



May 23, 2019

Ms. Kerri M. Ricketts
Personal Care Administrator
Kendal Crosslands Communities, Inc.
P.O. Box 100
Kennett Square, Pennsylvania 19348

RE: Kendal at Longwood
Cumberland House
License #: 185730

Dear Ms. Ricketts:

As a result of the Department's Bureau of Human Services Licensing annual inspection on April 11, 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 that reads "J. Rowe". The signature is stylized and cursive.

Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report

Facility Information

Name: *KENDAL AT LONGWOOD*

Address: *P O BOX 100 CUMBERLAND HOUSE, KENNETT SQUARE, PA 19348*

County: *CHESTER*

Region: *SOUTHEAST*

License Number: *185730*

Administrator

Name: *Kerri Ricketts*

Phone: *6103885010*

Email: *KRICKETTS@KAL.KENDAL.ORG*

Legal Entity

Name: *KENDAL CROSSLANDS COMMUNITIES INC*

Address: *P.O. BOX 100, PA, 19348*

Certificate(s) of Occupancy

Type: *C-2 LP*

Date: *06/17/1999*

Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *51*

Waking Staff: *38*

Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

Inspection Dates and Department Representative

04/11/2019 - On-Site: Youn Hie Chung, Jenny Heinberger

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *62*

Residents Served: *50*

Secured Dementia Care Unit

In Home:

Area:

Capacity:

Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *50*

Diagnosed with Mental Illness: *34*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *1*

Have Physical Disability: *0*

85d - Trash Receptacles

Regulations

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 04/11/2019 at 02:00 PM, the trash can in the home's kitchen had a big round hole in its lid.

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.)

Dining Services has purchased and replaced the trash cans that had a round hole in the lids with the correct type of trash can.
Staff education provided for regulation 2600.85d
See Attachment A

Administrator or designee will ensure trashcans in kitchens and bathrooms are covered with lids. Daily walkthroughs of physical site will be conducted to ensure compliance. SP 05-09-19

Legal Entity Representative

Keri M Ricketts PCA
Signature

Keri Ricketts Personal Care Administrator
Printed Name and Title
Date 5/9/19

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 05-09-19
(Date)

Plan of correction implementation status as of 05-09-19
(Date)

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

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

91 - Telephone Numbers

Regulations

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in the home's kitchen and resident room #303.

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 April 12th ALL Phones on the Personal Care unit including dining service areas were checked and a emergency phone number sticker were put in place if the phone did not have one.

Correction is that on a weekly basis a staff member will be assigned to check all phones for the emergency phone stickers and replace or add them if needed.

Staff education was provided on Regulation 2600.91

See attachment B for Audit tool.

Daily walkthroughs of physical site will be conducted to ensure compliance that all phones have emergency numbers posted. SP 05-09-19

Legal Entity Representative

Kerri M Ricketts PCA
Signature

Kerri Ricketts Personal Care administrator
Printed Name and Title

Date
5/9/19

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 05-09-19
(Date)

Plan of correction implementation status as of 05-09-19
(Date)

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

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

109b - Rabies Vaccination

Regulations

2600.

109.b. Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

Description of Violation

On 04/11/2019, a cat was present at the home. The home did not have a current certificate of rabies vaccination for this cat.

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 had an appointment for CAT to have vaccinations to be completed on 4/15/19. This was completed 4/15/19
Correction: on a quarterly basis the activity director will review pet records through the QAPI meeting. The Personal Care administrator will review pet records as well and will notify Activity director with updates. Staff education provided on regulation 2600.109 b
See Attachment C

Legal Entity Representative

Kerri Ricketts PCA

Signature

Kerri Ricketts Personal Care Administrator

Printed Name and Title

Date
5/9/19

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 05-09-19
(Date)

Plan of correction implementation status as of 05-09-19
(Date)

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

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

KENDAL AT LONGWOOD

132f - Alternate Exit Routes

Regulations

2600.

132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

The home used all exits during the fire drills held from March 2018 to August 2018.

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.)

During our fire drills that we hold on a monthly basis we will use alternate routes. The Personal care administrator or designated staff member and fire expert will review each fire drill and choose a different route on a monthly basis.

Staff education was provided on Regulation 2600.132F.

Administrator or designee will ensure alternate exits are used during fire drills. Exits will be rotated on monthly basis. Fire drill logs to be kept for Department review. SP 05-09-19

Legal Entity Representative

Kim Ricketts PCA

Signature

Keppi Ricketts Personal Care administrator

Printed Name and Title

Date

5/9/19

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 05-09-19
(Date)

Plan of correction implementation status as of 05-09-19
(Date)

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

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

252 - Record Content

Regulations

2600.

252.3. A photograph of the resident that is no more than 2 years old.

Description of Violation

Resident #1's record does not include a photo taken within the last 2 years. The one on her file was dated 01/2011.

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 week of April 15th the Unit Secretary updated ALL residents photos.

Upon admission residents photo graphs will be obtained within 24h and on a yearly basis every photo will be updated. We will make this a fun event with the residents every APRIL.

Staff education provided on Regulation 2600. 252.3

Legal Entity Representative

Wm Puketts PCA
Signature

Keeri Puketts Personal Care Administrator
Printed Name and Title

Date
5/9/19

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 05-09-19
(Date)

Plan of correction implementation status as of 05-09-19
(Date)

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

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