



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 02 2017

Mr. Daniel Guill,
Authorized Representatives
Statesman Woods AID OPCO, LLC
2619 Trenton Road
Levittown, Pennsylvania 19056

RE: Woodbourne Place
License #: 139550

Dear Mr. Guill:

As a result of the Department of Human Services' Personal Care Homes annual licensing inspection on August 22, 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
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PCH Name: WOODBOURNE PLACE		License Number: 13955
Address: 2619 TRENTON ROAD, LEVITOWN, PA 19056		County: Bucks
Administrator: Ocassana Harrison		Region: SOUTHEAST
Legal Entity Name: STATESMAN WOODS AID OPCO LLC		
Legal Entity Address: 2619 TRENTON ROAD, LEVITTOWN, PA 19056		
Certificate(s) of Occupancy		
Other	C-2 LP	
	05/06/1997	
Township of Middletown	PA Department of L&I	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 52	Waking Staff: 39
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
08/22/2017: Kazimer, Lauren		
Off-Site Inspection Dates and Inspectors, If Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 48	Number of Residents who:	
Number of Residents Served: 39	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit In Home: No	Are 60 Years of Age or Older: 39	
Area:	Have Mental Illness: 2	
Secured Dementia Unit Capacity, If Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served In Secured Dementia Care Unit, If applicable:	Have a Mobility Need: 13	
Number of Current Hospice Residents: 6	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 18		

Violation Report: 13955 - 08/22/2017 - Kazimer, Lauren
 PCH Name: WOODBOURNE PLACE

1. REGULATION 55 Pa.Code §2600
 2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

- The bedside lamp in room #35 had a burned out lightbulb.
- Both beds in shared room #37 did not have a source of light that can be turned on/off from the bedside.

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.

2600.101(j) (7) - Each resident shall have the following in the bedroom: An operable lamp or course of lighting that can be turned on at the bedside

A) The bedside lamp in room #35 had a burned out light bulb

B) Both beds in shared #37 did not have a source of light that can be turned on at the bedside

- Light bulbs replaced on 8/22/2017 in #35 (Attachment #1)
- #37 room rearranged to have the source of lighting at the bedside on 8/22/2017(Attachment#1)
- Audit completed of rooms for lighting at bedside 8/22/107
- Maintenance Manager or Executive Director will conduct a monthly check on bedside lamps to insure that they are in working condition and to ensure that residents have a source of light that can be turned on/off from the bedside.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Olga Jozak Executive Director*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cassandra Harrison Executive Director* Date *10/3/17*

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

The above plan of correction is approved as of <i>10/4/17</i> (Date)	Plan of correction implementation status as of <i>10/5/17</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: 13955 - 08/22/2017 - Kazimer, Lauren
 PCH Name: WOODBOURNE PLACE

1. REGULATION 55 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 3/31/17, does not include the ability to self-administer 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.

2600.141(a)(2)- Medical evaluation must include 1-10

A) The medical evaluation for resident #1 dated 3/31/2017, does not include the ability to self-administer medications

- Medical evaluation corrected by physician on 8/22/2017(Attachment#2)
- Audit conducted and completed to ensure accuracy of medical evaluations on 8/22/2017, 8/23/2017(Atachment#3)
- Medical evaluations will be reviewed within 48 hours of admission to ensure that 1-10 are answered by Executive Director and /or designee. Monitoring will be ongoing.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

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

Drassana Harrison Executive Director

Date

10/3/17

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10/4/17
 (Date)

Plan of correction Implementation status as of

10/4/17
 (Date)

The above plan of correction was approved by

[Handwritten Initials]
 (Initials)

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

Violation Report: 13955 - 08/22/2017 - Kazimer, Lauren
 PCH Name: WOODBOURNE PLACE

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

The medication administration record for resident #2 does not include the following medications: Prochlorperazine 10mg and Acetaminophen 650mg suppositories .

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.

2600.187(a)- A medication record shall be kept to include the following for each resident for whom medications are administered.

A) Medication administration record for resident #2 does not include the following medications:
 Prochlorperazine 10 mg and Acetaminophen 650mg suppositories.

- Medications clarified and corrected on medication administration record on 8/22/2017(Attachment#4)
- Medication administration record to medication storage cart on 8/22/2017 and 8/23/2017
- Care Services Manager , Executive Director or Designee will conduct a weekly audit for residents medication administration records of current records x 90 days then to continue weekly of random residents.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Crossana Harwin Executive Director</i>	Date <i>10/3/17</i>
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The above plan of correction is approved as of *10/4/17*
 (Date)

Plan of correction implementation status as of *10/5/17*
 (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: 13956 - 08/22/2017 - Kazimer, Lauren
 PCH Name: WOODBOURNE PLACE

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

- Resident #1's Prednisone 10mg at 7:30pm was discontinued on 8/5/17 and staff continued to initial the MAR from 8/5/17 to 8/21/17.
- Resident #1's Cetirizine HCL 10mg was packaged by the pharmacy along with the bedtime medications. Staff have been initialing the MAR for Cetirizine HCL 10mg at 7:30am.
- Resident #2's once monthly dose of Vitamin D3 50,000 units was not initialed by staff on 7/28/17.

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.

2600.187(b) - The information in 2600.187(a) 13 and 2600.187(a) 14 shall be recorded at the time the medication is administered.

A) Resident #1 Prednisone 10 mg at 7:30pm was discontinued on 8/5/2017 and staff continued to initial the medication administration record from 8/5/2017 to 8/21/2017

B) Resident #1 Cetirizine HCL 10 mg was packaged by the pharmacy along with the bedtime medications. Staff has been initialing the medication administration record for Cetirizine HCL 10mg at 7:30am

C) Resident #2 once monthly dose of vitamin D3 50,000 units was not initialed by staff on 7/28/2017

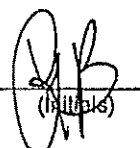
- Resident #1 Corrections made to prednisone order corrected on medication administration record(Attachment #5)
- Cetirizine package sent back to pharmacy and repackaged for 7:30am
- Medication received training .
- Audit completed on 8/23/2017 of medication administration record
- Audit completed on 8/30/2017 of medication administration record
- Audit completed on 9/6/107 of medication administration record
- Care Service Manager, Executive Director or designee will conduct a weekly check on residents' medication administration record for accuracy of new medications, discontinued medications, proper administration times and packaging labels x 90 days then continue to random checks weekly.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Deanna Harwood Executive Director</u>	Date <u>10/3/17</u>
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The above plan of correction is approved as of <u>10/4/17</u> (Date) The above plan of correction was approved by  (Initials)	Plan of correction implementation status as of <u>10/6/17</u> (Date) <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
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Violation Report: 13955 - 08/22/2017 - Kazimer, Lauren
 PCH Name: WOODBOURNE PLACE

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

Resident #3, admitted on [redacted] 17, had a preadmission screening form completed on [redacted] 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.

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

A) Resident #3 admitted on [redacted] 2017, had a pre admission screening completed on [redacted] 2017

- Prescreen for resident #3 dated [redacted] 2017 cannot be changed
- Audit completed on 8/26/2017 of preadmission screening forms
- Executive Director will conduct an audit of preadmission screening prior to admission or the day of the admission to ensure accuracy. Monitoring will be ongoing.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

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

Cassini Herrera Executive Director

Date 10/3/17

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10/4/17
 (Date)

Plan of correction implementation status as of

10/5/17
 (Date)

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