



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: February 21, 2018

Ms. Debra Liney,
Executive Director
227 Evergreen Road Operations, LLC
227 Evergreen Road
Pottstown, Pennsylvania 19464

RE: Sanatoga Court
License #: 136140

Dear Ms. Liney:

As a result of the Department of Human Services' licensing inspection on September 13, 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
Regional Licensing Supervisor

Enclosure
Licensing Inspection Summary

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

Page 1 of 2

PGH Name: SANATOGA COURT		License Number: 13014
Address: 227 EVERGREEN ROAD, POTTSTOWN, PA 19464		County: Montgomery
Administrator: Rosemarie Cockill		Region: SOUTHEAST
Legal Entity Name: 227 EVERGREEN ROAD OPERATIONS LLC		
Legal Entity Address: 227 EVERGREEN ROAD, POTTSTOWN, PA 19464		
Certificate(s) of Occupancy C-2 LP 03/10/1998 Commonwealth of PA, L&I		
Staffing Hours Resident Support: 0 Total Daily Staff: 81 Working Staff: 01		
Type of Inspection: Partial BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Complaint		
On-Site Inspection Dates and Department Representatives On-Site 09/13/2017: Gray, Dean		
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: 86 Number of Residents Served: 85 Secured Dementia Care Unit in Home: Yes Area: Homestead Memory Care Secured Dementia Unit Capacity, if Applicable: 28 Number of Residents Served in Secured Dementia Care Unit, if applicable: 20 Number of Current Hospice Residents: 8 Number of Hospice Residents in past year: 19	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 56 Have Mental Illness: 0 Have an Intellectual Disability: 1 Have a Mobility Need: 26 Have a Physical Disability: 1	

Violation Report: 13614 - 09/13/2017 - Gray, Dean
 FCH Name: SANATOGA COURT

1. REGULATION 55 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 #1 was admitted to the SDCU on [redacted] 16. The resident's initial support plan was developed on [redacted] 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.

- ① Resident #1 support plan was developed and in place.
- ② All Residents will have support plan within 72 hours of the admission or within 72 hours prior to residents admission to the dementia care unit.
- ③ Dementia Program Director Re-in-serviced on the importance of support plan documentation see attached in-service
- ④ Dementia Program Director and Admissions Director will audit all admissions for proper support plan documentation and report findings to Assistant Center Executive Director.
- ⑤ Facility will maintain all audits for Departmental review. KW


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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>ROSEMARIE Colkitt, RCEd</u>	Date <u>11-1-17</u>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 11/2/17
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 11/2/17
 (Date)

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