



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]

October 3, 2018

Ms. Michele DiVincenzo
Administrator
GDL Farms Corporation
Attn: PCH Administrator
3455 Davisville Road
Hatboro, Pennsylvania 19040

RE: Personal Care/Memory Care @ the Park
License #: 127900

Dear Ms. DiVincenzo:

As a result of the Department's Bureau of Human Services Licensing inspection on May 30, 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 "Patricia Adams".

Patricia Adams
Regional Licensing Director

Enclosure
Licensing Inspection Summary

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

| | | |
|--|---|---|
| PCH Name: PERSONAL CARE MEMORY CARE @ THE PARK | | License Number: 12790 |
| Address: 3455 DAVISVILLE ROAD, HATBORO, PA 19040 | | County: Montgomery |
| Administrator: MICHELE DIVINCENZO | | Region: SOUTHEAST |
| Legal Entity Name: GDL FARMS CORPORATION | | |
| Legal Entity Address: 3455 DAVISVILLE ROAD, HATBORO, PA 19040 | | |
| Certificate(s) of Occupancy | | |
| Other 04/01/1991 UPPER MORELAND TWP | 1-2 06/30/2011 UPPER MORELAND TWP | 1-2 03/16/2016 UPPER MORELAND TWP |
| Staffing Hours | | |
| Resident Support: 0 | Total Daily Staff: 129 | Working Staff: 87 |
| Type of Inspection: Partial | BHA Docket Number: | Notice: Unannounced |
| Reason(s) for Inspection(s) Complaint, Incident | | |
| On-Site Inspection Dates and Department Representatives On-Site 05/30/2018: Thomas, Tahesia; Gray, Dean | | |
| Off-Site Inspection Dates and Inspectors, if Applicable 06/31/2018: Thomas, Tahesia 06/18/2018: Thomas, Tahesia 07/13/2018: Thomas, Tahesia 07/17/2018: Thomas, Tahesia | | |
| Other Details | | |
| Partial or Full Trigger: | | Random Indicators: |
| Resident Demographic Data as of Inspection Dates | | |
| Licensed Capacity: 113 Number of Residents Served: 79 Secured Dementia Care Unit in Home: Yes Area: MEMORY CARE Secured Dementia Unit Capacity, if Applicable: 48 Number of Residents Served in Secured Dementia Care Unit, if applicable: 38 Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 39 | Number of Residents who: Receive Supplemental Security Income: 0 Are 80 Years of Age or Older: 79 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 50 Have a Physical Disability: 0 | |

Violation Report: 12790 - 05/30/2018 - Thomas, Tahesia
 PCH Name: PERSONAL CARE MEMORY CARE @ THE PARK

1. REGULATION 55 Pa.Code §2600

2600.141(a)(2) - 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. The evaluation must include the following: (2) Medical diagnosis including physical or mental disabilities of the resident, if any.

2a. DESCRIPTION OF VIOLATION

The medical evaluation for Resident # 1, dated 01/26/18, is missing a completed medical diagnoses, physical / mental (part 2) and medical information pertinent to diagnoses and treatment, if applicable (part 3).

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.

Effective Immediately:

1. Per Regulation 2600.141 (a) (2), all medical evaluations completed by the physician will include completed medical diagnosis, physical/mental (part 2) and medical information pertinent to diagnosis and treatment if applicable.
2. The Director of Nursing will ensure the physician has completed the medical evaluations per Regulation 2600.141(a)(2).
3. The facility's Medical Records/Nurse Manager will assist the Director of Nursing to ensure continued compliance of this regulation.

The Director of Nursing will review all medical evaluations upon completion of the visit to ensure compliance. If the form is not completed the Director of Nursing or the Medical Records/Nurse Manager will have the form completed. This step will be documented and maintained for Department review. K.W. 7/27/18

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

Signature of Legal Entity Representative (Required on EVERY Page) *Michele Edinzenzo*

| | |
|---|---------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Michele Edinzenzo Admin</i> | Date <i>7-24-18</i> |
|---|---------------------|

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

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|---|---|
| The above plan of correction is approved as of <u>7/27/18</u> (Date) | Plan of correction implementation status as of <u>7/27/18</u> (Date) |
| The above plan of correction was approved by <u>K.W.</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: 12790 - 05/30/2018 - Thomas, Tahesia
 PCH Name: PERSONAL CARE MEMORY CARE @ THE PARK

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 experiences limited mobility. The 04/28/18 assessment states that the resident requires total physical assistance with transferring in and out of a bed or chair as well as with turning and positioning in a bed or chair. The 04/26/18 DME has none listed for body positioning and movement indicating that this resident does not have issues with body positioning or movement.

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.

Effective Immediately:

1. Per Regulation 2600.225(c) the DME completed by the physician will reflect "nursing measures" listed on the resident's assessment.
2. The Director of Nursing will ensure continuity of information contained in the DME and resident assessments.
3. The facility's Medical Records/Nurse Manager will aid the Director of Nursing to ensure continued compliance of this regulation.

The Director of Nursing and Medical Records/Nurse Manager will audit resident DME's, assessments and support plans monthly. These audits will be documented and maintained for Department review. K.W. 7/27/18

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Michele DiVincenzo*

| | |
|---|---------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Michele DiVincenzo Admin</i> | Date <i>7-24-18</i> |
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