



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 04 2019

Ms. Mariam Basham
Administrator
SHP V Willistown, LLC
3348 Peachtree Road NE, Suite 1100
Atlanta, Georgia 30326

RE: Arbor Terrace Willistown
1713 West Chester Pike
West Chester, PA 19882
License #: 142450

Dear Ms. Smith:

As a result of the Department's Bureau of Human Services Licensing annual inspection on January 17, 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.

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.

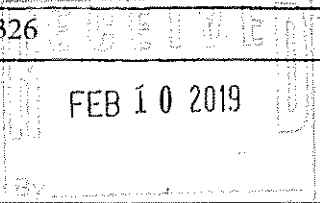
Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
Violation Report

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

PCH Name: Arbor Terrace WILLISTOWN		License Number: 14245
Address: 1713 WEST CHESTER PIKE, WEST CHESTER, PA 19382		County: Chester
Administrator: Marianne Basham		Region: SOUTHEAST
Legal Entity Name: SHP V WILLISTOWN LLC		
Legal Entity Address: 3348 Peachtree Road NE, Suite 1100 Atlanta Georgia 30326		
Certificate(s) of Occupancy I-2 08/29/2013 Willistown TWP		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 88	Waking Staff: 68
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 01/17/2019: Chung, Youn Hie; Freeman, Sabrina		
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: 104 Number of Residents Served: 62 Secured Dementia Care Unit in Home: Yes Area: Life Guidance Secured Dementia Unit Capacity, If Applicable: 35 Number of Residents Served in Secured Dementia Care Unit, If applicable: 15 Number of Current Hospice Residents: 2 Number of Hospice Residents in past year: x		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 61 Have Mental Illness: 0 Have an Intellectual Disability: 1 Have a Mobility Need: 26 Have a Physical Disability: 0

M. Basham
2/10/19

Violation Report: 14245 - 01/17/2019 - Chung, Youn Hie
 PCH Name: Arbor Terrace WILLISTOWN

1. REGULATION 55 Pa.Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION

On 01/17/2019 the home's copy of 55 Pa.Code Chapter 2600 was not posted in a conspicuous and public place in the home.

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.

Although the Regulatory Compliance Guide 55 Pa. Code Chapter 2600 is in a binder located at the front desk, the Pennsylvania Code Title 55. Public Welfare Chapter 2600, Personal Care Homes (pink) booklet was not posted in a conspicuous and public place. During the Department's Bureau of Human Services Licensing Inspection on 1/17/19, I requested a copy of the 55.Pa.Code Chapter 2600 booklet, and then posted it in a conspicuous and public place, on the Regulatory Compliance Board outside of the Business Office, and close to our elevators. To prevent a similar violation from occurring again, the Executive Director/designee will monitor the compliance board to make sure the booklet stays in place. In addition to the booklet being posted on the compliance board, there is also a notice explaining that there is a copy of the Regulatory Compliance Guide located in a binder at the Front Desk available at all times. *See attachments A1, A2, and A3

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) *M. Basham*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *M. Basham Executive Director* Date *2/10/19*

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

The above plan of correction is approved as of <u>2/25/19</u> (Date) The above plan of correction was approved by <u>AAA</u> (Initials)	Plan-of correction implementation status as of <u>2/25/19</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
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M. Basham 2/10/19

Violation Report: 14245 - 01/17/2019 - Chung, Youn Hlo
 PCH Name: Arbor Terrace WILLISTOWN

1. REGULATION 55 Pa.Code §2600
 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

Personal care and assisted living homes must post the required influenza information in a public place in the home year-round as required by the Influenza Awareness Act (HB 1785). The home did not have an influenza poster anywhere.

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.

We had posted signs in October 2018 when we held a Flu Clinic in our community; however, the signs must have been removed after Residents and Team Members received their Flu Shots. The Executive Director went to the web site related to the Influenza Awareness Act (HB 1785), downloaded and printed posters for each floor of the home. To ensure that we prevent a similar violation from happening again, a Memo was posted advising Team members that the posters are to remain posted year-round.
 * See attachments B1, B2, B3, B4, and B5.

