



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAR 26 2018

Ms. Lenore Hutchinson, LPN,
Personal Care Home Administrator
Willow Valley Communities
675 Willow Valley Square
Lancaster, Pennsylvania 17602

RE: The Glen at Willow Valley
Floors 1 and 3
Certificate #: 321910

Dear Ms. Hutchinson:

As a result of the Department of Human Services' annual licensing inspection on January 3 and 4, 2018 of the above facility, the violation with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary was found.

The violation 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 32191 - 01/03/2018 - Hoover, Douglas
 PCH Name: THE GLEN AT WILLOW VALLEY

1. REGULATION 55 Pa.Code §2600

2600.231(e) - Each resident record shall have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the Secured Dementia Care Unit (SDCU) on [redacted] 17, and Resident #2 was admitted to the SDCU on [redacted] 18. The home had no documentation that Resident #1 or Resident #2, or their designated persons, did not object to the SDCU admission.

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.

- Audit of all secured dementia unit Resident charts was completed on 1/3/18 and showed seven consents for secured unit were not properly signed. A trend was noted showing that transfers from personal care did not have the needed signatures. It was determined the social worker had a different process for transfers within personal care. Education given to social worker and a new process developed where all paperwork would be address the same.
- Willow Valley Communities is a CCRC and have residents from skilled and independent living transfer into the secured dementia unit. Because the paperwork often starts outside of personal care education will be provided to the skilled and independent living social workers giving them a better understanding of the 2600 regulations. This education will be done by [redacted], MSW for the secured dementia unit, on 2/1/18. [redacted] will also provide the same education to the nursing supervisors in independent living.
- The social worker for the secured dementia unit of personal care will complete all admission paperwork prior to or the day of admission as required and will document this on the admission check list. She/he will audit the admission paperwork has been completed and will bring the completed check list to daily standup to be reviewed by the nursing coordinator or PCHA.
- A quarterly audit of all new admissions will be completed by the social worker. Verification the secured dementia unit consent forms have been properly signed has been added to the audit form.
- Added to the quarterly nursing chart audit is the secured dementia unit consent signature form. This service as a double check that the new process and education is working.

Respectfully Submitted by Lenore Hutchinson, PCHA

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Lenore Hutchinson, PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>LENORE Hutchinson</i>	Date <i>1/31/18</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 2-1-18
 (Date)

The above plan of correction was approved by LE
 (Initials)

Plan of correction implementation status as of 2-1-18
 (Date)

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