



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 24 2018

Mr. Joseph A. Irving
Vice President
MCAP Willow Grove Operator, LLC
% **MCAP Advisers, LLC**
437 Madison Avenue, Suite 33C
New York, New York 10022

RE: The Landing at Willow Grove
110 York Road
Willow Grove, Pennsylvania 19090
License #: 139940

Dear Mr. Irving:

As a result of the Department's Bureau of Human Services Licensing annual inspection on July 19, 2018 and July 20, 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,

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 13994 - 07/19/2018 - Thomas, Tahesia
 PCH Name: THE LANDING AT WILLOW GROVE

1. REGULATION 56 Pa.Code §2600
 2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION
 Empty medication packages were found unattended on top of the second floor PC medication cart.

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.

2600.17

Empty medication packages were removed immediately and discarded accordingly, to ensure confidentiality and to comply with residents' rights. Completed at time of inspection on 7/20/2018

In-service will be held to educate Nurses and Med-Techs as to proper disposal of empty medication packages to ensure Resident confidentiality and a review of resident rights will be conducted as well. To be completed by 9/21/2018.

DON/designee will conduct routine rounds and inspections of med cart to ensure proper handling of confidential information. Ongoing.

See attached Inservice Page date 9/13/18

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Crystal Morgan, Exec. Director</i>	Date <i>9/21/18</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 10/10/18
 (Date)

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

Plan of correction implementation status as of 10/10/18
 (Date)

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

Violation Report: 13994 - 07/19/2018 - Thomas, Tahesia
 PCH Name: THE LANDING AT WILLOW GROVE

1. REGULATION 65 Pa.Code §2600
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION
 The contract for resident(s) # 1 and # 2 were not signed by the resident.

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.

2600.25(b)

Immediately Resident(s) #1 and #2 responsible parties were notified that their loved ones resident agreement needed to be signed by them in addition to responsible party.

Resident #1's resident agreement was reviewed and signed by resident on 9/5/2018 in presence of responsible party.

Resident #2's resident agreement was reviewed with them on two occasions 9/18/18 and 9/19/18. Resident Incapable of signing due to advance dementia. Two attempts made unsuccessfully and signed off by two witnesses.

Director of Sales and Marketing was in-serviced on the process of having all residents sign or attempt to sign their own resident agreement after review and to obtain 2 witnesses is medically unable to sign for themselves. Completed on 7/20/2018

See Attached In-service sheet dated 7/20/2018

Director of Sales and Marketing/designee will conduct audit of residents' business file for compliance. Designee will provide a second look to ensure contracts are complete with resident signature or if unable to sign witnessed by 2 persons according to regulation. Ongoing


Director of Sales and Marketing/designee will perform an ongoing audit of all prior admissions to ensure resident agreements are signed and dated by resident. Ongoing audit until all prior admissions charts have been reviewed and approved for accuracy and compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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 Not Implemented

Violation Report: 13984 - 07/19/2018 - Thomas, Tahesia
 PGH Name: THE LANDING AT WILLOW GROVE

1. REGULATION 65 Pa.Code §2600

2600.41(e) - A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in § 2600.41(d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION

Resident(s) # 1's and #2 's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

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 in 2600.41(e)

Resident(s) #1 and #2 responsible parties were notified that their loved ones resident agreement containing resident rights and complaint procedures needed to be signed by them in addition to responsible party.

Resident #1's resident agreement containing resident rights and complaint procedures was reviewed and signed by resident on 9/5/2018 in presence of responsible party.

Resident #2's resident agreement containing resident rights and complaint procedures was reviewed with them on 9/18/2018. Resident Incapable of signing due to advance dementia. Two attempts made unsuccessfully and signed off by two witnesses.

See attached copy of signed documents, resident #1 dated 9/5/18 and resident #2 dated 9/18.

Director of Sales and Marketing/designee was in-serviced on the process of having all residents sign or attempt to sign their own resident agreement containing resident rights and complaint procedures after review and to obtain 2 witnesses if medically unable to sign for themselves. Completed on 7/20/2018

See Attached In-service Sheet dated 7/20/2018

Director of Sales and Marketing/designee will conduct audit of residents business file for compliance. Designee will provide a second look to ensure contracts are complete.

