



MAY 08 2019

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 annual inspection on January 14, 2019 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) 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.

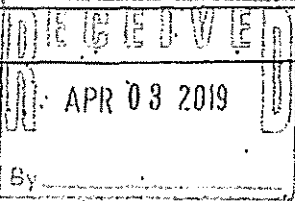
Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe", is written over the printed name and title.

Jacqueline L. Rowe
Director

Enclosure
Violation Report

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

PCH Name: PERSONAL CARE MEMORY CARE @ THE PARK		License Number: 12700
Address: 3455 DAVISVILLE ROAD, HATBORO, PA 19040		County: Montgomery
Administrator: Michele Divencenzo		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		
Staffing Hours Resident Support: 0 Total Daily Staff: 136 Working Staff: 102		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 01/14/2019: Swisher, Michele; 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: 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: 35 ✓ Number of Current Hospice Residents: 5 ✓ Number of Hospice Residents In past year: 34 ✓	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 78 ✓ Have Mental Illness: 2 ✓ Have an Intellectual Disability: 0 ✓ Have a Mobility Need: 57 ✓ Have a Physical Disability: 1 ✓	

Violation Report: 12790 - 01/14/2019 - Swisher, Michele
 PCH Name: PERSONAL CARE MEMORY CARE @ THE PARK

1. REGULATION 65 Pa.Code §2600

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 cans in the kitchen area have a lids with holes in the center. This type of covering does not prevent the penetration of insects and rodents

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)

Plan of Correction:

1. All kitchen trash lids were replaced by the Director of Dietary Services with snap on "solid lids" on January 17, 2019.
2. The Director Dietary Services will ensure all trash receptacles have the required lids per Regulation 2600.85 (d) for continued compliance.
3. The Director of Dietary Services will educate all staff regarding Regulation 2600.85 (d).

This is a repeat violation. Administrator or designee will ensure all trashcans in the kitchen have lids.
 SP 04-19-19

Repeat Violation: Yes

Date(s) of Previous Violation(s): 05/22/2017

Signature of Legal Entity Representative,
 (Required on EVERY Page)

Michele F. DiVincenzo

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

Michele F. DiVincenzo Admin

Date: 4-1-19

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

The above plan of correction is approved as of 04-19-19
 (Date)

Plan of correction Implementation status as of 04-19-19
 (Date)

The above plan of correction was approved by SP.
 (Initials)

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

Violation Report: 12790 - 01/14/2019 - Swisher, Michele
 PCH Name: PERSONAL CARE MEMORY CARE @ THE PARK

1. REGULATION 55 Pa.Code §2600
 2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION

On 1/14/19 at approximately 3:00pm an opened/ unsealed package of what appeared to be frozen fish patties was unlabeled with the contents and there was no opened date or expiration date labeled on the package.

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.

2600.103 (g)

Plan of Correction:

1. The food item was discarded.
2. The Director of Dietary Services will ensure all items are sealed and dated in all food storage areas.
3. Monthly checks to be completed and documented on check list sheet to ensure continued compliance. * See attached*

Dietary staff will be trained on food contamination.
 SP 04-19-19

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Michele F DiVincenzo ADMIN Date 4-1-19

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

The above plan of correction is approved as of <u>04-19-19</u> (Date) The above plan of correction was approved by <u>SP</u> (Initials)	Plan of correction implementation status as of <u>04-19-19</u> (Date) <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 - 01/14/2019 - Swisher, Michele
 PCH Name: PERSONAL CARE MEMORY CARE @ THE PARK

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 designated evacuation time is 10 minutes. The home's fire drill evacuation times are:
 12 minutes 0 seconds on 12/31/17 at 4:50 am
 12 minutes 3 seconds on 3/29/18 at 4:50 am
 12 minutes 0 seconds on 9/26/18 at 4:33 am

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.

2600.132(d)

Plan of Correction:

1. Reevaluation of evacuated times completed by "fire safety expert". * See attached*
2. The facility will evacuate per evacuation times stated in writing by the fire safety expert to ensure continued compliance of Regulation 2600.132 (d).
3. The Administrator will review fire drill results/evacuation times monthly to ensure continued compliance with Regulation 2600.132(d).

Administrator or designee will ensure ALL residents able to evacuate home in the time specified by the fire safety expert. Fire drill logs will be kept by the home and made available for Department review. It is noted the fire safety expert did increase evacuation times to 14 minutes.

SP 04-19-19

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Michele F. DiVincenzo Admin</i>	Date <i>4-1-19</i>
--	--------------------

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

The above plan of correction is approved as of <u>04-19-19</u> (Date) The above plan of correction was approved by <u>SP</u> (Initials)	Plan of correction implementation status as of <u>04-19-19</u> (Date) <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 - 01/14/2019 - Swisher, Michele
 PCH Name: PERSONAL CARE MEMORY CARE @ THE PARK

1. REGULATION 65 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 8/18/18, does not include a mobility assessment.

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)

Plan of Correction:

1. The Director of Nursing will ensure the physician has fully completed all medical evaluations in their entirety.
2. The Director of Nursing and Medical Records personnel will conduct monthly, random chart checks to ensure medical evaluations have been completed per Regulation 2600.141(a) (2). This will be documented and maintained for review.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Michele F. DiVincenzo

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

Michele F. DiVincenzo Admin

Date

4-1-19

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

The above plan of correction is approved as of 04-19-19
 (Date)

Plan of correction implementation status as of 04-19-19
 (Date)

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

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

Violation Report: 12790 - 01/14/2019 - Swisher, Michele
 PCH Name: PERSONAL CARE MEMORY CARE @ THE PARK

1. REGULATION 55 Pa.Code §2600
 2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

On 1/14/19, 1 small round white tablet, 1/2 small round white tablet, 1 round brown tablet, 1 oval white tablet and 1 blue oval tablet, were found loose in the homes 3 medication carts on 1/14/19.

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(e)

Plan of Correction:

1. The Charge Nurses and Med Techs will carefully inspect all medication packaging on delivery from the pharmacy.
2. The Charge Nurse /Med Tech on the 10 p.m. – 6 a.m. shift will inspect medication carts "monthly" to ensure continued compliance of Regulation 2600.183(e) and document for review by the Director of Nursing. * See attached*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Michele F. DiVincenzo

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

Michele F. DiVincenzo

Date

1-1-19

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

The above plan of correction is approved as of

04-19-19
 (Date)

Plan of correction implementation status as of

04-19-19
 (Date)

The above plan of correction was approved by

SP
 (Initials)

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

Violation Report: 12790 - 01/14/2019 - Swisher, Michele
 PCH Name: PERSONAL CARE MEMORY CARE @ THE PARK

1. REGULATION 66 Pa.Code §2600

2600.231(c) - A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident 2 was admitted to the SDU on 12/31/18. The resident did not have a preadmission screening.

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.

2600.231(c)

Plan of Correction:

1. The Director of Nursing/Assistant Director of Nursing will complete the department's pre-admission screening form as per Regulation 2600.231(c).
2. The Director of Nursing will perform monthly random chart checks to ensure compliance and document for review.

Administrator or designee will ensure all residents have a preadmission screening within required timeframe before being admitted to the secured dementia care unit (SDCU).

SP 04-19-19

Repeat Violation: Yes

Date(s) of Previous Violation(s): 05/22/2017

Signature of Legal Entity Representative
 (Required on EVERY Page)

Michele F DiVincenzo

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

Michele F DiVincenzo

Date 4-1-19

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

The above plan of correction is approved as of 04-19-19
 (Date)

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

Plan of correction implementation status as of 04-19-19
 (Date)

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