



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 13 2017

Ms. Kelly Cook Andress.
President
Berwyn Real Estate, LP
1489 Baltimore Pike, Suite 245
Springfield, Pennsylvania 19064

RE: Daylesford Crossing
1450 East Lancaster Avenue
Paoli, Pennsylvania 19301
License #: 141450

Dear Ms. Cook Andress:

As a result of the Department of Human Services' Personal Care Homes annual licensing inspections on September 6, 2017 and September 7, 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: 14154 - 09/06/2017 - Kazimor, Lauren
 PCH Name: DAYLESFORD CROSSING

1. REGULATION 55 Pa.Code §2600
 2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION
 Ancillary staff person A, hired on 3/26/17, did not have a criminal history background check requested until 7/31/17.

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.

2600.51

1. A criminal history background check was obtained for staff person A.
2. As per community practice, criminal history backgrounds will be obtained by the business office manager once a staff member has been offered employment.
3. As per community practice, employment will be contingent upon an acceptable criminal history.
4. Routine audits will be performed by the business office manager within 30 days of hire and reported quarterly at the QA meeting.
5. Date of Compliance: 10/3/17

Supportive Documentation:

1. Copy of Criminal Background Record Check for staff person A
2. Employee File Audit for criminal background checks

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/07/2016	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Kristina W. Wilhelmsen, EB*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *KRISTINA W. WILHELMSEN* Date *10/7/17*

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

The above plan of correction is approved as of <u><i>10/15/17</i></u> (Date)	Plan of correction implementation status as of <u><i>10/12/17</i></u> (Date)
The above plan of correction was approved by <u><i>EB</i></u> (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: 14154 - 09/06/2017 - Kezimer, Lauren
 PCH Name: DAYLESFORD CROSSING

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

The following PRN medications for resident #1 were not available in the home on 9/7/17: Acetaminophen 325mg, Coricirin HBP cough and cold, Tussin DM 100-10mg/5mL.

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

1. Acetaminophen, Coricidin and Tussin DM were obtained and placed in the medication cart during the dates of the survey.
2. Routine audits will be performed of the medication carts to ensure that ordered medications are available for the residents.
3. The Director of Health and Wellness will review the medication cart audits and perform random audits to ensure continued compliance.
4. Med techs and nurses will be educated on how and when to order medications. Med techs and nurses will be educated on how to perform audits.
5. Audits will be reviewed and reported on quarterly at the quality assurance meetings.
6. Date of compliance: 10/31/17

Supportive Documentation:

1. Medication Cart Audit
2. Record of Training

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Kristina Wilk

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

KRISTINA W. WILHELMSEN, ED

Date 10/7/17

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The above plan of correction is approved as of

10/8/17
 (Date)

Plan of correction implementation status as of

10/6/17
 (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: 14154 - 09/06/2017 - Kazimer, Lauren
 PCH Name: DAYLESFORD CROSSING

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's Colgate Prevident toothpaste reads, "Use as directed." The Colgate instruction label reads, "Use one time daily. Do not eat or drink for 30 minutes after use."

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.

2600.187A

1. Prevident order was clarified with the MD and new orders obtained for it's usage.
2. Recaps will be completed every 30 days and medications reviewed for accuracy at that time.
3. Random audits of orders will be completed by DON or designee and reported on at the QA meeting quarterly.
4. Nurses will be educated on the process of receiving, writing, reviewing and taking off physician's orders.
5. Date of compliance: 10/31/17

Supportive Documentation:

1. Recap audit
2. Record of Training

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Kristina W. Williams, ED

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

KRISTINA W. WILLIAMS, ED

Date

10/7/17

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The above plan of correction is approved as of

10/8/17
(Date)

Plan of correction implementation status as of

10/10/17
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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

#141540

Violation Report: 14154 - 09/06/2017 - Kazimer, Lauren
 PCH Name: DAYLESFORD CROSSING

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 #3's medication administration record for Sertraline 50mg was not initialed on 9/7/17 at 9am.
- Resident #4's medication administration record for Levemir 22 units was not initialed on 9/1, 9/2, 9/4, 9/5, and 9/6 at 9pm.

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) (13) and 2600.187(a)(14)

1. Residents 3 and 4 medication records were reviewed for continued compliance.
2. Random audits will be completed by the DON or designee to ensure compliance with completion of med pass and initialing of medications given.
3. Audits will be reviewed and reported on at the quarterly quality assurance meeting.
4. Nurses and med techs will be educated on the protocols relating to medication records including, but not limited to, blanks and accuracy.