Administrator will ensure that the Influenza information remains posted 2/25/19

A-A-A

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Marianne Basham

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

Marianne Basham Executive Director

Date *2/10/19*

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 (Date)

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 (Initials)

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- Not Implemented

M. Basham 2/10/19

Violation Report: 14245 - 01/17/2019 - Chung, Youn Hio
 PCH Name: Arbor Terrace WILLISTOWN

1. REGULATION 65 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 cans in the main kitchen do not have a lid.

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.

At the time of inspection, the trash receptacles in the main kitchen were not covered. The Cook did get the lids for the trash receptacles and cover them; however, to prevent a similar violation from occurring again, the Maintenance Director purchased a chain for each receptacle, and drilled a hole into both the receptacle and the lid. Keeping the lid connected will be a consistent reminder for dining staff to keep the trash receptacles covered. * See attachment C

Administrator will ensure continual compliance . 2/25/19

AAA

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

Printed Name and Title of Legal Entity Representative *Marianne Bosham*
 (Required on EVERY Page) *Executive Director* Date *2/10/19*

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 (Initials)

M. Bosham 2/10/19

Violation Report: 14245 - 01/17/2019 - Chung, Youn Hio
 PCH Name: Arbor Terrace WILLISTOWN

1. REGULATION 55 Pa.Code §2600

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

The bed in resident room #115 does not have a source of light that can be turned on/off from bedside.

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.

At the time of our inspection, there was no bedside lamp in Resident Room #115. This Resident had just moved into the room from a different location in the community, and her lamp had not been moved with her. At the time of inspection, the Maintenance Director did retrieve the Resident's lamp and place it on her night table. To ensure that this violation will not occur again, the Maintenance Director/Designee will inspect the Resident room after each move-in to make sure there is an operable lamp or source of light that can be turned on at bedside. If a Resident does not have a lamp, we will provide one, or use a battery operated light that can be attached to the wall, next to the bed. * See attachments D1 and D2

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

Printed Name and Title of Legal Entity Representative *Marianne Basham*
 (Required on EVERY Page) *Executive Director* Date *2/10/19*

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M. Basham 2/10/19

Violation Report: 14245 - 01/17/2019 - Chung, Youn Hie
 PCH Name: Arbor Terrace WILLISTOWN

1. REGULATION 55 Pa.Coda §2800
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
 On 01/17/2019, at 02:15 PM, the temperature in the walk-in-freezer in the main kitchen was 10 degrees farenheit.

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.
 On the day of inspection, dining staff had received a food order that needed to be put away. The Dining Director reported that leaving the door to the walk-in freezer open while putting away the food order could have caused the problem with the temperature. To be on the safe side, a Work Order was put in to have a Service Technician come out to check out the walk-in freezer. To prevent this violation from being repeated, the door to the walk-in freezer will not be propped open while putting away a food order, going forward. Dining staff will monitor temperature, on-going. * See attachment E

Administrator will ensure continual complaine with the cited reg. 2/25/19

A.A.A

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)		<i>Marianne Basham</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date	
<i>Marianne Basham</i> <i>Executive Director</i>		<i>2/10/19</i>	
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<u>A.A.A</u> (Initials)			

M. Basham 2/10/19

Violation Report: 14245 - 01/17/2019 - Chung, Youn Hie
 PCH Name: Arbor Terrace WILLISTOWN

1. REGULATION 65 Pa.Code §2600

2600.107(a) - The administrator shall have a copy and be familiar with the emergency preparedness plan for the municipality in which the home is located.

2a. DESCRIPTION OF VIOLATION

Staff person A, the administrator, does not have the emergency preparedness plan for the local municipality.

