



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: OCT 06 2017**

Mr. S. David Selznick,  
Vice President  
1263 S Cedar Crest Blvd Senior Housing I OPCO, LLC  
One Town Center Boulevard, Suite 300  
Boca Raton, Florida 33486

RE: Woodland Terrace at the Oaks  
1263 South Cedar Crest Boulevard  
Allentown, Pennsylvania 18103  
License #: 223011

Dear Mr. Selznick:

As a result of the Department of Human Services' (Department) licensing inspections on August 11, 2017, August 25, 2017 and August 30, 2017 of the above facility, the violations specified on the enclosed Licensing Inspection Summary were found.

As a result of violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), the Department is REVOKING your license to operate the above facility. The Department's decision to revoke your license is based on your failure to comply with the Department's regulations and gross incompetence, negligence and misconduct in operating the facility and is made pursuant to 62 P.S. § 1026 (b)(1) and 55 Pa.Code § 20.71(a)(2);(6) (relating to conditions for denial, nonrenewal or revocation).

In accordance with 55 Pa.Code § 2600.269(a)(3) (relating to ban on admissions) no new resident admissions are permitted after the date of this letter.

If you disagree with the decision to REVOKE your license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal, a written request for an appeal must be received within 10 days of the date of this letter by:

Kevin Brumbach, Enforcement Manager  
Bureau of Human Services Licensing  
Department of Human Services  
Room 631, Health and Welfare Building  
625 Forster Street  
Harrisburg, Pennsylvania 17120

Mr. S. David Selznick

2

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

The enclosed Licensing Inspection Summary specifies plans of correction and dates by which corrections must be made. If you choose to appeal, this plan of correction must be followed during your operation pending your appeal.

Sincerely,

A handwritten signature in cursive script, appearing to read "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
Licensing Inspection Summary



Violation Report: 22301 - 08/11/2017 - Novak, Ryan  
 PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 55 Pa.Code §2600  
 2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION

On 8/11/17 the home's current license was posted behind the front desk near the copier in an area that appeared to not be a public area. It was not posted in a conspicuous and public place in the home.

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.*

Woodland Terrace at the Oaks will post a copy of the current license, a copy of the current licensing inspection summary issued by the Department and a copy of Chapter 2600 in a conspicuous and public place in the Community. (Completed: 8-11-2017)

The Community's current license was removed from the wall behind the front desk to the wall adjacent to the front desk. This area is both public and conspicuous. The Chapter 2600 regulations and current licensing inspection summary are also located in the same area with the Community license. (Completed: 8-11-2017)

All future community licenses issued by DHS, the community's current inspection summary and a copy of Chapter 2600 will be posted/present in this area which is both public and conspicuous.

The Executive Director will ensure that the Community license, current licensing inspection and copy of Chapter 2600 are present in the designated area. Any issues identified will be corrected immediately by the Executive Director and discussed at the Quality Assurance Meeting scheduled 09/01/2017.

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) Andrea McFinnan ED Date 8/30/17

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

The above plan of correction is approved as of 9-19-17  
 (Date)

Plan of correction implementation status as of 10/4/17  
 (Date)

The above plan of correction was approved by

  
 (Initials)

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

Violation Report: 22301 - 08/11/2017 - Novak, Ryan  
PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 55 Pa.Code §2600  
2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

The home utilizes a gas fired cooking stove, a gas fired dryer located in the industrial laundry area and 2 gas fired hot water heaters. The home does not have carbon monoxide detectors located at least 15 feet from the fossil fuel burning devices as required by the Care Facility Carbon Monoxide Standards Act.

The home does not have the influenza poster posted as required by the Influenza Awareness Act.

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.