Director of Sales and Marketing/designee will perform an ongoing audit of all prior admissions to ensure resident agreements containing resident rights and complaint procedures are signed and dated by resident. Ongoing audit until all prior admissions charts have been reviewed and approved for accuracy.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Crystal Morgan Exec. Director* Date *9/21/18*

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Violation Report: 13994 - 07/19/2018 - Thomas, Tahesia
 PCH Name: THE LANDING AT WILLOW GROVE

1. REGULATION 55 Pa.Code §2800
 2600.42(e) - A resident shall have access to a telephone in the home to make calls in privacy. Nontoll calls shall be without charge to the resident.

2a. DESCRIPTION OF VIOLATION
 Resident # 1, admitted on 11/15/17 to the home's SDCU, believed that they were being held at the facility against their will. Resident # 1 had made several calls to 911 to file a report about their concerns. Around 12/08/17, the home removed the telephone from resident # 1's room due to the threat that the home would receive fines from 911 for excessive calls. Resident # 1 followed up with their concerns with the local ombudsman. It was not until the local ombudsman spoke with the administrator regarding the issue did home return the phone. Resident # 1's phone was returned to them on 05/25/18.

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.

2600.42(e)

Resident #1's phone was removed from resident room around 12/08/2017 at the request of the responsible party.

Phone was returned to resident one on 5/25/2018 and remains in her possession at present time.

DON/Designee will in-service and routinely educate staff of residents right to have access to a telephone that is accessible without need to ask for permission at all times of the day and night in privacy as outline in Resident Rights. To be completed by 9/21/2018.

All new hires will be educated on regulation 42e as part of our 2 -day new hire orientation and ongoing according to annual staff training plan.

The administrator or designee will conduct periodic inspections to ensure all residents have access to use a phone in private. @ 10/10/18

See attached Annual Training Plan

+ Inservice sheet dated. 9/21/18

plus Resident #1 signed authorization for admission to secured dementia unit

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

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Violation Report: 13994 - 07/19/2018 - Thomas, Tahesia
 PCH Name: THE LANDING AT WILLOW GROVE

1. REGULATION 55 Pa.Code §2600

2600.44(a) - Prior to admission, the home shall inform the resident and the resident's designated person of the right to file and the procedure for filing a complaint with the Department's personal care home regional office, local ombudsman or protective services unit in the area agency on aging, Pennsylvania Protection & Advocacy, Inc. or law enforcement agency.

2a. DESCRIPTION OF VIOLATION

The home has not informed resident # 1, admitted on 11/15/17, about the resident's right to file and the procedure for filing a complaint with the Department's personal care home regional office, local ombudsman or protective services unit in the area agency on aging, Disability Rights Network of Pennsylvania or law enforcement agency.

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.

2600.44 (a)

Resident #1 resident agreement containing procedure for filing a complaint with the departments personal care home and regional office, local ombudsmen or protective services unit in the area agency on aging, disability rights network of Pennsylvania or law enforcement agency was reviewed and signed on 9/5/2018.

Director of Sales and Marketing was in-serviced on the process of having all residents sign or attempt to sign their own resident agreement containing procedure for filing a complaint with the departments personal care home and regional office , local ombudsmen or protective services unit in the area agency on aging, disability rights network of Pennsylvania or law enforcement agency after review and to obtain 2 witnesses if medically unable to sign for themselves. To be completed by 9/21/2018

Director of Sales and Marketing/designee will conduct audit of residents business file for compliance. Designee will provide a second look to ensure resident agreements are complete.

Director of Sales and Marketing/designee will perform an ongoing audit of all prior admissions to ensure resident agreements containing resident rights and complaint procedures are signed and dated by resident. Ongoing audit until all prior admissions charts have been reviewed and approved for accuracy.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Crystal Morgan

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Crystal Morgan

Date *9/21/18*

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SM
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Violation Report: 13994 - 07/19/2018 - Thomas, Tahesia
 PCH Name: THE LANDING AT WILLOW GROVE

1. REGULATION 55 Pa.Code §2800
 2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION
 The trash can, located in the second floor SDCU's kitchenette, had a lid that was broken.

