



**CERTIFIED MAIL – RETURN RECEIPT  
REQUESTED June 05, 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 Incident inspection on April 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Ayus Adelanwa", written over a horizontal line.

Ayus Adelanwa  
Workload Manager

Enclosure  
Violation Report

# Violation Report

## Facility Information

Name: OAKWOOD COURT

License Number: 127960

Address: 275 DOCK DRIVE, LANSDALE, PA 19446

County: MONTGOMERY

Region: SOUTHEAST

## Administrator

Name: Jennifer Miller

Phone: 2153684438

Email:

## Legal Entity

Name: HATFIELD MENNONITE HOMES INC

Address: 275 DOCK DRIVE, PA, 19446

## Certificate(s) of Occupancy

Type: C-2 LP

Date: 10/22/1999

Issued By: CWOPA of L&I

## Staffing Hours

Resident Support Staff: 105

Total Daily Staff: 210

Waking Staff: 158

## Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Incident

## Inspection Dates and Department Representative

04/17/2019 - On-Site: Jennie Heinberg

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: 80

Residents Served: 69

### Secured Dementia Care Unit

In Home: Yes

Area: Harmony House

Capacity: 26

Residents Served: 24

### Hospice

Current Residents: 2

### Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 69

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 36

Have Physical Disability: 0

15a - Resident Abuse Report

Regulations

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On 4/6/2019 at approximately 4:00pm, multiple staff members in the home had witnessed resident-to-resident abuse that was not reported to Area Agency of Aging.

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 both DHS as well as AAA be notified of any resident to resident contact or alleged abuse. On May 9, 2019, all nurses were re-educated on the DHS Reportable Form. The nurses were also trained on verbally notifying Montgomery County AAA and on the completion of the Act 13 form whenever there is resident to resident contact or alleged abuse. Care Coordinator will ensure both agencies are informed as needed. Director of Personal Care Services will monitor for ongoing compliance.

Legal Entity Representative

Signature *Jennifer Miller*

Jennifer Miller, Director of Personal Care  
Printed Name and Title

5/30/19  
Date

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

The above plan of correction is approved as of

5/31/19  
(Date)

Plan of correction implementation status as of

5/31/19  
(Date)

The above plan of correction was approved by

AAA  
(Initials)

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

141a 1-10 Medical Evaluation Information

Regulations

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. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

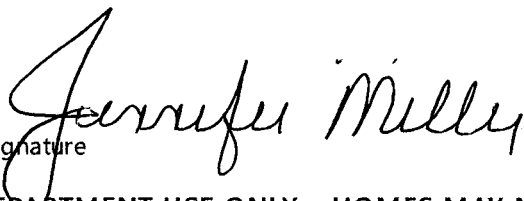
Resident #1's medical evaluation did not include Heath Status/Cognitive Functioning.

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 our residents that every section of the DME is filled out completely and accurately. An audit was conducted ensuring all DMEs were current and complete. A process has been put in place with our nurses to ensure the DME is completed in its entirety, prior to being placed on the resident chart. The Care Coordinator or designee will conduct quarterly audits on all new DMEs to ensure all sections are filled out and all sections are accurate. The Director of Personal Care Services will monitor for ongoing compliance.

Legal Entity Representative

Signature 

Jennifer Miller, Director of Personal Care  
Printed Name and Title

5/30/19  
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A.A.A  
(Initials)

- Fully Implemented
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227j - Support Plan Copy

Regulations

2600.

227.j. The home shall give a copy of the support plan to the resident and the resident's designated person upon request.

Description of Violation

On 11-21-18, resident #2 or their designated person, wasn't provided a copy of the resident's support plan.

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.)

While the RASP was reviewed during the care conference with the resident and her POA, the POA signed the RASP but did not check off whether or not the POA requested a copy of the RASP. Both the Care Coordinator and the Social Worker were re-educated in the importance of checking off all required boxes in every section of the RASP. The Director of Personal Care Services will conduct random audits to ensure ongoing compliance.

Within 15 days of receiving this POC, all Residents' RASP/Support plan will be reviewed to ensure compliance with the cited reg. 5/31/19

AAA

Legal Entity Representative

*Jennifer Miller*  
Signature

Jennifer Miller, Director of Personal Care 5/30/19  
Printed Name and Title Date

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231c - Preadmission Screening

Regulations

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.

Description of Violation

Resident #2 was admitted to the Secure Dementia Care Unit (SDCU) on 10/29/2018. Resident #2's written cognitive preadmission screening was not completed.

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.)

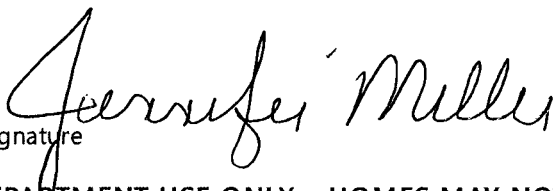
An immediate audit was conducted, ensuring all Pre-admission Screening forms were placed in the appropriate section of the residents' charts. Care Coordinator was re-educated on the importance of using the DHS Pre-admission Screening form and after completion, placing the form in the tabbed section of each residents' chart. The Director of Personal Care Services will conduct random audits of the PreScreen for new admissions to the facility, to ensure ongoing compliance.

**Administrator or designee will create a check and balance system which will ensure that all newly completed Pre-Admission forms are being thoroughly completed and reviewed for accuracy.**

5/31/19

AAA

Legal Entity Representative

Signature 

Jennifer Miller, Director of Personal Care  
Printed Name and Title

5/30/19  
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251c - Standardized Forms

Regulations

2600.

251.c. The home shall use standardized forms to record information in the resident's record.

Description of Violation

Resident #2's pre-admission screening, dated 10/29/2018, was not completed on the Department's current standardized form.

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 utilize the DHS approved Pre-admission Screening form. The facility's IT Department was made aware that the current form in our PCC computer system does not print out as the approved standardized form. The facility will no longer utilize the PCC version of this form. As we have a new Care Coordinator, she was reminded on the importance of utilizing the Pre-admission Screening form provided by DHS. The Director of Personal Care Services will conduct random audits of new admissions to the facility to ensure ongoing compliance.

Legal Entity Representative

Signature *Jennifer Miller*

Jennifer Miller, Director of Personal Care 5/30/19  
Printed Name and Title Date

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