Woodland Terrace at the Oaks will comply with applicable Federal, State and Local Laws, ordinances and regulations. (Completed: 8-11-2017)

The "Care Facility Carbon Monoxide Standard Act" was reviewed by both the Community Executive Director and Maintenance Coordinator. The Maintenance Coordinator audited all areas of the community to determine the presence of a carbon monoxide detector located within 15 feet of a fossil fuel burning device. Any area identified as lacking this device had a detector immediately installed. All fossil fuel burning devices now have a carbon monoxide detector located within 15 feet of the device. (Completed: 8-11-2017)

The Maintenance Coordinator will audit the Carbon Monoxide Detectors monthly to insure all carbon monoxide detectors are functional/operational. Results of this audit will be documented on a Carbon Monoxide Detector Audit form. Batteries will be changed annually and as needed. Date of battery changes will be recorded on the Audit Form. Any detector identified as malfunctioning will be replaced immediately. (Completed: 8-11-2017) Attachment: 1

Outcomes documented on the Carbon Monoxide Detector Audit Form will be reviewed at the Quality Assurance Meeting scheduled 9-01-2017. The Community Executive Director will oversee and ensure continued compliance with this regulatory requirement.

Woodland Terrace at the Oaks posted the PA Influenza poster on 8-11-2017. The poster is in a standing frame located next to the Guest Register Book in the Community vestibule.

In order to insure continued compliance, the Community Executive Director will observe and insure that the PA Influenza Poster remains in the vestibule. The Community Executive Director will obtain annual, updated poster as applicable and ensure continued compliance with this regulation.

*The Administrator will oversee both aspects of other laws to ensure*

Repeat Violation: No Date(s) of Previous Violation(s): *Ongoing compliance CP 9-19-17*

Signature of Legal Entity Representative (Required on EVERY Page) *Andrea McGowan*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Andrea McGowan* Date: *8/30/17*

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

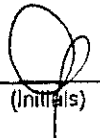
The above plan of correction is approved as of 9-19-17 (Date)

Plan of correction Implementation status as of 10/4/17 (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: 22301 - 08/11/2017 - Novak, Ryan PCH Name: WOODLAND TERRACE AT THE OAKS	
<b>1. REGULATION 55 Pa.Code §2600</b> 2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.	
<b>2a. DESCRIPTION OF VIOLATION</b> The telephones located in resident room number 331 and room number 225 does not have emergency phone numbers posted nearby.	
<b>3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)</b> 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.	
<p>Woodland Terrace at the Oaks will ensure that the telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline are posted on or by each telephone with an outside line. The required telephone postings were immediately placed by the telephone in resident rooms 225 and 331.                  (Completed: 8-11-2017)</p> <p>Staff conducted an entire audit of the community of all telephones with an outside line. All telephones with outside lines were found to have the required numbers posted near the telephone.                  (Completed: 8-14-2017 ) Attachment: <u>2</u></p> <p>Community staff have been educated concerning the presence of the telephone numbers required by all telephones with an outside line. Staff was instructed to report the absence of these telephone numbers to the Maintenance Coordinator and record in the Maintenance Log for replacement.                  (Completed: 8-14-2017 ) Attachment: <u>3</u></p> <p>The Maintenance Coordinator will review the outcomes of this procedure at the Quality Assurance Meeting scheduled <u>9-01-2017</u>. The Community Executive Director will oversee and ensure continued compliance with this regulation.</p> <p><i>The Administrator will oversee this process to ensure ongoing compliance</i></p>	
Repeat Violation: Yes	Date(s) of Previous Violation(s): <u>08/24/2016</u>
Signature of Legal Entity Representative (Required on EVERY Page) <i>Andrea Novak</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Andrea Novak</i>	Date <u>8/30/17</u>
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
The above plan of correction is approved as of <u>9-19-17</u> (Date)	Plan of correction implementation status as of <u>10/4/17</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 22301 - 08/11/2017 - Novak, Ryan  
 PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 55 Pa.Code §2600  
 2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION  
 The fire drill conducted on 3/6/17 at 8pm and 6/28/17 at 6pm doesn't include seconds.  
 The fire drill conducted on 4/29/17 at 10:15 doesn't include am/pm.  
 The fire drill logs do not include all the exits used for evacuation.

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.


Woodland Terrace at the Oaks will ensure that the written fire drill record includes the date, time, amount of time for evacuation, exit route used, the number of residents in the home at the time of the drill, number of residents evacuated, number of staff persons participating, problems encountered and whether the alarm or smoke detector was operative. (Completed: 8-11-2017)

The Executive Director reviewed regulation 2600.132 (c) with the Maintenance Director to reinforce the documentation of the required data. Emphasis was placed on including seconds when recording the time, documenting AM/PM and all exits used for evacuation. (Completed: 8-14-2017)  
 Attachment: 4 and 5

Following each fire drill, the Maintenance Coordinator will review the Fire Drill Record with the Executive Director who will ensure that all information is included as required. The Executive Director will initial each monthly fire drill entry to signify that the drill documentation has been reviewed and is correct.

