



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via email: [REDACTED]

Mailing Date: May 16, 2018

Mr. Joseph 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
Certificate # 139940

Dear Mr. Irving:

As a result of the Department's Bureau of Human Services Licensing inspection on September 8, 2017 and October 2, 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 "Kenneth L. Wilson".

Kenneth L. Wilson
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 13904 - 09/09/2017 - Thomas, Tahsala
 PCH Name: THE LANDING AT WILLOW GROVE

1. REGULATION 66 Pa.Code §2800
 2800.223(b) - The home shall develop written procedures for the delivery and management of services from admission to discharge.

2a. DESCRIPTION OF VIOLATION
 The home is not following its written procedures for the delivery and management of services, specifically Clinical 04 - Hospice.

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.

All hospice agencies are now required to leave a copy of the care plans that they have developed for residents on case load in a binder onsite

Hospice team meetings are completed monthly with our nursing department

Communication is made between the hospice aide and our nurse after all visits to verify task completion and review any concerns or changes

The marketing Director along with the DON will be responsible for checklist audit and review. a copy of the checklist will be provided to the Res / family weekly checks of all new resident files will be made to ensure prescreen is present.

Repeat Violation: No	Date(s) of Previous Violation(s):		present
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Kathy Palmer</i>	<i>Crystal Morgan</i>	5/13/17
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	<i>Kathy Palmer Int-20/RDO</i>	Date	<i>12/19/17</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>5/16/18</u> (Date)	Plan of correction implementation status as of <u>5/13/18</u> (Date)
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The above plan of correction was approved by <u>K.W.</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
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Violation Report: 13004 - 00/08/2017 - Thomas, Thomas
PCH Name: THE LANDING AT WILLOW GROVE

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
There is no preadmission screening form for resident # 1, admitted [redacted] 13.

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 check list which has included the pre-screen to be used as a cross check system between disciplines

The Marketing Director along with the DON will be responsible for check list audit and review a copy of the checklist will be provided to the Res/Family. Weekly checks See attached of all new resident files will be made to ensure a copy of pre screen form is present.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kathy Jahn, Cynthia Morgan, EP 5/13/18*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kathy Jahn Int ED (RDC)* Date *12/19/17*

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

The above plan of correction is approved as of 5/16/18
(Date)

Plan of correction implementation status as of 5/13/18
(Date)

The above plan of correction was approved by K.W.
(Initials)

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