Supportive Documentation:

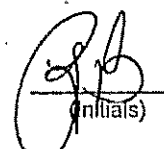
1. MAR audit
2. Record of Training

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
KRISTINA W. WILFONG	10/7/17

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The above plan of correction is approved as of <u>10/9/17</u> (Date)	Plan of correction implementation status as of <u>10/10/17</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

Violation Report: 14154 - 09/06/2017 - Kazimer, Lauren
 PCH Name: DAYLESFORD CROSSING

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

- Resident #2 has an order for Fluticasone 50mcg, one spray in each nostril twice daily. From 9/1/17 -9/7/17 staff only administered this medication once daily.
- Resident #1's Colgate Prevident toothpaste was not administered once daily from 9/1/17- 9/6/17.

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 (d)REcap (13 & 14)

1. A medication incident report was completed for resident #2. Medication order was clarified and re-written for resident #2.
 Resident #1's Prevident order was clarified with the MD.
2. Random audits will be completed by the DON or designee to ensure accuracy of orders.
3. Recaps will be completed monthly and reviewed by a second nurse for accuracy prior to beginning of each new month.
4. Audits will be reviewed and reported on at the quarterly quality assurance meetings.
5. Nurses will be educated on recap process and accuracy of orders.
6. Date of compliance: 10/31/17

Supportive Documentation:

1. Recap audit
2. Record of Training

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/07/2016		
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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) Date

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The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Kristina W. Allen # 141 540
 Director of Quality Improvement

Violation Report: 14154 - 09/06/2017 - Kazimer, Lauren
PCH Name: DAYLESFORD CROSSING

1. REGULATION 55 Pa.Code §2600
2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION
Staff person B's last annual medication training was completed on 1/26/2016.

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.

2600.190(A)

- Staff member B was given her annual medication administration practicum and observation was completed.
- A system has been put into place to review each med tech at least annually. This will be overseen by the DON.
A calendar has been established to ensure each med tech performs their practicum in a timely manner.
- A report of continued compliance will be brought to the quarterly quality assurance committee meeting.
- ED will oversee DON and process to ensure continued compliance.
- Date of compliance: 10/31/17

Supportive Documentation:

- Med Tech Competency Audit
- Record of Training
- Education used for training

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative (Required on EVERY Page) *Keistina W. Wilhemsen, ED*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *KEISTINA W. WILHEMSEN* Date *10/7/17*

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The above plan of correction is approved as of <i>10/8/17</i> (Date)	Plan of correction implementation status as of <i>10/10/17</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

KZ

Violation Report: 14154 - 09/06/2017 - Kazlmer, Lauren
 PCH Name: DAYLESFORD CROSSING

1. REGULATION 55 Pa.Code §2600
 2600.227(h) - If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

2a. DESCRIPTION OF VIOLATION

- The home did not make a notation regarding resident #4's inability or refusal to sign their support plan dated 3/8/17.
- The home did not make a notation regarding resident #5's inability or refusal to sign their support plan dated 7/10/17.

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.

2600.227(H)

1. RASP'S were updated to reflect resident's 4 and 5's inability to sign.
2. RASP'S for all residents will be completed as per regulation and a signature will be obtained or a refusal/inability to sign will be checked for each.
3. Staff who complete RASPS will be educated on the regulation for RASP signatures.
4. Random audits of RASPS will be completed by DON or designee and reported to the quality assurance meeting quarterly.
5. Date of completion: 10/31/17

Supportive Documentation:

1. Copy of RASP for resident 4
2. RASP audit form
3. Record of Training
4. Education used for Record of Training

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative (Required on EVERY Page) *Kristina W. Well*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *KRISTINA W. W. HELMSEN* Date *10/17/17*

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

Plan of correction implementation status as of *10/17/17*
 (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: 14154 - 09/06/2017 - Kazimer, Lauren
 PCH Name: DAYLESFORD CROSSING

1. REGULATION 65 Pa.Code §2600
 2600.234(a) - Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

2a. DESCRIPTION OF VIOLATION
 Resident #4 was admitted to the SDCU on [redacted] 17, and the resident's initial support plan was developed 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.

2600.243(A)

1. A support plan was completed for resident 4.
2. Residents residing within the memory care unit will have a RASP completed within the 72 hour guideline.
3. A calendar will be utilized for admission RASPs to ensure compliance with this regulation.
4. DON and nurses will be educated on the regulation regarding memory care unit support plans.
5. Random audits will be performed to monitor compliance with timeliness of support plans. Audits will be reviewed at least quarterly at the quality assurance committee meeting.
6. Date of compliance: 10/31/17

Supportive Documentation:

1. RASP Audit
2. Record of Training
3. Education used for Record of Training

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Kristina W. Wilhelmsen*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *KRISTINA W. Wilhelmsen, RD* Date *10/7/17*

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

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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