



June 10, 2019

Ms. Nancy Donnelly  
Executive Director  
Hatfield Mennonite Homes, Inc.  
275 Dock Drive  
Lansdale, Pennsylvania 19446

RE: Oakwood Court  
License #: 127960

Dear Ms. Donnelly:

As a result of the Department's Bureau of Human Services Licensing annual inspection on January 31 and February 1, 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](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 that reads "J. Rowe". The signature is stylized and cursive.

Jacqueline L. Rowe  
Director

Enclosure  
Violation Report



Violation Report: 12796 - 01/31/2019 - Carrion, David  
 PCH Name: OAKWOOD COURT

**1. REGULATION 55 Pa.Code §2600**

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

**2a. DESCRIPTION OF VIOLATION**

Substitute staff person A, whose first day of work was 09/07/18 and substitute staff person B, whose first day of work was 12/26/18, did not receive orientation in; Evacuation Procedures, Staff duties and responsibilities during fire drills, as well as during emergency evacuation, The designated meeting place outside the building, Smoking safety procedures and The location and use of fire extinguishers.

**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.*

It is important that all staff, including substitute staff, receive orientation on every topic listed in regulation 65(a). The substitute staff cited were immediately re-educated. All staff were re-educated during the March 2019 staff meetings on the Orientation Binder located on each unit and how to train substitute staff. A signature sheet was implemented to ensure substitute staff completed the required training. The signature sheet is then submitted to the Care Coordinator to keep on record. The Care Coordinator and/or designee will be responsible for ensuring all new substitute staff complete these trainings prior to or during the first day of work. The PCHA will monitor for ongoing compliance.

Documentation of trainings will be kept for three years 4/16/19 *MY*

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Jennifer Miller, PCHA

Date 4/2/2019

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

The above plan of correction is approved as of 4/16/19  
 (Date)

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

Plan of correction implementation status as of 4/16/19  
 (Date)

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

Violation Report: 12796 - 01/31/2019 - Carrion, David  
 PCH Name: OAKWOOD COURT

**1. REGULATION 55 Pa.Code §2600**

2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
- (4) Reporting of reportable incidents and conditions.

**2a. DESCRIPTION OF VIOLATION**

Substitute staff person A, completed their 40th scheduled work hour on 10/31/18. Substitute staff person B completed their 40th scheduled work hour on 01/31/19. Staff person's A and B did not receive orientation in, Resident rights, Emergency Plan, Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act and Reporting of reportable incidents and conditions.

**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.*

It is important that all staff, including substitute staff, receive orientation on every topic listed in the regulation 65(b). The substitute staff cited were immediately re-educated. All staff were re-educated during the March 2019 staff meetings on the Orientation Binder located on each unit and how to train substitute staff. A signature sheet was implemented to ensure staff completed the required trainings. The signature sheet is then submitted to the Care Coordinator to keep on record. The Care Coordinator and/or designee will be responsible for ensuring all new substitute staff complete these trainings during the first 40 scheduled working hours. The PCHA will monitor for ongoing compliance.

Documentation of trainings will be kept for three years 4/16/19 *mg*

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Violation Report: 12796 - 01/31/2019 - Carrion, David  
 PCH Name: OAKWOOD COURT

1. **REGULATION 55 Pa.Code §2600**  
 2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. **DESCRIPTION OF VIOLATION**  
 The home's written emergency procedures have never been submitted to the municipal emergency management.

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.*

It is important that the facility's emergency procedures are submitted to the municipal emergency management. Oakwood Court and Harmony House at Dock Woods are part of a CCRC. Collaboratively, we create the emergency procedures for the entire campus. Our facility participates in the Southern Pennsylvania Healthcare Emergency Preparedness Coalition. Oakwood Court and Harmony House emergency preparedness plans were reviewed and approved by the coalition. A copy of an email confirming this will be submitted with this plan of correction. The PCHA and/or designee will also send a copy of this Emergency Preparedness Plan to the municipal emergency management via certified mail to ensure delivery. The PCHA and/or designee will then submit this plan annually thereafter.

Within 15 days of acceptable POC documentation of submission to the local municipal emergency management will be submitted to the Southeast Regional office at ra-pwarlsoutheast@pa.gov or fax at 610-270-1147 4/16/19 *MLJ*

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Violation Report: 12796 - 01/31/2019 - Carrion, David  
 PCH Name: OAKWOOD COURT

**1. REGULATION 55 Pa.Code §2600**

2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

**2a. DESCRIPTION OF VIOLATION**

The last fire safety inspection and drill observed by a fire safety expert was conducted on 12/01/2017.

