



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 January 22, 2018 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 cursive script that reads "Michele Moskalczyk".

Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 22301 - 01/22/2018 - Foulkes, Kimberli

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

Resident #1 has a diagnosis of Dementia with decreased cognition. The resident's assessment and support plan (RASP) was updated 11/16/17 due to significant changes in the resident's cognitive status. The RASP indicated that "direct care staff will accompany the resident when in unfamiliar surroundings", and the resident's "mental status was a 0 which signifies severe brain dysfunction and the elopement risk score was a 10 which triggers the resident as an elopement risk, due to their independent ambulation and confusion." In December a meeting was held with regards to moving the resident into the SCU and the plan was for the resident to move after the holidays. In the meantime the resident remained in the non-secured area of the home. On 1/1/18 the resident was "found wandering on 2nd floor looking for their room. Care staff asked to put the resident in memory care until they can bring him/her back up to his/her room." The physician was notified and on the same date, 1/1/18, the resident received a new order for lorazepam as needed for anxiety. A new DME was completed on 1/2/18 for resident to move to SCU.

On 1/18/18, between 2:30pm and 2:45pm resident #1 was found in the hallway on the 2nd floor of the 1251 building by staff who work in the 1251 building. This building is located ¼ of a mile from the personal care home. The resident was found wandering in the building confused, with no coat, no socks, wearing canvas slip on shoes, pants and a sweater. The actual temperatures for 1/18/18 in Salisbury Township was 32 degrees Fahrenheit for the high and a low of 12 degrees. The resident did not have any identification. The staff ran through the building to see if anyone was looking for the resident. Then they contacted Lehigh Valley Hospital Security who came and then they contacted the Salisbury Police Department. The Police Department contacted EMS. According to the home's Administrator at 4:28pm, they received a call stating the police found someone with resident # 1's first name at the 1251 building. The home was not aware of a missing resident at that time and initiated the search procedure over the walkie talkie. The Administrator, Director of Nursing and Business Office Coordinator went to identify the resident at approximately 4:36pm.

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 within 30 days of receipt of Directed Plan of Correction (DPOC)

The administrative staff at Woodland Terrace at the Oaks will re-assess all residents living in the personal care home section of the home for elopement and or wandering behaviors. If any resident is identified with such behaviors, a plan shall be immediately put in place to ensure the resident has the level of supervision required to ensure their safety and prevent elopement from the facility. The safety interventions put in place by the home shall also be documented in the residents assessment and support plan (RASP). These safety re-assessments shall be completed within 30 days of this DPOC and documentation shall be maintained by the home and available for review by the department.

Immediately, the community shall also implement and maintain documentation of 1-hour safety checks for all residents living in the personal care home (non-secure) section of the home and shall be accountable for all residents at all times. Documentation of the 1-hour safety checks shall be maintained by the home and available for review by the department.

Staff training for all staff working in the personal care section of the home shall be provide within 30 days of this DPOC by the administrative staff. Training shall include and not be limited to elopement and wandering behaviors of residents, as well as the immediate implementation of safety interventions needed to help keep resident of the community safe. Documentation of this training shall be maintained by the home an available for review by the department.

Immediately, mock elopement drills shall be completed on all 3 shifts on a weekly basis and for the next 3 months, for residents and staff working in the personal care section of the home. Any issues identified shall be addressed and corrected immediately by administrative staff. Documentation of the mock elopement drill shall be maintained by the home and available for review by the department.

The administrator shall be responsible for monitoring and ongoing compliance.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

08/25/2017

Violation Report: 22301 - 01/22/2018 - Foulkes, Kimberli
 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.

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 AD

Date 3-1-18

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

The above plan of correction is approved as of 3/15/18
 (Date)

Plan of correction implementation status as of 3/15/18
 (Date)

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

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

Violation Report: 22301 - 01/22/2018 - Foulkes, Kimberli
 PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

The current medical evaluation for Resident #1 was completed on 12/29/17. The resident's previous medical evaluation was completed on 9/29/16.

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.

Within 30 days of receipt of this DPOC and ongoing

The administrator will audit all resident records to ensure that each resident has had a medical evaluation within the past year. Any resident whose medical evaluation is overdue will have a new evaluation within 30 days of the audit and annually thereafter.

The administrator shall monitor and be responsible for ongoing compliance.

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*

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 (Date)

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

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 22301 - 01/22/2018 - Foulkes, Kimberli
 PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

Resident #1's annual Resident Assessment Support Plan (RASP) was completed on 11/16/17. The resident's previous RASP was completed on 9/30/16.

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.