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.

2600.85(d)

Trash receptacle located on second floor SDCU's kitchenette that had a broken lid was replaced on 7/22/2018

Maintenance/designee will conduct routine walk through on all units to inspect condition of trash receptacles and to ensure that they are in good working condition, *at least on a monthly basis.*

See pic Attached

10/10/18

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Crystal Morgan Exec Director* Date *9/21/18*

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Violation Report: 13994 - 07/19/2018 - Thomas, Tahesia
 PCH Name: THE LANDING AT WILLOW GROVE

1. REGULATION 55 Pa.Code §2600

2600.141(a) - 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

- The medical evaluation for resident # 1, dated 11/15/17, does not include a medication list.
- The medical evaluation for resident # 3, dated 07/06/18, does not include a medication list.

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.

2600.141(a) (2)

Performed complete audit of Resident #1 Chart and med eval dated 11/15/17 medication list was found to be in the chart but separated from Med Eval.

Performed complete audit of Resident #3 Chart and med eval dated 7/6/18 medication list was found to be in the chart but separated from Med Eval.

Director of Nursing/Designee were in-serviced on regulation that all med evals must have medication list attached and with each updated med eval a med list must be attached. See In-service dated 9/21/18

The administrator will conduct periodic audits of the Residents Records to ensure the medical evaluation is correct for all Residents, starting immediately. *SD* 10/10/18

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

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 (Date)

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 (Initials)

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- Not Implemented

Violation Report: 13994 - 07/19/2018 - Thomas, Tahesia
PCH Name: THE LANDING AT WILLOW GROVE

1. REGULATION 55 Pa.Code §2800
2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION
The home's 2005 Ford Sedan had the following items missing from the first aid kit: disposable gloves, face mask, scissors, thermometer, and tweezers.

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.

2600.171(b)(5)

First Aid kit for the homes 2005 Ford Sedan was pulled and immediately and the following missing items were replenished. (Disposable gloves, face mask, scissors, thermometer, and tweezers.

Picture of contents and first aid kit attached

The administrator or designee will review the first aid kit located in the homes van following the monthly fire drills, starting immediately.

EW 10/10/18

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

Signature of Legal Entity Representative (Required on EVERY Page) *Crystal Morgan*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Crystal Morgan Exec Dir* Date *9/21/18*

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Violation Report: 13994 - 07/19/2018 - Thomas, Tahesia
PCH Name: THE LANDING AT WILLOW GROVE

1. REGULATION 56 Pa.Code §2600
2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

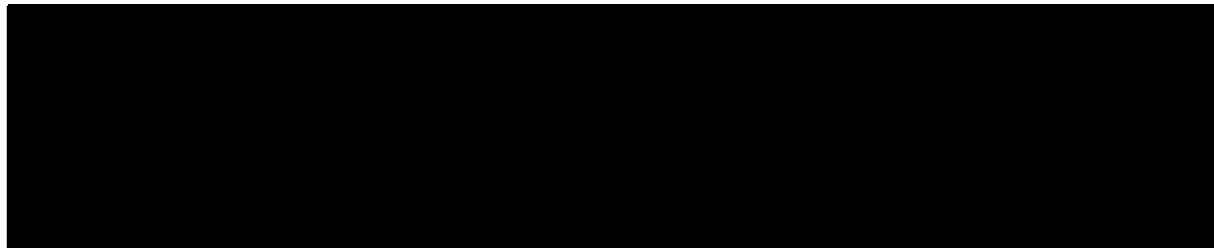
AA

- The home had Triple Antibiotic Ointment available in the cart for resident # 6. However, this medication is not listed on the resident's current MAR.

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.

2600.183(d)

Did immediate audit of the physician's orders and compared to med cart and MAR.