**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.*

It is important that a fire safety inspection and fire drill conducted by a fire safety expert is completed on an annual basis. The PCHA has taken over this responsibility. The PCHA is working with our fire safety expert on a date convenient for him for our annual drill/inspection. The PCHA and/or designee will ensure that a 2019 inspection/drill is completed and will set up this inspection/drill annually thereafter. The Director of EVS and/or designee will monitor for ongoing compliance.

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*Jennifer Miller*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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Violation Report: 12796 - 01/31/2019 - Carrion, David

PCH Name: OAKWOOD COURT

**1. REGULATION 55 Pa.Code §2600**

2600.171(b)(4) - If staff persons or volunteers of the home provide transportation for the residents, at least one staff member transporting or accompanying the residents shall have completed the initial new hire direct care staff person training as specified in § 2600.65 (relating to direct care staff person training and orientation).

**2a. DESCRIPTION OF VIOLATION**

The Home stated, the custodian drivers are allowed to transport residents to doctor's appointment and shopping and has not completed the initial new hire direct care staff person training, nor has any staff person who accompanied residents on their trips.

**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.*

It is important that all transportation staff complete the DHS Direct Care Staff Person Training. All current staff in the Transportation Department completed this training during the month of March 2019. Human Resources has added this training to the orientation program for all new hires in the transportation department. The Transportation Administrative Support person and/or designee will ensure this training is completed and documentation on file with each new hire to the department. PCHA will monitor for ongoing compliance.

For clarification - at the time of the Exit interview, the facility was made aware of the violation regarding the transportation staff. There was no discussion regarding any other department not being compliant with this regulation. Any resident requiring personal care assistance on an outing is always accompanied by either a resident assistant/CNA or a life enrichment staff person. All resident assistants and life enrichment staff have completed the DHS Direct Care Training and were compliant at the time of the survey. All new hires in these departments complete this training immediately upon hire.

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Violation Report: 12796 - 01/31/2019 - Carrion, David  
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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 11/07/18. The signature page could not be located.  
 Resident #2 participated in the development of their support plan on 01/17/18. 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.*

It is important that the resident participates in the development of their care plan and sign the plan as well. While the RASP for resident #2 did not have a signature - their 2019 RASP, the resident participated in developing their care plan and the signature of the resident and POA was on the RASP. The Care Coordinator was educated on the importance of the residents' participation in their care plan and the signatures that are required. An audit will be completed quarterly by the Care Coordinator and/or designee to ensure the resident was involved in developing their care plan and that they signed the support plan at the time of their care conference. The PCHA will monitor for ongoing compliance.

Maintain audits for Department review for a period of three years 4/16/19 *WJ*

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Violation Report: 12796 - 01/31/2019 - Carrion, David  
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**1. REGULATION 55 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 #3 was admitted to the SDU on 11/12/18. The resident did not have a preadmission screening in collaboration with a physician or geriatric assessment team.

**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.*

All nursing staff were re-educated during the March 2019 staff meetings in the importance of the pre-screen, what is required and how to fill out the form. The Care Coordinator and/or designee will conduct quarterly audits on recent admissions to ensure compliance with this form. The PCHA will monitor for ongoing compliance.

Maintain audits for Department review for a period of three years 4/16/19 *MMJ*

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Violation Report: 12796 - 01/31/2019 - Carrion, David

PCH Name: OAKWOOD COURT

**1. REGULATION 55 Pa.Code §2600**

2600.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

**2a. DESCRIPTION OF VIOLATION**

The directions for operating the home's locking mechanism are not conspicuously posted near the door 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.*

It is important for all doors of the SDCU to have the codes near the door for easy access for staff and visitors. The SDCU has a picture with the code hanging on the wall by the main entrance in compliance with this regulation. This violation was given due to the wrong code posted by the courtyard door. The code was immediately corrected. The maintenance department will be responsible for updating all door codes when the code is changed. Whenever the code is changed, the Care Coordinator and/or designee will audit all doors to ensure the codes are posted and are correct. The PCHA will monitor for ongoing compliance.

Maintain audits for Department review for a period of three years 4/16/19 *MLJ*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
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*Jennifer Miller*

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Jennifer Miller, PCHA

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