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 Emergency Preparedness Plan for Chester County was not available the day of our inspection. To ensure compliance with this regulation, and prevent a similar violation from happening again, Staff person A, the Administrator went to the Chester County Department of Emergency Services web site and downloaded a copy of the Emergency Preparedness Plan for Chester County. The administrator reviewed the plan, placed it in a binder, and made it available at the front desk. A notice has been placed on the regulatory compliance board outside of the Business Office, and close to our elevators, indicating that the Chester County Emergency Operations Plan is located in a binder at the Front Desk, available for review at all times. * See attachment A1, A2, and A3, and F1, F2,F3,F4, F6 and F7

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Marianne Basham

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

*Marianne Basham
 Executive Director*

Date *2/10/19*

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*M. Basham
 2/10/19*

Violation Report: 14245 - 01/17/2019 - Chung, Youn Hie
 PCH Name: Arbor Terrace WILLISTOWN

1. REGULATION 65 Pa.Code §2600
 2600.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION

The home used all exterior exits each month during the fire drills of the year 2018. They did not alternate exits.

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.

We have been managing the home since August 2018, and we continued using the same vendor for Fire Safety, as they have been servicing the home for an extended period of time. Our Maintenance Director contacted the Fire Safety Company to discuss the violation with the Service Representative who has conducted our monthly drills. To prevent a similar violation from occurring again the Service Representative for the Fire Safety vendor did send our Maintenance Director an email to confirm that he will be forwarding a written compliance plan letter, covering the subject of occupant egress paths used during future fire drills, by next week. We will make sure we have his plan in writing no later than Monday, 2/18/19. * See attachment G

Within 15 days of receiving this POC, the Administrator or a designee will re-train all staff on the use of alternative exit during fire drills. Administrator will provide oversight for the two consecutive fire drills to take place on receiving this POC. The Administrator or designee will review completed fire drills monthly to ensure continual compliance with the reg. Staff's training shall be documented. 2/25/19

AAA

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

Printed Name and Title of Legal Entity Representative *Marianne Besham*
 (Required on EVERY Page) *Executive Director* Date *2/10/19*

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M. Besham
 2/10/19

Violation Report: 14245 - 01/17/2019 - Chung, Youn Hlo
 PCH Name: Arbor Terrace WILLISTOWN

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 07/03/2018, does not include a medication addendum.

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.

Resident #1 was admitted to the home on 6/28/18, prior to the 8/01/18 transition date of management, when the community became Arbor Terrace. Because we cannot go back and change the initial Documentation of Medical Evaluation (DME), our Resident Care Director asked the Resident's Primary Care Provider (PCP) to update the DME and attach a medication addendum, which he did. To prevent a similar violation from occurring again, we will begin using an updated checklist for our Resident files, effective 2/11/19, to ensure that all the move-in paperwork is in order. The Senior Care Counselors will collect the initial paperwork, and the Resident Care Director or Memory Care Director will review it. The Business Office Manager will audit the new Resident's Business Office File to ensure compliance within the first 30 days of admission. * See attachments H1 through H9

Within 15 days of receiving this POC, the Administrator or a designee will review/audit all resident's DME/record to ensure that the records are accurate and all are in compliance. Documentation of review shall be kept. 2/25/19

AAA

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Marianne Besham</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	<i>Marianne Besham Executive Director</i>	Date	<i>2/10/19</i>
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M. Besham 2/10/19

Violation Report: 14245 - 01/17/2019 - Chung, Youn Hio
 PCH Name: Arbor Terrace WILLISTOWN

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 label for resident #2's Prednisone 10 mg tablets and Zinc Oxide 20% ointment does not match the medication administration record. The label for Prednisone reads medication to be taken once daily, but the MAR indicates tapering doses (4 tabs for 3 days, 3 tabs for 3 days, 2 tabs for 2 days, and 1 tab daily). The label for the Zinc Oxide ointment reads take twice daily, but the MAR indicates medication to be taken once 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.