Resident #6 Triple Antibiotic ointment was Dc'd by physician, but facility failed to remove from the cart. Order to DC triple antibiotic ointment attached.

Director of Nursing/Designee will perform MAR to Med Cart Audits Monthly to ensure accuracy and Pharmacy to provide MAR to Med Cart audit quarterly.

Med techs and Nurses were in-serviced on removing all meds that were Dc'd from med cart.

See In-service dated 9/13/18

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


Signature of Legal Entity Representative (Required on EVERY Page) *Crystal Morgan*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Crystal Morgan, Exec Dir.* Date *9/21/18*

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Violation Report: 13994 - 07/10/2018 - Thomas, Tahesia
 PCH Name: THE LANDING AT WILLOW GROVE

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

The MAR and label for resident # 4's Furosemido do not match. The medication label states, "Furosemide 20, take 1 and 1/2 tabs (30 mg) by mouth daily", while the MAR states, "Furosemide 40 mg, take 1 tab by mouth 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.

Regulation 2600.184(a)

The MAR and label for resident #4 Furosemide were immediately cross referenced in physician orders and corrected so that MAR and label on medication matches.

Director of Nursing/Designee will perform MAR to Med Cart Audits Monthly to ensure accuracy and Pharmacy to provide MAR to Med Cart quarterly. Med Cart to Mar audit Will be completed by 9/30/18 by Pharmacy.

See attached Med Cart Audit Log.

See attached picture of corrected MAR matching label on medication

Med techs and Nurses were in-serviced on making sure MAR matches Medication Label.

See In-service dated 9/13/18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Cristal Morgan

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Cristal Morgan Exp. Dir

Date

9/21/18

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Violation Report: 13994 - 07/19/2018 - Thomas, Tahesia
 PCH Name: THE LANDING AT WILLOW GROVE

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

- The home did not have resident # 1's PRN Butalbital, Aspirin and Caffeine Caps available to administer.
- The home did not have resident # 4's PRN Acetaminophen 325 mg available to administer.
- Resident # 5's glucometer was not calibrated with the correct date and time.
- The home did not have resident # 7's PRN Polyethylene Glycol Powder and Loperamide 2mg Cap available to administer.

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 labeled Page 13 Plan of Correction


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Signature of Legal Entity Representative
 (Required on EVERY Page) *Crystal Morgan*

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Page 13 Plan of correctionn

2600.185(a)

Resident #1's physician orders were reviewed immediately and cross referenced with med cart and confirmed that residents PRN Butalbital, Aspirin and Caffeine Caps were currently available for administration however resident has not taken medication is some time therefore Physician wrote order to DC Medication

Director of Nursing/Designee will perform MAR to Med Cart Audits Monthly. Med-techs and Nurses will be educated on the process of reordering medications.

See In-service dated 9/13/18

Resident #4's physician orders were reviewed and cross referenced with med cart and residents PRN Acetaminophen 325mg was ordered and now available for administration.

Director of Nursing/Designee will perform MAR to Med Cart Audits Monthly. Med-techs and Nurses will be educated on the process of reordering medications. By 9/21/18

See In-service dated 9/13/18

Resident #5's Glucometer was calibrated immediately to the correct date and time.

Director of Nursing/Designee will Calibrate glucometers completed by 9/21/18

Glucometer calibration log created and initiated to be done monthly.

See attached log and implementation.

Resident #7's physician orders were reviewed immediately and cross referenced with med cart and confirmed that residents PRN Polyethylene Glycol Powder was not available, physician wrote order to DC as resident does not utilize. The Loperamide 2mgCap were available for administration and time of inspection and at time of med cart audit post inspection. See attached med card for correct med with date.

Director of Nursing/Designee will perform MAR to Med Cart Audits Monthly. Med-techs and Nurses will be educated on the process of reordering medications.

See In-service dated 9/13/18

ⓐ 10/10/18

Violation Report: 13994 - 07/19/2018 - Thomas, Tahesia
PCH Name: THE LANDING AT WILLOW GROVE

1. REGULATION 55 Pa.Code §2600
2600.187(o) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

2a. DESCRIPTION OF VIOLATION
On 07/12/18, 07/13/18, 07/16/18, and 07/17/18, resident # 4 refused to take a scheduled dose of Lasix (Furosemide). The homo did not report the refusal to the resident's doctor as required.

