REDACTED]. The resident had a total of six falls from 2/22/17 to 8/1/17. The resident also requires assistance with personal hygiene. The home has not completed a new assessment of the resident's needs to reflect these changes.

**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 DON along with the ADON will complete and update the resident's RASPs. The Executive Director will monitor for thoroughness of details. The Executive Director will monitor completion and addendums at our weekly Thursday meetings to ensure the resident care issues and needs are being met

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Kathy Yanner*

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

*Kathy Yanner RDO*

Date *8/22/17*

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*8/23/17*  
 (Date)

Plan of correction implementation status as of

*8/23/17*  
 (Date)

The above plan of correction was approved by

*[Signature]*  
 (Initials)

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