Outcomes of the fire drill record review will be discussed at the Quality Assurance Meeting scheduled for 9-01-2017. The Community Executive Director will oversee and ensure continued compliance with this regulation.

Repeat Violation: Yes      Date(s) of Previous Violation(s): 08/24/2018


Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Andrea McGowan ED      Date 8/30/17

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Plan of correction implementation status as of 10/4/17 (Date)

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

Violation Report: 22301 - 08/11/2017 - Novak, Ryan  
PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 55 Pa.Code §2600

2600.181(c) - A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

2a. DESCRIPTION OF VIOLATION

Resident #1 self-administers medications but has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer and the need for reminders to take medications. On 8/11/17 there was a bottle of Advil tablets 200mg sitting on top of the microwave in the kitchen area of the resident's room.

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.

Woodland Terrace at the Oaks will ensure that any resident who desires to self-administer medications will be assessed by a physician, physician's assistant, or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders. Resident # 1 self-administers medications. This resident was assessed by [redacted] PA-C, who determined resident #1 to be capable of self-administering OTC Advil 200mg. Support Plan updated to reflect physician's determination and administration status. (Completed: 8-11-2017) Attachment: 6 and 7.

The Clinical Record of all Residents who self-administer medications were reviewed for the presence of an assessment. Documentation was obtained for any resident who did not have an assessment completed by a physician, physician's assistant or certified registered nurse practitioner. Resident Support Plan updated as applicable. (Completed: 8-14-17)

Any resident who desires to self-medicate, will have an assessment completed by the physician, physician's assistant or certified registered nurse practitioner coordinated by the Wellness Department. The Wellness Department will ensure that the required documentation is obtained and that the support plan is updated. Any concerns identified with follow through will be reported to the Director of Nursing for guidance in resolution.

Outcomes of this practice will be discussed by the Director of Nursing at the Quality Assurance Meeting scheduled 9-01-2017.

The Community Executive Director will oversee and ensure continued compliance with this regulation.

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

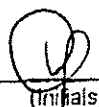
Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Andrea McGowan ED      Date 8/30/17

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

Violation Report: 22301 - 08/11/2017 - Novak, Ryan  
 FCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 55 Pa.Code §2600  
 2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:  
 (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.  
 (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.  
 (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.  
 (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION  
 From 11pm-12am on 8/5/17 and 12am-6am on 8/6/17 the home did not have anyone present in the building certified in medication administration training.

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.

Woodland Terrace at the Oaks will insure that prescription medication that is not self-administered by a resident will be administered by an individual according to the provisions outlined in regulation 182(b).  
 The staff person who is responsible for scheduling care staff was counseled and provided with education relating to scheduling qualified staff to administer medications on every shift. Completed: 8-11-2017. Attachment: 8

A review of schedules since 8-11-2017 revealed that all shifts have a qualified individual (as outlined in regulation 2600.182 (b) who can administer medications. (Completed: 8-30-2017)

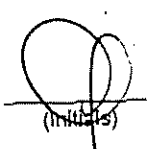
The Resident Services Coordinator or designee will review the care staff schedule daily to ensure that each shift includes a staff person qualified to administer medications. The Resident Services Coordinator or designee will initial each day in order to verify that the schedule for that day was reviewed and includes a staff person that is qualified to administer medications. In the event of an absence of a qualified staff person, qualified coverage will be obtained by Resident Services Coordinator or designee. If attempts at obtaining qualified coverage are unsuccessful, the Director of Nursing will be notified to cover the shift and administer medications. Completed: ( 8-11-2017) Attachment 9

Outcomes of daily reviews of the care staff schedule will be reviewed by the Resident Services Coordinator at the Quality Assurance scheduled 9-01-2017. The Community Executive Director will ensure ongoing compliance with this regulation.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Andrea McGowan</i>
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Andrea McGowan ED	8/30/17

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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: 22301 - 08/11/2017 - Novak, Ryan  
 PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 55 Pa.Code §2600  
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

Resident #2's levemir flex pen and humalog were not dated when the insulin was opened, the medication expires 28 days after opening.