Resident #2 had returned from the hospital and she remained on most of her previous medications. She had been using the Prednisone and the Zinc Oxide 20% ointment prior to her hospitalization, and changes were made to both medications upon her discharge from the hospital. The Nurse had not placed a Change of Direction sticker on either medication prior to the time of our inspection. On the day of inspection the nurse on duty did add the sticker that states "Directions Changed Refer to Chart," after confirming the orders with her Primary Care Provider. To prevent a similar violation from occurring again, the Resident Care Director has provided Med Techs/Nurses with written Medication Cart guidelines that she has attached to each med cart. All Nurses have been advised that they must scan the medications unless otherwise directed, as they would be alerted that a change had taken place, or was needed. * See attachments 11, 12, and 13

Within 10 days of receiving this POC, the Administrator or a designee will audit/review all resident's record to ensure that the MARS directly matches the corresponding Pharmacy labels; MARS will be reviewed monthly and any discrepancy shall be immediately resolved. Administrator or designee will ensure that changes in the Physician's med. orders are promptly implemented. 2/25/19

AAA

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Marianne Busham

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

*Marianne Busham
 Executive Director*

Date

2/10/19

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M. Busham 2/10/19

Violation Report: 14245 - 01/17/2019 - Chung, Youn Hio
 PCH Name: Arbor Terrace WILLISTOWN

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

On 01/17/2019, the home did not have the Ondansetron 4 mg for resident #2 nor the Clotrimazole Betamethasone Dipropionate Cream for resident #3, which is prescribed on an as-needed basis, on site.

Resident #6 has an order of Simethicone chewable 80 mg tab, prescribed on an as-needed basis. The medication in the home's medication cart was 125 mg chewable tablets.

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.

At the time of inspection the Ondansetron 4mg. was not available for Resident#2, but once the Primary Care Physician approved the order post hospitalization, it was ordered and delivered to the community. The Clotrimazole Betamethasone Dipropionate Cream ordered on an as-needed basis for Resident #3 was not on site during our inspection, and was re-ordered and delivered on the day of our survey. The chewable Simethicone 125 mg tablets for Resident #6 were purchased by her family, over the counter. The proper dose of 80 mg. tablets were ordered from our pharmacy and delivered the day of our inspection. To prevent a similar violation from occurring again, the Resident Care Director has provided Med Techs/Nurses with written Medication Cart guidelines that she has attached to each med cart. A physical audit of each Medication Cart will be conducted every Tuesday to ensure that all PRN medications are on the cart, and Nurses/Med Techs been advised that they must scan the medications unless otherwise directed, as they would be alerted that a change had taken place, or was needed. * See attachments I3, J1, J2, and J3

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Marianne Basham

Printed Name and Title of Legal Entity Representative
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*Marianne Basham
 Executive Director*

Date

2/10/19

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*M. Basham
 2/10/19*

Violation Report: 14245 - 01/17/2019 - Chung, Youn Hie.
 PCH Name: Arbor Terrace WILLISTOWN

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

The medication administration record for resident #3 does not include the diagnosis for Spironolact 25 mg, Tramadol HCL 50 mg, and Docusate Sodium 100 mg.

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 Medication record for Resident #3 did not include the diagnosis for Spironolact 25mg., Tramadol HCL 50mg, and Docusate Sodium 100mg, when the records were reviewed the day of inspection. The Resident Care Director did go into the QuickMAR system and add the diagnosis for each medication as follows: Spironolact is prescribed for Edema, Tramadol HCL is prescribed for pain, and Docusate Sodium is prescribed for constipation. To prevent a similar violation from re-occurring, the Resident Care Director did follow-up with the pharmacy requesting that they notify us if a diagnosis is missing, and Nurses will complete a follow-up check when completing the physical audit of the med carts on Tuesdays. * See attachment I3 regarding Medication Carts

Within 15 days of receiving this POC and monthly thereafter, the Administrator or designee will review all resident's record/MARS to ensure that all prescribed medications have a corresponding diagnoses as well as meet other specified criteria of the cited reg. The review shall be documented. 2/25/19

AAA

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Marianne Berham</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Marianne Berham Executive Director</i>	<i>2/10/19</i>

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- Partially Implemented - Adequate Progress
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- Not Implemented

*M. Berham
2/10/19*

Violation Report: 14245 - 01/17/2019 - Chung, Youn Hie
 PCH Name: Arbor Terrace WILLISTOWN

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

There is no preadmission screening form for resident #4, admitted on 05/31/2018.

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.

