



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 December 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.

Sincerely,

Michele Moskalczyk
Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 22301 - 12/07/2017 - 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
 The home was issued a licensing inspection summary dated 08/11 and 08/25/17 with attached correspondence dated October 18, 2017. These documents were not posted in a public and conspicuous place in the home as required by this regulation.


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.

DIRECTED PLAN OF CORRECTION:

Immediately and ongoing:

The administrator will ensure that the current licensing inspection summary and attached correspondence will be posted in a conspicuous and public place in the home. Additionally, all subsequent violation reports issued from the date of the license revocation notice of October 17, 2017 to the issuance of a new license or a change in Operating Pending Appeal status shall be posted. Copies of the violation report(s), any attached correspondence, and plans of correction will also be available for review upon request of the residents or their designated persons.


Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/11/2017
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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 McGowan ED Date 3-18-18

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

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

The above plan of correction was approved by 
 (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 - 12/07/2017 - Novak, Ryan
 PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 55 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A hired 11/13/17 completed the Department approved direct care competency course on 12/6/17. The staff person completed the supervised training on 11/13/17. The staff person provided unsupervised care prior to completing the online course.

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.

DIRECTED PLAN OF CORRECTION:

Immediately:

The identified staff persons will have all of the training required by this regulation. Documentation of training will be kept in accordance with 2600.65i.

(Within 5 days of DPOC date):

The administrator will develop and implement a system to ensure that all newly-hired staff persons receive the training required by this regulation before providing unsupervised ADL services.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Andrea McHowan*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Andrea McHowan ED* Date *3-18-18*

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

The above plan of correction is approved as of <u>1-18-18</u> (Date)	Plan of correction implementation status as of <u>1-18-18</u> (Date)
The above plan of correction was approved by <u>m</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 - 12/07/2017 - Novak, Ryan
 PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 55 Pa.Code §2600
 2600.184(b) - If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

2a. DESCRIPTION OF VIOLATION

2 bottles of systane eye drops and a bottle of dimetapp was located in the homes memory care medication cart. The medications did not include a resident name.

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.

DIRECTED PLAN OF CORRECTION:

Immediately:

The Administrator will oversee a full audit of all of the home's medication carts to ensure that every OTC, Rx and/or CAM belonging to a resident is labeled with their name.

Ongoing:

At least once per month, the Administrator will oversee a cart audit that includes checking OTC, Rx and/or CAM to ensure every container has the resident's name on it. A record of the audit will be maintained by the home.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 ED</i>	Date <i>3-28-18</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 1-18-18
 (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 - 12/07/2017 - Novak, Ryan
 PCH Name: WOODLAND TERRACE AT THE OAKS

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
 Resident #1's PRN refresh Iqigel eye drops were not available at the time of the inspection.

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.

DIRECTED PLAN OF CORRECTION:

Within 30 days of DPOC:

- The home will develop the required procedures. The procedures will include, at a minimum:
1. Use of a medication delivery log that documents the receipt of controlled substances and prescription medications.
 2. A process to investigate and account for missing medications and medication errors, including who is responsible for completing the investigation, how the investigation will be completed, and how the findings will be reported to the Department.
 3. Policy and procedures for locking medications, and which staff persons will have access to the medications.
 4. Use of a Medication Administration Record as required by 187a-d.

All staff who administer medications will be trained on the procedures. Documentation of training will be kept.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 ED</i>	Date <i>3-13-18</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>1-18-18</u> (Date)	Plan of correction implementation status as of <u>1-18-18</u> (Date)
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(Initials) | <input type="checkbox"/> Fully Implemented
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<input type="checkbox"/> Not Implemented |
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Violation Report: 22301 - 12/07/2017 - Novak, Ryan
 PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 55 Pa.Code §2600

2800.187(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

Resident #1's promethrin cream does not have a diagnosis or purpose listed on the MAR.

Resident #2's furosemide does not have a diagnosis or purpose listed on the MAR.

Resident #3's quetiapline fumarate was not initialed as administered on 12/5/17 at 8pm.

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.

DIRECTED PLAN OF CORRECTION:

Immediately and ongoing:

The home will amend residents' MARs to ensure that all of the required information is captured.

The administrator will oversee monthly audits of the home's MARs to ensure completeness and correctness. Documentation of the audits, including findings and steps to correct, if warranted, are maintained by the home.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 ED</i>	Date <i>3/3/18</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 1-18-18
 (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 - 12/07/2017 - Novak, Ryan
 PCH Name: WOODLAND TERRACE AT THE OAKS

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 promethrin 5% cream was initiated as administered on 12/07/17 at 2pm. The medication was a one time application that was administered on 12/5/17 at 5pm.

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.

DIRECTED PLAN OF CORRECTION:

Within 15 days of the receipt of this DPOC:

The Administrator shall oversee the training of all staff that administer medications. Additional assistance with training may be conducted by a currently approved Medication Trainer and/or a director of resident health (or similar title).

Every staff person that administers medication in the home will be observed performing medication passes on a weekly basis for one month and then once monthly for six (6) months after that by one of the above persons.

Documentation of the observed passes, outcomes, interventions and corrective actions will be retained by the home.

In addition, compliance with 2600.187(a)(14) will also be measured and documented.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 ED* Date *3/18/18*

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

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

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

Violation Report: 22301 - 12/07/2017 - Novak, Ryan
 PCH Name: WOODLAND TERRACE AT THE OAKS

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

2a. DESCRIPTION OF VIOLATION

Resident #1 has an order for lisinopril 20mg at 8am, hold if systolic blood pressure is less than 120. On 11/12/17 the residents blood pressure was 110/73 and the medication was administered.

Resident #3 has an order for amlodipine besylate 2.5mg at 8pm, hold if systolic blood pressure is less than 115. On 11/19/17 at 8pm the residents blood pressure was 107/51 and the medication was given.

Resident #3 has a PRN order for amlodipine besylate 5mg give 1/2 tablet if systolic blood pressure is more than 160. On 11/6/17 the residents blood pressure was 189/119 and on 11/11/17 the blood pressure was 163/109, the medication was not administered.

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.

DIRECTED PLAN OF CORRECTION:


Immediately:

A licensed person will instruct all staff that administer medications on the specifics of following orders for blood pressure medications that require parameters to be reviewed and medication to be administered accordingly.

Ongoing:

The Administrator will oversee, at minimum, monthly review of all current physician orders. Special attention will be devoted to residents' care that requires Blood Pressure checking monitoring. MAR sheets and labels shall match the physician orders. Audits of residents' MARs will be documented on a weekly basis for one month and monthly for six (6) months following that. Documentation will be retained by the home.

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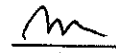
Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Andrea McFowen (ED) Date 3/25-18

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

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

Plan of correction implementation status as of 1-18-18
 (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 - 12/07/2017 - Novak, Ryan
 PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 55 Pa.Code §2600

2600.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

2a. DESCRIPTION OF VIOLATION

The directions for operating the home's locking mechanism on the door exiting to the back hallway and the door from the courtyard entering the unit note 3821*. The code that actually opens the door is 3821.

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.

DIRECTED PLAN OF CORRECTION:

Immediately and ongoing:

The required directions will be posted near the identified doors. The administrator will oversee to ensure ongoing compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Andrea McEwen

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

Andrea McEwen Ed

Date

3-23-18

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

The above plan of correction is approved as of

1-18-18
 (Date)

Plan of correction implementation status as of

1-18-18
 (Date)

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

The above plan of correction was approved by

M
 (Initials)