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.

Woodland Terrace at the Oaks will ensure that only current prescriptions, OTC, sample and CAM for individuals living in this community will be kept in the community. Resident #2 levemir flex pen and Humalog were not dated. This medication was removed from the medication cart and disposed of by the Director of Nursing. Resident #2 medication was replaced, dated and returned to the locked Medication Cart. (Completed: 8-11-2017)

To ensure all medications were dated and current, all medication carts were reviewed by the Medication Care Managers and Nursing staff. No further issues were identified. (Completed: 8-11-2017)

Attachment: 10

All Medication Care Managers and Nurses were inserviced on the importance of providing a date on medications and the removal of expired medications from the medication cart.


(Completed: 8/14/2017) Attachment: 11

Medication Care Managers and Nurses will conduct weekly audits of the Medication Carts. The Director of Nursing will be notified of any issues identified and oversee the audit.

Any Medication Care Manager or Nurse identified as not providing a date on a medication or not removing expired medication from the medication cart will be subject to disciplinary action.

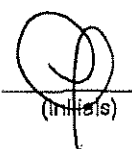
Results of this audit will be reviewed by the Director of Nursing at the Quality Assurance Meeting scheduled for 9-01-2017. The Community Executive Director will ensure continued compliance with this regulation.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/24/2017
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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) Andrea McFowan ED Date 8/30/17

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The above plan of correction is approved as of <u>09-19-17</u> (Date)  The above plan of correction was approved by  (Initials)	Plan of correction implementation status as of <u>10/4/17</u> (Date) <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 22301 - 08/25/2017 - Deluca, Amy  
 PCH Name: WOODLAND TERRACE AT THE OAKS

**1. REGULATION 55 Pa.Code §2600**

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

**2a. DESCRIPTION OF VIOLATION**

On [redacted] 2017 at approximately 6:00 am staff person A went to Resident #1's room located in the secure dementia care unit of the home to wake the resident during morning rounds, but the resident was not in the room. Staff person A failed to immediately notify the shift supervisor and to initiate a search of all rooms to locate the missing resident, which is the home's policy. A search for the missing resident was not initiated until approximately 7:30 am when staff person A notified the shift supervisor that resident #1 was not in their room. Resident #1 was missing from the home since [redacted] 2017 until [redacted] 2017 when [redacted] body was discovered.

Through staff interviews it was also determined that resident #1 had a prior incident in early [redacted] of 2017 where the resident had been able to use the keypad to unlock the door in the secure dementia unit leading to the staff break area. Staff immediately returned Resident #1 to the secure dementia unit after this incident and the home changed the code used to unlock the exit doors. Staff also reported that Resident #1 frequently engaged in exit seeking behavior and was observed on multiple occasions pushing on doors in the secure dementia unit and pressing numbers on the key pads next to the doors.

Resident #1 was a victim of neglect due to the failure by staff person A to immediately report the resident as missing to the shift supervisor and due to the home's failure to adequately address the resident's exit seeking behaviors after they were able to use the keypad to leave the secure dementia care unit on a previous occasion in [redacted] 2017.

**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.*

Please See Attached

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Andree McEwan*

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

*Andree McEwan Executive Director*

Date

*9/21/17*

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

The above plan of correction is approved as of 9/26/17  
 (Date)

Plan of correction implementation status as of \_\_\_\_\_  
 (Date)

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

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

Woodland Terrace at the Oaks will ensure that all residents in the Community will not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way. An investigation was initiated by the Executive Director on the morning of [REDACTED] 2017. Statements were obtained from all staff in the community working on the overnight shift ([REDACTED]/2017-[REDACTED] 2017). Staff person A, who failed to immediately notify the shift supervisor and conduct a room to room search was terminated from employment. (Attachment 1).

