



SEP 13 2018

Ms. Rosemarie Cockill
Executive Director
227 Evergreen Road Operations, LLC
227 Evergreen Road
Pottstown, Pennsylvania 19464

RE: Sanatoga Court
License #: 136140

Dear Ms. Cockill:

As a result of the Department's Bureau of Human Services Licensing annual inspection on May 2, 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.

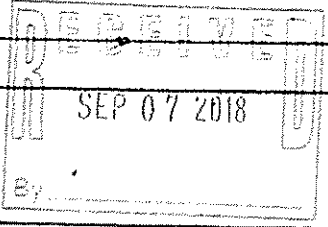
Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe", is written over a faint, larger version of the signature.

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PCH Name: SANATOGA COURT		License Number: 13614
Address: 227 EVERGREEN ROAD, POTTSTOWN, PA 19464		County: Montgomery
Administrator: Rosemarie Cockill		Region: SOUTHEAST
Legal Entity Name: 227 EVERGREEN ROAD OPERATIONS LLC		
Legal Entity Address: 227 EVERGREEN ROAD, POTTSTOWN, PA 19464		
Certificate(s) of Occupancy C-2 LP 03/10/1998 L&I		
Staffing Hours		
Resident Support: 86	Total Daily Staff: 172	Waking Staff: 129
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(e) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 05/02/2018: Wooteers, Sandra; Chung, Youn Hie		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 85	Number of Residents who:	Receive Supplemental Security Income: 0
Number of Residents Served: 57		Are 60 Years of Age or Older: 57
Secured Dementia Care Unit in Home: Yes		Have Mental Illness: 0
Area: Homestead		Have an Intellectual Disability: 1
Secured Dementia Unit Capacity, if Applicable: 28		Have a Mobility Need: 29
Number of Residents Served in Secured Dementia Care Unit, if applicable: 24		Have a Physical Disability: 1
Number of Current Hospice Residents: 10		
Number of Hospice Residents in past year: 24		

Violation Report: 13814 - 06/02/2018 - Wooters, Sandra
 PCH Name: SANATOGA COURT

1. REGULATION 66 Pa.Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Staff person A was hired on 06/21/2017. His orientation on staff duties and responsibilities during fire drills and emergency evacuation could not be verified because it was not dated.

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.

Staff person A was re-instructed on duties and responsibilities during fire drills and emergency evacuations and sheet was resigned and dated.

All new hires will complete orientation with cover sheet signed and dated to be audited by HR manager quarterly and reviewed with QI.

The HR Manager will audit all staff records, hired within the past 12 months, to ensure they have all completed the required orientation training topics within the next 30 days of receipt of this P.O. (S) 9/12/18

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *ROSEMARIE Cockill* Date *9-7-18*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 9/12/18
 (Date)

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

Plan of correction implementation status as of 9/12/18
 (Date)

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

Violation Report: 13814 - 05/02/2018 - Wooters, Sandra
 PCH Name: SANATOGA COURT

1. REGULATION 55 Pa.Code §2600

2600.86(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (36 P.S. §§ 10225.101-10225.6102).
- (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

Staff person A was hired on 08/21/2017. His orientation on resident rights and emergency preparedness could not be verified because it was not dated.

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.

Staff person A was re-inseviced on Resident Rights, Emergency Medical Plan, mandatory abuse reporting, and reporting of reportable incidents and conditions.

All new hires will complete orientation with cover sheet signed and dated to be audited by HR manager quarterly and reported to QI.

The HR Manager will audit all STAFF cards, hired within the past 12 months, to ensure they have all completed the required orientation training topics within the next 30 days of receipt of this P.O.C.

⑤ 9/12/18

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative <i>(Required on EVERY Page)</i>	<i>Rosemarie Cook</i> RCED
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Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i>	Date
<i>ROSEMARIE Cook</i>	<i>9-7-18</i>

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

The above plan of correction is approved as of 9/12/18
(Date)

The above plan of correction was approved by *[Signature]*
(Initials)

Plan of correction implementation status as of 9/12/18
(Date)

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

Violation Report: 13614 - 06/02/2018 - Woolers, Sandra
 PCH Name: SANATOGA COURT

1. REGULATION 55 Pa.Code §2600
 2800.65(l) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

2a. DESCRIPTION OF VIOLATION
 The home's record of direct care staff training (dementia training record dated 11/27/17 and 11/28/17) does not include the length of the 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.

Direct Care Staff training will include the staff person trained, date, source, content, and length of each course. Copies of any certification received will be kept.

Assistant Administration/designee will keep said training manual and audit quarterly for all required documentation.

The HR manager or designee will audit all 2018 training documents to ensure all the required elements of this regulations have been recorded, starting immediately (SD) 9/12/18

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *ROSEMARIE Cockill* Date *9-7-18*

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The above plan of correction is approved as of <u>9/12/18</u> (Date)	Plan of correction implementation status as of <u>9/12/18</u> (Date)
The above plan of correction was approved by <u>(SD)</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: 13614 - 05/02/2018 - Wooters, Sandra
 PCH Name: SANATOGA COURT

1. REGULATION 55 Pa.Code §2600

2600.66(b) - The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

- (1) The name, position and duties of each direct care staff person.
- (2) The required training courses for each staff person.
- (3) The dates, times and locations of the scheduled training for each staff person for the upcoming year.

