



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 24 2018

Ms. Talya Nevo-Hacohen
Executive Vice President
Chief Investment Officer, and Treasurer
Clarks Summit AID II OPCO LLC
330 North Wabash Avenue, Suite 3700
Chicago, Illinois 60611

RE: Willowbrook Place
150 Edella road
Clarks Summit, Pennsylvania 18411
License #: 226590

Dear Ms. Nevo-Hacohen:

As a result of the Department of Human Services' (Department) annual licensing inspection on March 27, 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.

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, appearing to read 'J. Rowe', written over the printed name and title.

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 22659 - 03/27/2018 - OHaire, Anne
 PCH Name: WILLOWBROOK PLACE

1. REGULATION 55 Pa.Code §2600
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

The hot water temperature in the following resident bedrooms with a private bathroom accessible to the resident exceeded 120 degrees Fahrenheit. Room#122 had a reading of 125 degrees. Room#123 had a reading of 126 degrees. Room#125 had a reading of 123.4 degrees. Room#221 had a reading of 124.8 degrees and room#226 had a reading of 124.8 degrees.


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):		
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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)	Date
CHRIS MURRAY, ED	4-11-18

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of <u>4/30/18</u> (Date)	Plan of correction implementation status as of <u>4/30/18</u> (Date)
The above plan of correction was approved by <u>[Signature]</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: 22659 - 03/27/2018 - OHaire, Anne
 PCH Name: WILLOWBROOK PLACE

1. REGULATION 55 Pa.Code §2600
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

The wall mounted heating unit located in the East side front exit stairwell is in need of repair. The heating unit was leaking water on to the floor and the walls on either side of the heating unit were stained from moisture.
 A section of brown baseboard grille on the circulating baseboard heating elements located behind the sofa in the second floor lounge area was detached from the heating element frame and hanging on to the floor. The baseboard grille needs to be repaired since it is a hazard to residents walking or using the area behind the sofa. The sofa was pulled away several feet from the loose baseboard grille and the area was accessible to residents.

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Signature of Legal Entity Representative *[Signature]*
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative *CHRISTOPHER MURPHY, E.D.* Date *4-11-18*
 (Required on EVERY Page)

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The above plan of correction is approved as of 4/30/18
 (Date)

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

Plan of correction implementation status as of 4/30/18
 (Date)

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

Violation Report: 22659 - 03/27/2018 - OHaire, Anne
 PCH Name: WILLOWBROOK PLACE

1. REGULATION 55 Pa.Code §2600

2600.100(b) - The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

2a. DESCRIPTION OF VIOLATION

The top seven steps leading from the back gated patio area to ground level were covered with snow. These snow covered steps created a hazardous condition for persons using these steps to exit the area.

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.

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Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Chris Murphy, Esq. Date 4/16/18

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Violation Report: 22659 - 03/27/2018 - O'Haire, Anne
 PCH Name: WILLOWBROOK PLACE

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

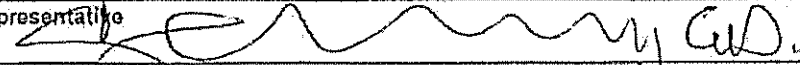
The home's fire safety expert stated the home had 6 minutes and 30 seconds to safely evacuate its residents into the home's fire safe zones. On 12-27-17 at 2:35 AM the home took 7 minutes and 0 seconds to evacuate their residents into fire safe zones. The home went 30 seconds over the time stated by their fire expert.

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.

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Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) CHRIS MURRAY, GID Date 4/11/18

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Violation Report: 22659 - 03/27/2018 - OHaire, Anne
 PCH Name: WILLOWBROOK PLACE

1. REGULATION 55 Pa.Code §2600

2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION

The home conducted fire drills on consecutive dates in the months creating a pattern for the home's staff and residents to begin to anticipate that a fire drill will be conducted.

