



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]

MAILING DATE: April 20, 2018

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

RE: Woodland Terrace at the Oaks
1263 South Cedar Crest Boulevard
Allentown, Pennsylvania 18103
License #: 223012

Dear Ms. Kaiser:

As a result of the Department of Human Services' licensing inspection on November 9, 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,

Michele Moskalczyk
Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 22301 - 11/09/2017 - Deluca, Amy
PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 55 Pa.Code §2600

2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION

The home did not have an observed fire drill by a fire safety expert within the past 12 months. The home's most recently conducted fire drill by a fire safety expert was conducted 10/10/16.

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.

To be completed within 30 days of DPOC and annually thereafter

The administrator will ensure that a fire safety inspection and supervised fire drill are conducted by a fire safety expert. Documentation of the inspection and drill will be submitted to the Dept. for review.

Repeat Violation: No

Date(s) of Previous Violation(s):

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 - Executive Director

Date

1/8/18

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

The above plan of correction is approved as of

1-9-18
(Date)

Plan of correction implementation status as of

1-9-18
(Date)

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

The above plan of correction was approved by

M
(Initials)

Violation Report: 22301 - 11/09/2017 - Deluca, Amy
 PCH Name: WOODLAND TERRACE AT THE OAKS

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 8/18/17 did not indicate the resident's height.

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.

Immediately and Ongoing

The administrator will ensure that a physician, physician's assistant or certified registered nurse practitioner shall perform all of the required actions during medical evaluations. The actions will be documented on the Documentation of Medical Evaluation (DME) form. Attachments will be added to the DME form as needed to ensure that all actions are documented.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Andrea McGowan Executive Director</i>	Date <i>1/9/18</i>
--	-----------------------

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

The above plan of correction is approved as of <u>1-9-18</u> (Date)	Plan of correction implementation status as of <u>1-22-18</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</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: 22301 - 11/09/2017 - Deluca, Amy
PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 55 Pa.Code §2600
2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION
The support plan dated 6/11/2017 for resident #2 was not signed by the resident or by the person who completed the form.

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.

Immediately and Ongoing

The support plan for resident #2 will be signed by the resident as well as the person who completed the form. Going forward, all support plans will be signed and dated by the individuals who participated in the development of the plans. If one or more of the individuals who participated in the development of the plan are unable to unwilling to sign, documentation of inability or unwillingness will be kept. The administrator shall be responsible for ongoing compliance.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Andrea M. Hovan*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Andrea M. Hovan Executive Director* Date *1-8-18*

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

The above plan of correction is approved as of 1-9-18
(Date)

The above plan of correction was approved by *m*
(Initials)

Plan of correction implementation status as of 1/18/18
(Date)

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

Violation Report: 22301 - 11/09/2017 - Deluca, Amy
PCH Name: WOODLAND TERRACE AT THE OAKS

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 #3 was admitted to the home's memory care unit on [redacted] 2017. The resident's support plan was not completed until 11/5/2017.

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.

Immediately and Ongoing

The Administrator will be responsible to ensure that support plan is completed for any new admissions within 72 hours of the admission or within 72 hours prior to the admission to comply with this regulation. The Administrator will develop and implement a tracking system to ensure that the home meets the required timeframes.

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)

Andrea McHanna Executive Director

Date

1-8-18

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

The above plan of correction is approved as of

1.9.18
(Date)

Plan of correction implementation status as of

1/18/18
(Date)

The above plan of correction was approved by

m
(Initials)

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