Resident #4 was admitted to the home on 5/31/18, prior to the 8/01/18 transition date of management, when the community became Arbor Terrace. We are unable to go back and change the initial paperwork, but to prevent a similar violation from reoccurring, we will begin using an updated checklist for our Resident files, effective 2/11/19, to ensure that all the move-in paperwork is in order. The Senior Care Counselors will collect the initial paperwork, and the Resident Care Director or Memory Care Director will review it. The Business Office Manager will audit the new Resident's Business Office File to ensure compliance within the first 30 days of admission. * See attachment H9

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Marianne Boshem

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

*Marianne Boshem
 Executive Director*

Date *2/10/19*

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The above plan of correction is approved as of 2/25/19
 (Date)

Plan of correction implementation status as of 2/25/19
 (Date)

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

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

*M. Boshem
 2/10/19*

Violation Report: 14245 - 01/17/2019 - Chung, Youn Hie
 PCH Name: Arbor Terrace WILLISTOWN

1. REGULATION 55 Pa.Code §2600
 2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

The initial assessment for resident #4 admitted on 05/31/2018 was completed on 06/18/2018.
 The initial assessment for resident #5 admitted on 06/30/2018 was completed on 07/23/2018.

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.

Resident #4 was admitted to the home on 5/31/18, and Resident #5 was admitted on 6/30/18, prior to the 8/01/18 transition date of management, when the community became Arbor Terrace. We are unable to go back and change the initial paperwork, but to prevent a similar violation from reoccurring, we will begin using an updated checklist for our Resident files, effective 2/11/19, to ensure that all the move-in paperwork is in order. The Senior Care Counselors will collect the initial paperwork, and the Resident Care Director or Memory Care Director will review it. The Business Office Manager will audit the new Resident's Business Office file to ensure compliance within the first 30 days of admission. * See attachment H9

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Marianne Busham</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	<i>Marianne Busham</i> Executive Director	Date	<i>2/10/19</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>2/25/19</u> (Date)	Plan of correction implementation status as of <u>2/25/19</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

M. Busham
2/10/19

Violation Report: 14245 - 01/17/2019 - Chung, Youn Hie
 PCH Name: Arbor Terrace WILLISTOWN

1. REGULATION 55 Pa.Code §2600

2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION

Resident #4 was admitted to the home on 06/30/2018. The home has not developed a support plan for 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.

Resident #4 was admitted to the home on 5/31/18, prior to the 8/01/18 transition date of management, when the community became Arbor Terrace. We are unable to go back and change the initial paperwork, but The Resident Care Director did complete a new RASP for this Resident on 2/09/19, reviewed it with her, and they both signed it. To prevent a similar violation from reoccurring, we will begin using an updated checklist for our Resident files, effective 2/11/19, to ensure that all the move-in paperwork is in order. The Senior Care Counselors will collect the initial paperwork, and the Resident Care Director or Memory Care Director will review it. The Business Office Manager will audit the new Resident's Business Office File to ensure compliance within the first 30 days of admission. * See attachment K1 and K2 (1st and last page of new RASP) and H9

Within 15 days of receiving this POC, the Administrator or a designee will review all resident's RASP to ensure compliance with the cited reg. The review shall be documented. 2/25/19

AAA

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

Printed Name and Title of Legal Entity Representative *Marianne Basham Executive Director* Date *2/10/19*
 (Required on EVERY Page)

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

The above plan of correction is approved as of 2/25/19
 (Date)

Plan of correction implementation status as of 2/25/19
 (Date)

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

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

M. Basham
 2/10/19

Violation Report: 14245 - 01/17/2019 - Chung, Youn Hie
 PCH Name: Arbor Terrace WILLISTOWN

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 07/05/2018. Resident #1 nor the reviewer signed the support plan.
 Resident #6 participated in the development of their support plan on 10/15/2018. Resident #6 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.

