



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAY 01 2019

Ms. Jennifer Armagost  
Administrator  
FSP-Doylestown LP  
300 East Market Street, Suite 100  
Louisville, Kentucky 40202

RE: The Solana Doylestown  
1621 Easton Road  
Warrington, Pennsylvania 18976  
License #: 141210

Dear Ms. Armagost:

As a result of the Department's Bureau of Human Services Licensing annual inspection on January 14 & 15, 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 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](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".

Jacqueline L. Rowe  
Director

Enclosure  
Violation Report



Violation Report: 14121 - 01/14/2019 - Gillespie, Denise  
 PCH Name: THE SOLANA DOYLESTOWN

1. REGULATION 55 Pa.Code §2600  
 2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:
- (1) Medication self-administration training.
  - (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
  - (3) Care for residents with dementia and cognitive impairments.
  - (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
  - (5) Personal care service needs of the resident.
  - (6) Safe management techniques.
  - (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Staff Member A did not complete the training topic of Infection control for the training year of January 1, 2018 to December 31, 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.*

The Solana Doylestown submits this plan of Correction to comply with the State Regulatory Provisions. The preparation and submission of this Plan of Correction does not constitute an admission of fault or liability on the part of The Solana Doylestown or an agreement by the Solana Doylestown as to the truth and/or accuracy of the facts alleged or the conclusions drawn by the Department of Human Services Licensing.

Regulation 2600.65(f)

Staff member A was completed the training on the topic of infection control on 3/9/2019 (see attachment #2). Going forward, the Executive Director, Resident Services Director, and Community Business Director will continue to follow Atria's Staff Training Calendar (attachment #1) to ensure that all staff have received the proper training as required by Regulation. Community Business Director will audit training binder monthly. Any staff member that has not completed the required training will be removed from the schedule pending completion of the expected training. Failure to comply with training requirements will lead to corrective action by the appropriate Department Head.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Jennifer A. Maggart*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Jennifer A. Maggart (Executive Director)* Date *3/22/19*

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

The above plan of correction is approved as of <u>4/15/19</u> (Date)  The above plan of correction was approved by <u>AAA</u> (Initials)	Plan of correction implementation status as of <u>4/15/19</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: 14121 - 01/14/2019 - Gillespie, Denise  
PCH Name: THE SOLANA DOYLESTOWN

1. REGULATION 56 Pa.Code §2600  
2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
  - (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
  - (3) Resident rights.
  - (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
  - (5) Falls and accident prevention.
  - (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION  
Staff Member A did not complete the training topics of Resident Rights, the Older Adult Protective Services Act, Falls and Accident Prevention for the training year of January 1, 2018 to December 31, 2018.

Staff Member B did not complete the training topics of Resident Rights and the Older Adult Protective Services Act for the training year of January 1, 2018 to December 31, 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.*

The Solana Doylestown submits this plan of Correction to comply with the State Regulatory Provisions. The preparation and submission of this Plan of Correction does not constitute an admission of fault or liability on the part of The Solana Doylestown or an agreement by the Solana Doylestown as to the truth and/or accuracy of the facts alleged or the conclusions drawn by the Department of Human Services Licensing.

Regulation 2600.65(g)  
Staff member A completed the training topic related to Falls and Accident Prevention on 1/15/19 (See attachment #3).

Staff members A and B completed the training for Resident Rights and Older Adult Protective Services Act on 3/21/19. (Attachment #4)

Going forward, the Executive Director, Resident Services Director, and Community Business Director will continue to follow Atria's Staff Training Calendar (attachment #1) to ensure that all staff have received the proper training as required by Regulation. Community Business Director will audit training binder monthly. Any staff member that has not completed the required training will be removed from the schedule pending completion of the expected training. Failure to comply with training requirements will lead to corrective action by the appropriate Department Head.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Jennifer Amagost*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jennifer Amagost, Executive Director* Date *3/22/19*

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

The above plan of correction is approved as of <u>4/15/19</u> (Date)	Plan of correction implementation status as of <u>4/15/19</u> (Date)
The above plan of correction was approved by <u>AAA</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