



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 21 2017

Mr. 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' Personal Care Homes annual licensing inspection on July 26, 2017 and July 27, 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.

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 that reads 'J. Rowe'.

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 13994 - 07/26/2017 - Braswell, Natasha
 PCH Name: THE LANDING AT WILLOW GROVE

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

The label for resident #1 for Divalprox 250mg states 3 tablets by mouth and the medication administration record states 4 tablets daily.

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.

An in-service will be completed to ensure the medication administration label matches the e-mar system. The DC'ed medication will be removed from the cart. An audit will be completed 2x a week by our 3rd shift nurse and will be overseen by the DON. A ~~pharmacy~~ rep will complete a monthly cart audit to decrease discrepancies

The Medication Techs will be in-services on proper policy when faxing a new prescription. A follow up call will be completed as a means of cross checking

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kathy Yabner ADDITIONAL*

Date *9/11/17*

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

The above plan of correction is approved as of *9/19/17*
 (Date)

Plan of correction implementation status as of *10/20/17*
 (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 - 07/26/2017 - Braswell, Natasha
 PCH Name: THE LANDING AT WILLOW GROVE

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION
 On 7/26/17, at 9:45 am, the second floor bathroom in the memory care unit had feces located on the handle and lower portion of the commode.

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.

Regulation 2600.85

A Restroom sanitation audit form has been developed and will be implemented effective 9/7/2017

The Housekeeping Director and the Nursing Director will provide daily oversight to ensure all common restroom sanitation tasks are completed

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kathy Yahner RDO/INTED* Date *9/11/17*

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Violation Report: 13994 - 07/26/2017 - Braswell, Natasha
 PCH Name: THE LANDING AT WILLOW GROVE

1. REGULATION 55 Pa.Code §2600
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

- On 7/26/17 the water temperature in the resident bathrooms were as follows:
- room # 304 measured 122.1 degrees Fahrenheit at 12:55 pm.
- room # 239 measured 123.4 degrees Fahrenheit at 1:10 pm.
- room # 217 measured 125.1 degrees Fahrenheit at 1:20 pm.
- room # 133 measured 127.0 degrees Fahrenheit at 3:05 pm

- On 7/27/17 the water temperature in the resident bathroom of room # 217 measured 130.1 degrees Fahrenheit at 11:35 am

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 thermostat was replaced July 27,2017.
 Since then the temperature reading was and continues to be,
 on average, 116 to 118
 Temperature chart enclosed

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Kathy Gaber

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

Kathy Gaber INFED/RDO

Date 9/11/17

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 (Date)

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 (Date)

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 (Initials)

Violation Report: 13994 - 07/26/2017 - Braswell, Natasha
PCH Name: THE LANDING AT WILLOW GROVE

1. REGULATION 55 Pa.Code §2600
2600.103(b) - Kitchen surfaces must be of a nonporous material and cleaned and sanitized after each meal.

2a. DESCRIPTION OF VIOLATION
On 7/26/17, at 9:30 am, the kitchen freezer in the memory care unit on the first floor had stains from spills, particles of food and strands of hair.

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 an inspection 2x daily audit
This audit will be monitored by the Dietary Manager

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kathy Yabner RDO/INT ED* Date *9/11/17*

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Violation Report: 13994 - 07/26/2017 - Braswell, Natasha
 PCH Name: THE LANDING AT WILLOW GROVE

1. REGULATION 55 Pa.Code §2600
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION
 Resident #1's Ondansetron 4mg was not available for administration on 7/27/17.
 Resident # 2's Hydrocort 2.5% cream was not available for administration on 7/27/17.

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.

An in-service will be completed to review procedures for the safe storage, access, security, distribution and use of medications

In-service chart audit enclosed

Staff will be trained PRN medications within 30 days receipt of Approval POC. The home will audit medications to ensure continued compliance. All audits to be maintained per Department review

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kathy Yahnner RN/INTED* Date *9/11/17*

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