Staff at Woodland Terrace at the Oaks will remain alert, attentive and responsive to occurrences at all times and accountable to each other for the protection and safety of all residents in the Community. Any unusual observations, such as exit seeking behavior, will be brought immediately to the attention of the supervisor for implementation of immediate safety interventions. These interventions will then be documented on the Resident's Support Plan and 24 Hour Report Sheet for follow-up and discussion at the Department Head Stand Up meeting or by the Manager on Duty on Saturday/Sunday. Any additional interventions will be added, as needed, to the support plan and communicated to staff via the 24 hr. log and at the end of Shift Report. In the event of exit seeking behaviors and depending on the resident's situation, possible interventions could include: 1:1 companionship, (i.e. call in an extra staff person) activity interventions, such as exercises or hobby of choice, immediately notify the Director of Maintenance to change the door keypad combination or notifying the vendor to test alarms for functionality. The Community implemented a 1-Hour Resident Check to insure that 1) All residents in the Secure Dementia Unit are in their assigned beds. 2) All residents look comfortable and asleep. 3) The room is occupied by only those residents assigned to the room. 4) The room is secure. [REDACTED] 2017)

Inservicing for all staff was provided relative to the review of the Community's Elopement Search Procedure. (Attachment: 2). In addition, all staff was educated on the differences between elopement and wandering, and why a resident might exit seek. Staff discussed and provided problem solving solutions/interventions to address exit seeking behavior. During these inservices, emphasis was placed on reporting unusual behavior and providing immediate interventions that would maintain the safety of the resident. In addition, education was provided to staff at the Community regarding the implementation of the 1-Hour Resident Checks in the Memory Care Neighborhood. Importance was placed on the implementation of the Elopement Search Procedure and notification of Supervisor. Attachment: 3. (Date of Completion: 08/28/2017, 08/29/2017, 08/30/2017 and 09/07/2017)

Woodland Terrace at the Oaks / Andrea M. Johnson - Executive Director 9/21/17

Commencing August 29<sup>th</sup>, 2017, Mock Elopement Drills have been randomly conducted on all shifts. Following the drill, the Maintenance Coordinator reviews the outcomes of the Drill with the participants. Any issues identified are corrected immediately. Attachment 4. ( Mock Elopement Logs) In addition, a Q.A. has been developed to insure the timely completion of the 1-Hour Check Log. Attachment 5. (1-Hour Check Log) Any issues identified will be addressed with the staff person involved. Disciplinary action will be provided up to and including termination pertaining to non compliance with either procedure. Outcomes will be reviewed at the Quality Assurance Meeting scheduled on 09/27/2017.

The Executive Director will have the responsibility of insuring compliance.

Approved: [Signature] / [Signature] - Executive Director 9/21/17

Violation Report: 22301 - 08/25/2017 - Deluca, Amy  
PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Through staff interviews, it was determined that in early [redacted] of 2017, Resident #1 had been able to unlock the door leading to the staff break area in the secure dementia unit using the key pad. Staff also reported that Resident #1 was frequently observed pushing on doors in the secure dementia unit and pushing the buttons on the key pads. Resident #1's support plan was not updated to reflect that the resident had used the key pad to unlock a door and that the resident displayed elopement risk behaviors.

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.*

Please See Attached

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Andrea Motowan*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Andrea Motowan - Executive Director*      Date *9/21/17*

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

The above plan of correction is approved as of 9/26/17  
(Date)

The above plan of correction was approved by B.S.  
(Initials)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

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

Woodland Terrace at the Oaks will be steadfast in documenting in the resident's support plan the medical, dental, vision, hearing, mental health or other behavior care services that will be made available to the resident, or referrals for the resident to outside if the resident's physician, Physician's Assistant or certified registered nurse practitioner, determine the necessity of these services.

Date of Completion: [redacted]/2017

Staff at Woodland Terrace at the Oaks will remain alert, attentive and responsive to occurrences at all times and accountable to each other for the protection and safety of all residents in the Community. Any unusual observations, such as changes in mood, behavior, cognition level, or specifically exit seeking behavior will be brought immediately to the attention of the supervisor for implementation of immediate (safety) interventions. These interventions will then be documented on the Resident's Support Plan, discussed at the End of Shift verbal report and documented on the 24 Hour Report Sheet. The 24 hour report sheet will be reviewed daily for follow-up and discussion at the Department Head Stand Up meeting or by the Manager on Duty/Designee on Saturday/Sunday. Following the Department Head Stand Up Meeting/Manager on Duty/Designee review, any additional interventions discussed will be added to the support plan and communicated to staff via the 24 Hour Report Sheet and at the End of Shift verbal report. In the event of exit seeking behaviors and depending on the resident's situation, possible interventions could include: 1:1 companionship, (i.e. call in an extra staff person) activity interventions, such as exercises or hobby of choice or to immediately notify the Director of Maintenance to change the door keypad combination or notifying the vendor to test alarms for functionality. Date of Completion: (Date of Completion: 08/28/2017, 08/29/2017, 08/30/2017 and 09/07/2017)

