



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 17 2017

Ms. Kerri M. Ricketts,
Personal Care Administrator
Kendal-Crosslands Communities, Inc.
P.O. Box 100
Kennett Square, Pennsylvania 19348

RE: Kendal at Longwood
Cumberland House
License #: 185730

Dear Ms. Ricketts:

As a result of the Department of Human Services' Personal Care Homes annual licensing inspection August 3, 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, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 18573 - 08/03/2017 - Gray, Dean
PCH Name: KENDAL AT LONGWOOD

1. REGULATION 55 Pa.Code §2600
2600.16(b) - The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION
The home's written policy on reportable incidents does not address who is responsible for investigating incidents and how incidents will be recorded, stored and tracked to determine trends.

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.

2600.16(b)

K. Ricketts, LPN, Personal Care Manager revised policy 1.21kx entitled "Reportable Incident (Personal Care Unit) on September 25, 2017 to reflect the following issues:

- Name of individual responsible for investigating incidents
- Procedure for recording, storing and tracking incidents to ensure that all trends are identified

A copy of the revised policy is attached (Attachment A)

*Kerri M Ricketts 9/26/17
PCA
Kerri M Ricketts PCA*

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


Signature of Legal Entity Representative
(Required on EVERY Page) *Kerri M Ricketts PCA*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kerri M. Ricketts PCA* Date *9/26/17*

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

The above plan of correction is approved as of 10/18/17
(Date)

Plan of correction implementation status as of 10/18/17
(Date)

The above plan of correction was approved by 
(Initials)

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

Violation Report: 18573 - 08/03/2017 - Gray, Dean
PCH Name: KENDAL AT LONGWOOD

1. REGULATION 55 Pa.Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Staff person A, whose first day of work was 09/20/16, did not receive orientation in the following:

- The designated meeting place,
- Smoking safety procedures,
- The location and use of fire extinguishers,
- Smoke detectors
- Telephone use and notification of emergency services.

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

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Kerri M Ricketts PCA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kerri M Ricketts</i>	Date <i>9/20/17</i>
---	---------------------

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

The above plan of correction is approved as of <u>10/18/17</u> (Date)	Plan of correction implementation status as of <u>10/18/17</u> (Date)
The above plan of correction was approved by  (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

Regulation 2600.65(a)

All Kendal at Longwood direct care staff persons, ancillary staff persons, substitute personnel and volunteers will be oriented to general fire safety and emergency preparedness within the first 8 hours of work. This training will include evacuation procedures, staff duties and responsibilities during drills and evacuations, designated meeting places outside of our building, smoking safety procedures and our policy on smoking, the location and use of fire extinguishers, smoke detectors and fire alarms and telephone use and notification of emergency services.

The
~~_____~~, LPN and Cumberland Manager, created a new Staff Orientation check list that was initiated on September 5, 2017. This orientation checklist (Attachment B) covers all of the DHS required training for both the first 8 hours of an individual's employment and the first 40 hours of employment.

The LPN
~~_____~~ or her designee will review all items on the Orientation checklist with the staff members and volunteers noted above according to the specified timeline, either within the first 8 or first 40 hours. Employees who attend our general New Employee Orientation on their first day of employment will also meet with our Cumberland Manager that day to ensure consistency of training for Personal Care staff.

The LPN
~~_____~~ will monitor orientation checklists for 6 months to ensure that all required training is completed in a timely fashion. She will report the results of this monitoring at our Quarterly Quality Assurance/Performance Improvement Meetings with a stated goal of 100% compliance.

Kerri M Ricketts PCA 9/26/17
Kerri M Ricketts PCA

Violation Report: 18573 - 08/03/2017 - Gray, Dean
PCH Name: KENDAL AT LONGWOOD

1. REGULATION 65 Pa.Code §2600
2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:
(1) Resident rights.
(2) Emergency medical plan.
(3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
(4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

- Direct care staff person A received resident rights training on 10/01/16 based on Nursing Home resident rights instead of Personal Care Home resident rights.
- Ancillary staff person B received resident rights training on 02/01/17 based on Nursing Home resident rights instead of Personal Care Home resident rights.

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 include the date by which the steps will be completed.