Within 30 days of receipt of this DPOC and Ongoing

The administrator will complete an audit of the assessments for all residents of the home. Any resident who has not had an assessment completed within the past year will have one completed within 15 days of the audit on the Department's resident assessment/support plan (RASP) form. The assessments will be detailed, comprehensive, and filled out in their entirety, including signatures and dates. The assessments shall also address whether the resident is exit seeking or an elopement risk based on the elopement risk assessment tool that the home has been using.

The administrator will develop a system to ensure that all assessments are done correctly, completely, and within the time frames required by this Chapter.

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>3/1/18</i>
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The above plan of correction is approved as of <u>3/15/18</u> (Date)	Plan of correction implementation status as of <u>3/15/18</u> (Date)
The above plan of correction was approved by <u><i>m</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 - 01/22/2018 - Foulkes, Kimberli
 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

Resident #1's RASP, dated 11/16/17 was updated due to a significant change. According to the RASP's description of the change, the resident was showing "a severe decline in physical ability and mental focus". The resident "requires assistance in some ADL's and wears pull ups at times". The resident "is confused to date, time and place and cannot recall their last name". "When speaking with the resident they appear to answer simple questions appropriately, however when asked direct questions requiring individualized answers the resident is unable to answer appropriately. Discussion is currently taking place with the family as far as memory care placement."

In the Summary and Determination Section of the RASP it indicates resident #1's "mental status was a 0 which signifies severe brain dysfunction and resident #1's elopement risk score was a 10 which triggers the resident as an elopement risk, due to the resident's independent ambulation and confusion. Resident #1 is care planned for the same."

The RASP did not reflect these changes in the resident's needs and/or had conflicting information as follows:

In the Assessment of Personal Care Needs Section, the resident is assessed as "A-Independent" with toileting and bladder management and has no service needs. The resident is assessed as both "A-Independent" and "C-Some Physical Assistance" with bowel management and has no service needs. The resident is assessed as "A-Independent" with using the telephone, caring for personal possessions, writing correspondence, and engaging in social and leisure activities and has no service needs.

In the Assessment-Supervision Section, the resident is assessed as requiring minimal supervision-no supervision in the home or when in familiar surroundings but needs attendance in unfamiliar places. "Direct care staff will accompany resident #1 when in unfamiliar surroundings. Resident #1 may also be accompanied by family.

In the Behavioral or Cognitive Need Section, the resident is assessed as "A-No problem" with Judgment, Communication of Needs, or Understanding Instructions and has no service needs.

The home attached an Assessment and Support Plan Updates and Changes form titled "Risk for Elopement". It was completed 11/16/17 and has checked that the Service Need or Change is "Risk is present primarily as a result of: Believes capabilities are present and that assistance is not needed. Resident Safety and security will be protected. The resident will agree to stay at the facility until a meeting can take place for safe discharge and/or the resolution of placement issues. Score for an elopement 10." The Plan to Meet the Newly Identified Service Need or Change has "Cognitive Impairment" circled and a check next to number 2 which states, "Make sure the resident feels heard: use feedback, rephrasing what has been said. Observe the resident to make sure he/she is not looking for code to get out." And a check next to number 7 which states, "Notify the family, attending physician, and administrative person. Document circumstances, interventions, and outcomes." Care managers are responsible every shift daily

The resident does not reside in a SCDU. The home was currently accounting for the resident at change of shifts daily.

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.

Violation Report: 22301 - 01/22/2018 - Foulkes, Kimberli
 PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 56 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.

Within 30 days of receipt of this DPOC and Ongoing:

The home shall conduct an audit of all resident assessments/support plans (RASPs). The audit will ensure that each RASP documents in the support plan all services to meet the resident's identified needs, including medical, dental, vision, hearing, mental health or any behavioral care services, including resident elopement and or wandering behaviors 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.

All staff shall be educated on the importance of reporting to administration any unusual resident behaviors or changes in cognitive status and the need for immediate follow-up the home to maintain the safety of the residents. This training will also address elopement and wandering behaviors of residents, as well as the immediate implementation of safety interventions needed to help keep residents of the community safe. Documentation of this training shall be maintained by the home and made available for review by the department upon request.

The administrator shall be responsible for monitoring and ongoing compliance.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/26/2017
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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
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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 - 01/22/2018 - Foulkes, Kimberli
 PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 55 Pa.Code §2600
 2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION
 Resident #1's photograph in his/her record was dated 11/30/15. A new photograph was taken on 1/15/18.

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.

Within 30 days of receipt of this DPOC and Ongoing

The administrator will review and audit all resident records to ensure that all of the information required by this regulation is present. Missing information will be added immediately.

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 ES</i>	Date <i>3-18</i>
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