Although she participated in the development of her support plan on 10/15/18, Resident #6 had not signed it at that time. She recently moved to the SDCU, and a new support plan was developed. Resident #6 did sign her Support Plan for her significant change. * See attachment L3 and L4 (1st and last page of new RASP) and H9

Resident #1 was admitted to the home on 6/28/18, prior to the 8/01/18 transition date of management, when the community became Arbor Terrace. We did obtain a new DME for this Resident because we received a violation due to the Med List not being attached to the original DME; therefore, the Resident Care Director completed a new RASP as well.
 As previously stated in regard to our management transition date, we will begin using an updated checklist for our Resident files, effective 2/11/19, to ensure that all the move-in paperwork is in order. The Senior Care Counselors will collect the initial paperwork and the Resident Care Director or Memory Care Director will review it. The Business Office Manager will audit the new Resident's Business Office File to ensure compliance within the first 30 days of admission. * See attachments L1 and L2 (1st and last page of new RASP) and H9

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Marianne Beshaw Executive Director* Date *2/10/19*

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The above plan of correction is approved as of 2/25/19
 (Date)

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

Plan of correction Implementation status as of 2/25/19
 (Date)

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

M. Beshaw 2/10/19

Violation Report: 14245 - 01/17/2019 - Chung, Youn Hie
 PCH Name: Arbor Terrace WILLISTOWN

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 #6 was admitted on 10/18/2018 and transferred to the SDCU on 1/11/2019. The home has no documentation that the resident and the resident's designated person have not objected to the transfer to the SDCU.

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.

Resident #6 had started to show signs of a decline in her cognitive status noted by Staff, other Residents, and both of her Sons. Her Doctor had visited her and also noted the cognitive change in the Resident. After some diagnostic testing, the recommendation was made by the Physician to transition her to Memory Care. We discussed the move to the Memory Care neighborhood with the Resident and she had her choice of a couple of different rooms. She picked her current apartment. The Resident has signed the written consent, and her son will sign off as her designated person when he comes to visit next week. The form will be signed by the son no later than 2/24/19. We will use this form going forward to keep this violation from re-occurring. *See Attachment M1 and M2

Within 15 days of receiving this POC, the Administrator or a designee will audit/review the record of all residents admitted to the SDCU; to ensure that required consent has been signed as specified in the cited reg. 2/25/19

A-AA

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Marianne Bohann

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

*Marianne Bohann
 Executive Director*

Date *2/10/19*

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The above plan of correction is approved as of

2/25/19
 (Date)

Plan of correction implementation status as of 2/25/19
 (Date)

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

The above plan of correction was approved by

A-AA
 (Initials)

M. Bohann 2/10/19

Violation Report: 14245 - 01/17/2019 - Chung, Youn Hie
 PCH Name: Arbor Terrace WILLISTOWN

1. REGULATION 55 Pa.Code §2600
 2600.234(a) - Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care-unit, a support plan shall be developed, implemented and documented in the resident record.

2a. DESCRIPTION OF VIOLATION

Resident #7 was admitted to the SDCU on 02/28/2018. The resident's initial support plan was developed on 03/22/2018.

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.

Resident #7 was admitted to the home on 2/28/18, prior to the 8/01/18 transition date of management, when the community became an Arbor Terrace. As we approach the anniversary dates of the Residents that moved in prior to the transition, we will update their paperwork appropriately using the RASP to replace their previous Service Plan. We are unable to go back and change the initial paperwork, but moving forward, we will begin using an updated checklist for our Resident files, effective 2/11/19, to ensure that all the move-in paperwork is in order. The Senior Care Counselors will collect the initial paperwork, and the Resident Care Director or Memory Care Director will review it. The Business Office Manager will audit the new Resident's Business Office File to ensure compliance within the first 30 days of admission. * See attachment H9

Administrator will ensure that all current residents in the SDCU have the required support plan and are in compliance with the cited reg. The review shall be documented. 2/25/19

A-A-A

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)		<i>Marianne Basham</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date	<i>2/10/19</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of		Plan of correction Implementation status as of	
<u>2/25/19</u> (Date)		<u>2/25/19</u> (Date)	
The above plan of correction was approved by		<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	
<u>A-A-A</u> (Initials)			

M. Basham 2/10/19