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.

Regulation 2600.187(c)

Upon review of physician notes, Physician was aware of resident # 4 refusal of Lasix. See physician notes attached.

Med-techs and Nurses educated on process of notifying physician within 24 hours of any med refusal

Director of Nursing/Designee will review daily all med refusals to ensure physician notified within 24 hour period.

See attached in-service sheet dated 9/21/18

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Crystal Morgan Eye Doctor* Date *9/21/18*

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 13994 - 07/19/2018 - Thomas, Tahesia
 PCH Name: THE LANDING AT WILLOW GROVE

1. REGULATION 56 Pa.Code §2800
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
 - The home did not have resident # 2's Acetaminophen 325 mg and Latanoprost Solution 0.005% available to administer.
 - The home did not have resident # 4's Sodium Chloride Solution 0.9% and Baza Moisture available to administer.

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.

Regulation 2600.187(d)

Immediately audited med carts for Resident #2's acetaminophen 325mg and Latanoprost Solution 0.005% . Medications were ordered and available for administration. See attached pictures.

Immediately audited med carts for Resident #4's Sodium Chloride 0.9% solution and Baza Moisture. Sodium Chloride) 0.9% solution was DC'd by physician see attached order. Baza moisture available for administration. See attached picture.

Med techs + nurses educated on reordering of medications and removing meds that were o'd from ^{med.} cart.

*See interview date 9/13/18
 The nursing supervisor will audit the med carts on a monthly basis to ensure all prescribed medications are available for administration.*

Repeat Violation: No Date(s) of Previous Violation(s): *Starting immediately.*

Signature of Legal Entity Representative (Required on EVERY Page) *Crystal Meyer* @ 10/10/18

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Crystal Meyer Exec Dir* Date *9/12/18*

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

The above plan of correction is approved as of 10/10/18 (Date)

Plan of correction implementation status as of 10/10/18 (Date)

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

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

Violation Report: 13994 - 07/19/2018 - Thomas, Tahesia
 PCH Name: THE LANDING AT WILLOW GROVE

1. REGULATION 55 Pa.Code §2600

2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION

Resident (s) #1 and # 2 have not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

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.

Regulation 2600.191

Resident #1 and Resident #2 were educated on their right to refuse medication if they believe that there may be a medication error.

See attached Resident Rights signed by Resident #1 and Resident #2.

Director of Sales and Marketing in-serviced on reviewing and obtaining resident signature on resident rights at time of admission. See in-service sheet dated 7/20/18.

Med-techs and Nurses Educated on Resident regulation 2600.191. See in-service dated 9/13/18.

The administrator or designee will audit all new admission records to ensure all residents have been advised of their right to refuse a medication if they believe it is in error, starting immediately. (S) 10/10/18

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Crystal Morgan Exec Dir* Date *9/21/18*

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

The above plan of correction is approved as of 10/10/18
 (Date)

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

Plan of correction implementation status as of _____
 (Date)

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

Violation Report: 13994 - 07/19/2018 - Thomas, Tahesia
 PCH Name: THE LANDING AT WILLOW GROVE

1. REGULATION 55 Pa.Code §2600
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION

- Resident # 1 participated in the development of their support plan on 06/25/18. The resident did not sign the support plan.
- Resident # 3 participated in the development of their support plan on 05/10/18 and 07/08/18. The resident did not sign the support plan.

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.

2600.227(g)

Resident #1 support plan was reviewed with resident and signed by resident on 9/20/2018

Resident #3 support plan dated 5/10/2018 and 7/8/2018 was reviewed with him and signed on 9/14/2018.

Director of Nursing/Assistant Director/Memory Care Coordinator were in-serviced on regulation 2600.227 the importance of resident participating in their support plan and obtaining resident signature on the support plan. If medically unable to sign, shall be documented and signed by two witnesses.