~~XXXXXX~~, LPN, Personal Care Manager, revised the Resident Rights training for all direct care staff persons and ancillary staff in Personal Care on 8/16/17. This training was revised to include Rights specific to Personal Care residents. ~~XXXXXX~~ is printed the poster for Resident Rights which was found on the DHS website and this was added to the Personal Care staff Training Plan. In addition, ~~XXXXXX~~ PCA, ~~XXXXXX~~ is added information to this poster that relates to the Right of Personal Care residents to question or refuse a medication during medication administration.

This annual training, specific to Personal Care, is in addition to the more generalized Resident Rights training that all Kendal staff members also receive annually. ~~XXXXXX~~ will ensure that all direct care staff currently working in Personal Care receive Resident Rights training specific to Personal Care by October 3, 2017, and annually thereafter. New staff will receive this training within the first 8 hours of employment.

Kerri m Ricketts PCA 9/26/17
Kerri m Ricketts PCA

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


Signature of Legal Entity Representative
(Required on EVERY Page) Kerri m Ricketts PCA

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Kerri m Ricketts PCA Date 9/26/17

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

The above plan of correction is approved as of 10/18/17
(Date)

Plan of correction implementation status as of 10/18/17
(Date)

The above plan of correction was approved by 
(Initials)

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

Violation Report: 18573 - 08/03/2017 - Gray, Dean
PCH Name: KENDALAT LONGWOOD

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

The annual training provided to direct care staff person C, D and E in training year 2016 did not include training on mental illness. The home serves residents with a mental illness diagnosis.

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.

2600.65(f)

Annual training for employees C, D and E in training year 2016 did not include training on mental illness. The annual staff Training Plan was revised on 8.16.2017 by K. Ricketts to include a component related to mental illness. This will remain a regular component of new employee training and annual training for all Personal Care employees.

All current Direct Care staff will complete this training in training year 2017, with a completion date of October 13, 2017.

Kerri M Ricketts PCA 9/12
Kerri M Ricketts PCA

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

Signature of Legal Entity Representative
(Required on EVERY Page) Kerri M Ricketts PCA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kerri M Ricketts PCA	Date 9/26/17
--	--------------

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

The above plan of correction is approved as of 9/18/17
(Date)

Plan of correction implementation status as of 9/18/17
(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: 18573 - 08/03/2017 - Gray, Dean
PCH Name: KENDALAT LONGWOOD

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained, annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

- Direct care persons C, D and E did not receive training in resident rights during the 2016 training year.
- Direct care persons E, F, G and H did not complete fire safety training during the 2016 training year.

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.

Direct care staff persons C, D and E did receive training on Resident Rights during the 2016 training year. Their training records are attached. (Attachment C)

Direct care person E did complete fire safety training during the 2016 training year. (Attachment D)

Direct care persons F, G and H did not complete fire safety training during the 2016 training year.

Joe Deckman, Maintenance Supervisor, revised the Annual Fire Safety Training to reflect specific regulations in Personal Care on August 30, 2017.

All direct care staff members will attend Fire Safety Training, now specific for Personal Care, on October 11, 2017.

Moving forward, all Personal Care direct care and ancillary care staff will attend the Personal Care Fire Safety Training, either as part of their first 8 hours of training for new employees or annually.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Kerri M. Reubens PCA*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kerri M. Reubens PCA* Date *9/26/17*

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

The above plan of correction is approved as of *10/18/17*
(Date)

Plan of correction implementation status as of *10/18/17*
(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: 18573 - 08/03/2017 - Gray, Dean
PCH Name: KENDALAT LONGWOOD

1. REGULATION 55 Pa.Code §2600
2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION
- An open, unlabeled and undated bag of veal patties were found in the walk in freezer.
- An open, unlabeled and undated bag of bread sticks were found in the walk in freezer.

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.

2600.103(e)

During the annual licensing inspection of our Personal Care home, open, unlabeled and undated bags of veal patties and bread sticks were found in the walk in freezer.

Dining Services staff were retrained on proper food storage on August 24, 2017. See attached training report (Attachment E).

██████████ Dining Services Manager, purchased new labels that are designed to stick to frozen and wet foods and attached the dispenser outside the freezer door. This was completed on August 4, 2017.