2a. DESCRIPTION OF VIOLATION

The home's staff training plan does not include the location of the training.

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.

The home's training plan now includes the location of the training.

Assistant Administration /designee reported materials to include the location of the training. Assistant Administration/designee will audit quarterly, to ensure accuracy of all training materials and report to QI.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Rosemarie Cockill, RCEB*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>ROSEMARIE Cockill</i>	Date <i>9-7-18</i>
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The above plan of correction was approved by <u><i>SN</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 13614 - 05/02/2018 - Woolers, Sandra
 PGH Name: SANATOGA COURT

1. REGULATION 55 Pa.Code §2800
 2800.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION
 The lamp shade in room 111 next to bed closest to the bathroom is in disrepair.

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.

The lampshade in room 111 was removed and new one in place.

Maintenance Director will check furniture and equipment to ensure they are in good repair, clean, and free of hazards on admission and quarterly and recorded in TELs.

Staff will be re-inserviced to place equipment concerns in maintenance log for follow up.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Rosemarie Cockill, BCED*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>ROSEMARIE Cockill</i>	Date <i>9-7-18</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 9/12/18
 (Date)

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

Plan of correction implementation status as of 9/12/18
 (Date)

- Fully Implemented
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- Not Implemented

Violation Report: 13814 - 05/02/2018 - Wooters, Sandra
 PCH Name: SANATOGA COURT

1. REGULATION 66 Pa.Code §2600

2600.107(b) - The home shall have written emergency procedures that include the following:

- (1) Contact information for each resident's designated person.
- (2) The home's plan to provide the emergency medical information for each resident that ensures confidentiality.
- (3) Contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents.
- (4) Means of transportation in the event that relocation is required.
- (5) Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs.
- (6) Alternate means of meeting resident needs in the event of a utility outage.

2a. DESCRIPTION OF VIOLATION

The home's emergency procedures do not include how to ensure confidentiality of resident's emergency medical information.

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.

The home will ensure confidentiality of resident's emergency medical information by utilizing the Sanatoga Center on premises computer system to access or physically placing the document at the center in a designated secured area.

Staff was inserviced on process and practices during an evacuation drill that was held on 8/23/18.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>ROSEMARIE Cockill</i>	Date <i>9-7-18</i>
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Violation Report: 13614 - 08/02/2018 - Wooters, Sandra
 PGH Name: SANATOGA COURT

1. REGULATION 56 Pa.Code §2800
 2800.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 has prescriptions for the following medications but they are not available for administration because they are not in the home.

Contact
 Robumfen 100 mg
 Prochlor 2%

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.

Resident 1 has medication available in the home.

Staff will be re-inserviced on following the directions of prescribers to ensure medications are available in home; *immediately and discussed at monthly staff meetings X 6 months.*

Medication audits are completed weekly and findings are given to RCD to ensure medications are in house.

RCD will report findings through QI.

9/12/18

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>ROSEMARIE Cockill</i>	Date <i>9-7-18</i>
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 (Initials)

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Violation Report: 13814 - 05/02/2018 - Wooters, Sandra
 PCH Name: SANATOGA COURT

1. REGULATION 56 Pa.Code §2600

2600.100(c) - A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

2a. DESCRIPTION OF VIOLATION

The home's medication administration training record for staff person B does not include a 2nd MAR Review or Med Pass Observation. The first MAR review was completed October 2017. The first Med Pass Observation was completed November 2017.

Staff person C's Mar Review and Med Pass Observation in March 2018 does not indicate if she passed or failed.

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.

Staff Person B is no longer employed at home.

Staff Person C MAR review and med pass observation was completed to indicate a passed grade on 6/7/18.

Medication Administration training records were updated for all staff to include: staff person trained, the date, the source, name of trainer and documentation that the course was successfully completed.

RCD/designee will audit training records monthly to ensure all records are current as part of Home QI process.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *ROSEMARIE Cokill* Date: *9-8-17*

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The above plan of correction is approved as of 9/12/18
 (Date)

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

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Violation Report: 13814 - 05/02/2018 - Wooters, Sandra
 PCH Name: SANATOGA COURT

1. REGULATION 55 Pa.Code §2600
 2600.236 - Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation).

2a. DESCRIPTION OF VIOLATION
 Direct care staff person D was hired 11/22/16 and works in the home's SDCU. There is no record she completed 6 hrs of dementia training in 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.

Direct care staff person D has completed current 6 hours of dementia training.

Assistant Administrator/designee will ensure all annual trainings are completed. (6 hours related to dementia care and services and 12 hours related to training and orientation).

Assistant Administrator/designee will complete quarterly audits as part of QI process.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>ROSEMARIE Cockill</i>	Date <i>9-7-18</i>
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The above plan of correction was approved by *SD*
 (Initials)