See In-service sheet dated 9/20/2018

Director of Nursing will have final sign off on all Resident support plans at time of care conference with Resident present to participate in and sign support plan. Ongoing.

The administrator or designee will audit all Resident RASPs to ensure the Resident signed and dated the RASP at least bi-annually, starting immediately.

10/10/18

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Crystal Morgan Exec. Dir.* Date *9/21/18*

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

The above plan of correction is approved as of 10/10/18
 (Date)

Plan of correction implementation status as of 10/10/18
 (Date)

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

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

Violation Report: 13994 - 07/19/2018 - Thomas, Tahesia
 PCH Name: THE LANDING AT WILLOW GROVE

1. REGULATION 55 Pa.Code §2600

2600.227(h) - If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

2a. DESCRIPTION OF VIOLATION

Resident # 3 participated in the development of their support plan on 05/10/18 and 07/08/18. The resident was unable to sign the support plan. The home did not make a notation regarding the resident's inability to sign.

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.

2600.227(h)

Upon review of Resident #3's chart it was noted to not have signature of resident #3. Support plan was reviewed with Resident #3 and signed by Resident #3 on 9/14/18.

Director of Nursing/designee were in-serviced on 9/20/18 on policy according to regulation 2600.227(h) that all resident must sign their support plan and if unable to sing support plan that the documentation be present noting inability to sign with 2 witnesses.

The administrator or designee will audit all Resident RASP's to ensure the resident signed and dated the RASP at least bi-annually, starting immediately. @ 10/10/18

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Crystal Mergan Exec Dir.* Date *9/21/18*

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

The above plan of correction is approved as of 10/10/18
 (Date)

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

Plan of correction implementation status as of 10/10/18
 (Date)

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

Violation Report: 13994 - 07/19/2018 - Thomas, Tahesia
 PCH Name: THE LANDING AT WILLOW GROVE

1. REGULATION 55 Pa.Code §2600

2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident # 1, admitted to the SDCU on 11/15/17 had a medical evaluation that did not document the resident's need for SDCU care.

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.

Regulation 2600.231(b)

Immediately reviewed resident #1's chart and notified physician of incorrect medical evaluation form. Physician completed and signed medical evaluation form indicating that resident #1's need for SDCU.

See attached medical evaluation form.

The Administrator or designee will audit all SDCU Resident Records to ensure the Resident physician documented the need for the SDCU, starting immediately. @ 10/10/18

*Director of Sales + Marketing / Designee
 In-Service on importance + regulation that Med Eval state need for SDCU prior to admission. See in-service sheet dated 7/20/18*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Crystal Morgan Exec Dir.* Date *9/21/18*

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

The above plan of correction is approved as of 10/10/18 (Date)

Plan of correction implementation status as of 10/10/18 (Date)

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

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

Violation Report: 13994 - 07/19/2018 - Thomas, Tahesia
 PCH Name: THE LANDING AT WILLOW GROVE

1. REGULATION 55 Pa.Code §2600
 2600.231(e) - Each resident record shall have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

2a. DESCRIPTION OF VIOLATION
 - Resident # 1 was admitted to the SDCU on 11/15/17. The home has no documentation that the resident did not object to the admission.
 - Resident # 2 was admitted to the SDCU on 06/11/18. The home has no documentation that the resident and the resident's designated person have not objected to the admission.

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.

Regulation 2600.231(e)

Immediately audited chart for resident #1 and obtained signature for admission to secure dementia unit. Immediately audited chart for resident #2 which was in fact signed by responsible party attempted twice to obtain signature for resident #2 whom is unable to sign based on advance stage of dementia. This was noted and witnesses x2.

Director of Sales and Marketing /designee were in-serviced on the policy to obtain resident signatures for admission to secure dementia unit. *See inservice sheet dated 7/20/18*
 Ongoing audit of residents agreements will be conducted to ensure proper signature is obtained.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Crystal Morgan Exec Dir* Date *9/21/18*

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

The above plan of correction is approved as of *10/10/18*
 (Date)

Plan of correction implementation status as of *10/10/18*
 (Date)

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

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