The Chef Manager will monitor for adherence to the policy and document any items found to be not in compliance. Trends, if any, will be shared with the Dining Services Manager monthly to determine if particular staff members are failing to follow the policy so that additional instruction and counseling can be performed.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Kerri M Reekettes PCA*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kerri M Reekettes PCA* Date *9/26/17*

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

The above plan of correction is approved as of *10/18/17*
(Date)

Plan of correction implementation status as of *10/18/17*
(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: 18573 - 08/03/2017 - Gray, Dean
PCH Name: KENDAL AT LONGWOOD

1. REGULATION 55 Pa.Code §2600

2600.107(c) --The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION

On 08/03/17, the home had 51 residents, but only 48 gallons of emergency drinking water. The home has a water contract with a 24 hour guarantee but the home must store at least a one day supply of water.

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.

2600.107(c)

During our annual licensing inspection on 8/3/2017, it was determined that our Home had 51 residents but only 48 gallons of emergency drinking water. Kendal at Longwood does have a contract with an emergency water delivery service but needs to store at least a one day supply of water.

Additional gallons of water were purchased by the Dining Services Director [redacted] on 8.4.17. The total supply now equals 100 gallons, enough for a "full house" of 62 residents plus staff. In addition, a work order was placed within our Catering system to replace these 100 gallons on December 14, 2017, one week before the "best by" date. [redacted] will oversee this purchase and place a new order with a new "replace by date" once the new gallons are received.

In addition, [redacted] placed a reminder form on the Catering Board on 8/4/17 for December's purchase, and will maintain ongoing work orders.

[redacted] LPN and Nurse Manager, will check the water supply monthly to ensure that 100 gallons are always present.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Kerri M Peckett PCA*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kerri M Peckett PCA* Date *9/26/17*

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

The above plan of correction is approved as of _____
(Date)

The above plan of correction was approved by _____
(Initials)

Plan of correction implementation status as of _____
(Date)

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

Violation Report: 18573 - 08/03/2017 - Gray, Dean
PGH Name: KENDAL AT LONGWOOD

1. REGULATION 55 Pa.Code §2600
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #1's most recent medical evaluation was completed on 05/01/17. The resident's previous medical evaluation was completed on 04/07/16.

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.

2600.141(b)(1)

During the August 3 Licensure Survey, it was determined that resident #1's most recent medical evaluation was completed 23 days after the 2016 medical evaluation, outside of the grace period.

All residents will have a medical evaluation completed at least annually. On 8/16/17, the Personal Care Manager K. Ricketts, LPN created a checklist (Attachment F) for both DMEs and RASPs to ensure that they are completed annually. This new tool will be audited weekly to ensure compliance. The Personal Care Manager will report compliance with the timing of annual medical evaluations at our Quarterly QAPI meetings for 12 months, with a stated goal of 100%.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Kerri M Ricketts PCA*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kerri M Ricketts PCA* Date *9/26/17*

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

The above plan of correction is approved as of *10/18/17*
(Date)

Plan of correction implementation status as of *10/18/17*
(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: 18573 - 08/03/2017 - Gray, Dean
PCH Name: KENDALAT LONGWOOD

1. REGULATION 56 Pa.Code §2600

2600.185(b) - At a minimum, the procedures in § 2600.185(a) shall include:

- (1) Documentation of the receipt of controlled substances and prescription medications.
- (2) A process to investigate and account for missing medications and medication errors.
- (3) Limited access to medication storage areas.
- (4) Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply for a resident who self-administers medication without the assistance of a staff person and stores the medication in his/her room.

2a. DESCRIPTION OF VIOLATION

The home's procedures for the safe use of medications and medical equipment do not include procedures for the use of medical equipment and a process to investigate and account for missing 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.

2600.185(b)

During the annual DHS Licensure Survey, it was determined that Kendal at Longwood's procedure for the safe use of medications did not include a process to investigate and account for missing medications.

The Policy (182-191, Attachment G) was revised on 9/25/17 by the Personal Care Manager and the Director of Nursing and was shared with all staff by October 3, 2017.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Kerri M. Ricketts PCA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kerri M Ricketts</i>	Date <i>9/26/17</i>
---	---------------------

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

The above plan of correction is approved as of *10/18/17*
(Date)

Plan of correction implementation status as of *10/18/17*
(Date)

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

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