All staff was educated on the vital importance of reporting any unusual observations and the necessity of immediate follow-up/intervention. Emphasis was placed on documentation and communication of observations/ follow-up on the 24 Hour Report Sheet and Support Plan. The information provided during this inservice stressed the importance of reviewing any unusual behavior with oncoming staff during the End of Shift verbal report. Date of completion: (Date of Completion: 08/28/2017, 08/29/2017, 08/30/2017 and 09/07/2017) Attachment: 3

at Woodland Terrace at the Oaks. Andrea McGowan. Family Life Director 9/21/17

The Memory Care Coordinator and Resident Care Coordinator/designee will review the 24 Hour Report Sheet and applicable support plan to insure that any unusual observations, changes and updates have been Included on each Individual support plan. Any issues identified will be corrected Immediately with the person involved. Non-compliance will result in disciplinary action up to and including termination. Outcomes of this daily Q.A. will be discussed at the upcoming Quality Assurance Meeting scheduled on 09/27/2017.

The Executive Director will have the responsibility of insuring compliance.

Attest: [Signature] Andrew McFarlane Executive Director 9/21/17

Violation Report: 22301 - 08/25/2017 - Deluca, Amy  
PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 55 Pa.Code §2600

2600.231(g) - An individual who does not have a primary diagnosis of Alzheimer's disease or other dementia may reside in the secured dementia care unit if desired by the resident.

(1) The individual shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to residence or 30 days after residence.

(2) If the medical evaluation shows that personal care services are needed, the requirements of this chapter apply.

(3) The individual shall have access to and be able to follow directions for the operation of the key pads or other lock-releasing devices to exit the secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Through Staff Interviews it was determined that resident #2, who does not have a primary diagnosis of dementia but chooses to reside in the home's secure dementia care unit with their family member, is not capable of exiting the unit using the keypad unless staff provides the resident with the code on a piece of paper. When the code to operate the keypad was changed staff indicated that they refused to provide it to the resident.

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.

Please See Attached

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Andrea McManis*

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

Andrea McManis - Executive Director

Date 9/21/17

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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

Woodland Terrace at the Oaks will insure that a resident who does not have a primary diagnosis of Alzheimer's disease or other dementia may reside in the Memory Care Neighborhood if a resident chooses. Resident #2 was immediately provided with the codes to the keypad to assure the resident can freely enter and exit the Memory Care Neighborhood as he/she chooses. Information relating to resident's knowledge of code was added to the support plan

At present there are no other residents who reside in the Memory Care Neighborhood that would meet this criteria.

All staff have been educated relative to the provision of exit/entrance codes to a resident who does not have a dx. of dementia (who resides in the Memory Care neighborhood.) Upon admission, Community Relations Director will provide the resident with the key pad code. In addition, inservicing reinforced with Staff to observe resident (s) for any cognitive changes and to report to the supervisor for possible intervention and assessment. In the event that a new code is established, staff was informed to provide the new code to the resident and to also provide instruction to the resident on how to read the code near the keypad. Community Relations Director or designee will document notification of code information to the resident on the 24 Hour Report Sheet and update the support plan. Date of Completion: (Date of Completion: 08/28/2017, 08/29/2017, 08/30/2017 and 09/07/2017)

Attachment 6

A new Q.A. has been implemented. At present, Resident 2 is the only resident living in the Memory Care Neighborhood who has knowledge of the code. Community Relations Director will add the name of any newly admitted resident to the Q.A. as applicable. The Q.A. form will also have a column for Change of Codes/Resident informed. Outcomes will be discussed at the upcoming Q.A. Meeting scheduled for 09/27/2017.

And. col. of ATR m. Antonio McGinnis - Executive Director 9/21/17