- 08-21-17 at 11:30 PM
- 07-21-17 at 1: 58 PM
- 11-27-17 at 9:00 PM
- 12-27-17 at 3:35 AM

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

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Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) CHRIS MURRAY, E.O. Date 4/11/18

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Violation Report: 22659 - 03/27/2018 - O'Haire, Anne
 PCH Name: WILLOWBROOK PLACE

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

2a. DESCRIPTION OF VIOLATION

The following Resident Records were reviewed during the inspection, residents #1, #2, #3, #4, #5 and #6. The following descriptive information was not found listed in the residents' records. The home did not document the residents' eye color, hair color and did not state if a resident had any identifiable marks.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

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 (Initials)

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- Not Implemented

14/10/2018

Willowbrook Place – Plan of Corrections for 3/27/2018 Annual Inspection. Rec'vd 4/3/2018.

Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.

2600.89(b)

- Hot water temperatures for the resident rooms identified were addressed immediately with our vendor. The vendor corrected the situation on 3/28/2018 by repairing the valve that was feeding those identified rooms in that wing.
- Current residents did have the potential of being affected by this alleged deficient practice.
- An audit of other resident rooms' water temperatures was also completed on 3/28/2018 by our Maintenance Director (MD) to identify that no other wings of the building were affected.
- The MD and designee were re-educated on this weekly routine preventative maintenance by ED on 4/5/2018.
- The Maintenance Director (MD) or designee is monitoring temperatures 5 times weekly for two weeks, then weekly as normal.
- Executive Director (ED) or designee will review the documented monitored water temperatures weekly for 1 month and then monthly thereafter.
- Date of Compliance: 3/28/2018.

4/30/18

2600.95

- The wall mounted heating unit in the East side stairwell was inspected by the vendor on 3/28/2018. A tiny pin hole on the intake pipe was identified as the cause of the leak. This was corrected immediately and the unit is working properly.
- The section of baseboard grille cover was repaired at the time of the inspection, at the suggestion of the inspector, with 2 screws.
- Current residents did have the potential to be affected.
- Maintenance Director, (MD) or designee will monitor during environmental walkabouts in the community 5 times weekly for 2 weeks and then weekly.


Chris Murray, ED [Signature] 4-11-18

- ED or designee will accompany MD weekly for 4 weeks then monthly during environmental rounds.
- Date of compliance: 3/28/2018.

 4/30/18


2600.100(b)

- Steps leading from the back gated patio area to ground level were immediately cleared at the time of the inspection.
- Residents and/or others using these steps would have the potential of being affected.
- MD, Maint. Tech or designee will monitor recreational areas that have exterior steps during a snow storm, to ensure that ice or snow is removed from outside walkways and steps consistently throughout a storm.
- ED or designee will be responsible to monitor these areas as well.
- Date of Compliance: 03/27/2018.

 4/30/18

2600.132(d)

- The fire drill held on 12/27/2017 took longer than the fire safety expert had specified. MD conducted additional required drills monthly since that date; they were all within the safety expert's specified time.
- Current residents did have the potential of being affected by this alleged deficient practice.
- MD and designee were re-educated on this requirement by ED on 4/5/2018.
- MD or designee will conduct an additional drill within one week of having a drill that exceeds the time frame specified by the fire safety expert going forward.
- ED or designee will review fire drill log monthly to ensure proper compliance.
- Date of Compliance: 4/5/2018.

 4/30/18

2600.132(g)


- Going forward fire drills will be held on different days of the week, at different times of the day and night.
- Current residents had the potential of being affected by this alleged deficient practice.
- MD and designee were re-educated on this requirement by ED on 4/5/2018.
- MD or designee will hold a fire drill monthly, with varying days and times beginning with April 2018.
- ED or designee will review fire drill log monthly to ensure compliance.
- Date of compliance: 4/5/2018.

 4/30/18

Chris Murray, ED,  4-11-18

2600.252

- Residents identified at the time of inspection, and all current residents have had their descriptive information updated to include eye color, hair color and any identifiable marks.
- Current residents had the potential of being affected by this alleged deficient practice.
- Residents, current and new, will now have the required information included in their resident record on the new "Getting to Know Your Resident" form. (See Attachment)
- Care Services Manager (CSM) or designee and ED or designee will be responsible to ensure compliance upon admission.
- Date of Compliance: 4/6/2018.

 4/30/18

Chris Murray, ED, , 4-11-18