



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]
MAILING DATE: June 18, 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's Bureau of Human Services Licensing inspection on May 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,

Michele Moskalczyk
Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 22659 - 05/22/2018 - Deluca, Amy
 PCH Name: WILLOWBROOK PLACE

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

Resident #1 suffered a fall on 4/5/2018 in the home and had been residing at a nearby rehabilitation facility with the expectation that the resident would return to the home once the resident completed rehab for a fractured hip. The resident passed away on [redacted]/2018. The home issued a Move Out Summary to the family listing the resident's status as "Deceased" on [redacted]/2018. The home did not report the death to the Department's regional office until 5/7/2018.

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.

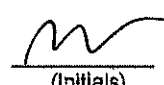
(See attached)

Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) CHRIS MURRAY, Executive Dir. Date 6-13-18

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

The above plan of correction is approved as of <u>6/13/18</u> (Date)	Plan of correction implementation status as of <u>6/13/18</u> (Date)
The above plan of correction was approved by  (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 - 05/22/2018 - Deluca, Amy
 PCH Name: WILLOWBROOK PLACE

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

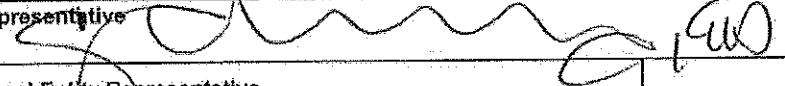
Resident #1 was admitted to the home on [redacted] 2018. The resident's Documentation of Medical Evaluation (DME) form is dated 4/4/2018. The resident did not have a medical evaluation completed until 4/4/2018.

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.

(See attached)

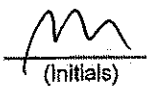
Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Chris Murray, Executive Director Date 6-13-18

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

The above plan of correction is approved as of 6/13/18
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 6/13/18
 (Date)

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

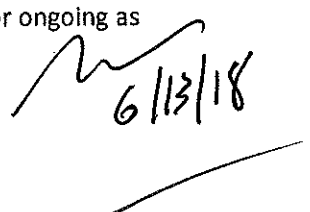
6/6/2018

Willowbrook Place – Plan of Correction for 5/22/2018, Late Reporting Follow Up. Rec'vd 6/5/2018.

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 of 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.

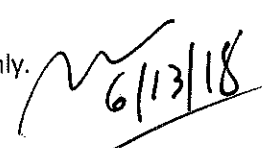
2600.16(c)

- Resident #1 was not in our facility at his time of death. He expired next door at the skilled nursing facility, Abington Manor. They did not report his death to us until 5/7/2018 due to the fact that they did not know he was still paying on his room here until the end of the month at the request of his sister and POA. The same hour we were notified from Abington Manor of this, the report was submitted to DHS by our Care Services Manager, RN.
- The Move Out Summary that stated "deceased" was updated to reflect that billing was stopped the very next day.
- CSM (Care Services Manager) or designee will make sure that Abington Manor is aware of the residents that are admitted to them, that are staying on our census financially, going forward to avoid this from happening again.
- ✓ • Executive Director (ED) or designee will monitor these transfers to Abington Manor ongoing as well.
- Date of Compliance: 5/7/2018.


6/13/18

2600.141(a)(1)

- Resident # 1 originally was admitted to us with a VA doctor. He, after numerous calls, emails and faxes refused to sign resident's DME. Sister and POA, requested a new doctor at that time.
- New doctor was appointed at that time and her earliest available appointment was 4/4/2018. At that time she did the Medical Evaluation as required.
- Going forward the signed DME will now be due upon admission. Care Services Manager or designee will make sure prospective families and their doctors are aware of the same. Customer Relations Managers will include in marketing packets as a reminder as well.
- Current residents DME's were checked for compliance for the same by Care Services Manager on 5/23/2018.
- ✓ • ED or designee will monitor new admissions for compliance of DME dates as well monthly.
- Date of Compliance: 5/30/2018.


6/13/18

Chris Murray, Executive Director,  6/13/18