



July 26, 2019

Mr. Daniel Guill  
Authorized Representative  
Statesman Woods AID OPCO, LLC  
2619 Trenton Road  
Levittown, Pennsylvania 19056

RE: Woodbourne Place  
License #: 139550

Dear Mr. Guill:

As a result of the Department's Bureau of Human Services Licensing annual inspection on April 18, 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 "Carolyn K. Ellison". The signature is written in a cursive style.

Carolyn K. Ellison  
Deputy Secretary, Office of Administration  
Shared Services for Health and Human Services

Enclosure  
Violation Report

### Violation Report

**Facility Information**

Name: *WOODBOURNE PLACE* License Number: *139550*  
 Address: *2619 TRENTON ROAD, LEVITOWN, PA 19056*  
 County: *BUCKS* Region: *SOUTHEAST*

**Administrator**

Name: *EARL STINGEL* Phone: *2159436611* Email: *ESTINGEL@ENLIVANT.COM*

**Legal Entity**

Name: *STATESMAN WOODS AID OPCO LLC*  
 Address: *2619 TRENTON ROAD, PA, 19056*

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *05/06/1997* Issued By: *TOWNSHIP OF MIDDLETOWN*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *53* Waking Staff: *40*

**Inspection**

Type: *Full* BHA Docket #: Notice: *Unannounced*  
 Reason: *Renewal*

**Inspection Dates and Department Representative**

*04/18/2019 - On-Site: Natasha Braswell, YOUN CHUNG*

**Resident Demographic Data as of Inspection Dates**

General Information

License Capacity: *48* Residents Served: *40*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *40*  
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *13* Have Physical Disability: *1*

WOODBOURNE PLACE

139550

16d - Final Incident Report

Regulations

2600.

16.d. The home shall submit a final report, on a form prescribed by the Department, to the Department's personal care home regional office immediately following the conclusion of the investigation.

Description of Violation

On 5-24-18, at 3:00 pm, the home submitted an initial incident report for a incident that occurred on 5/24/18. The home did not submit a final report to the Department.

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.)

ED working on obtaining out of state death certificate to finalize report.  
ED and CSM to be educated by regional nursing staff on incident report policy  
ED will audit reported incidents for final reports within the next 15 days.  
ED will audit incident reports weekly x 6 weeks then monthly for final reports.  
ED is responsible for sustained compliance. ED or designee will review audits and discuss in monthly QI meetings. The QI committee will determine if continued auditing is necessary based on 3 consecutive months of compliance. Monitoring will be ongoing.  
This corrective measure will be in place on or prior to 7/01/19.

Maintain audits for Department review. 7/24/19 *MSJ*

Legal Entity Representative

*Earl Stingel*

Earl Stingel 6/21/19

Signature

Printed Name and Title

Date

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

The above plan of correction is approved as of 7/24/19  
(Date)

Plan of correction implementation status as of 7/24/19  
(Date)

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

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

WOODBOURNE PLACE

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54a - Direct Care Staff

Regulations

2600.

54.a. Direct care staff persons shall have the following qualifications:

1. Be 18 years of age or older, except as permitted in subsection (b).
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

Staff person A does not have a U.S. high school diploma.

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.)

Waiver applied for staff member on 4/1/2019

Staff member transferred to ancillary position where she does not provide direct care.

Staff member will not provide direct care until waiver is approved.

ED trained on hiring qualifications by regional CSM.

ED or designee will audit employee files for compliance within 30 days using High School/GED/CNA audit tool.

ED will audit new employee files monthly x 3 months and then reported through QI process.

ED is responsible for sustained compliance. ED or designee will review audits and discuss in monthly QI meetings. The QI committee will determine if continued auditing is necessary based on 3 consecutive months of compliance. Monitoring will be ongoing.

This corrective measure will be in place 6/21/19.

Maintain audits for Department review. 7/24/19 *MSJ*

Legal Entity Representative

*Earl Stingel*

Signature

Earl Stingel 6/21/19

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60c - Housekeeping/Maintenance

Regulations

2600.

60.c. Additional staff hours, or contractual hours, shall be provided as necessary to meet the laundry, food service, housekeeping and maintenance needs of the home.

Description of Violation

On 4-18-19, the home served 40 residents. The home did not have ancillary staff to meet the housekeeping needs of the home.

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.)

One housekeeper was hired 5/28/2019 second housekeeper hired 6/18/2019. This staff will meet the ancillary housekeeping needs of the facility. The ED/Maintenance Director or designee will audit the housekeeping schedules weekly x 8 weeks to ensure there is sufficient housekeeping staff to meet the needs of the facility. The ED/Maintenance Director/Designee will then monitor housekeeping schedules monthly through the QI process. ED is responsible for sustained compliance. ED or designee will review audits and discuss in monthly QI meetings. The QI committee will determine if continued auditing is necessary based on 3 consecutive months of compliance. Monitoring will be ongoing. The corrective measure is in place 6/21/19.

Maintain audits for Department review. 7/24/19 *MSJ*

Legal Entity Representative

*Earl Stingel*  
Signature

Earl Stingel 6/21/19

Printed Name and Title

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63a - First Aid/CPR Training

Regulations

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On 4/15/19, from 6:00 am to 2:00 pm, 40 residents were present in the home. During this time no staff persons was present in the home who was certified in first aid, obstructed airway techniques and CPR.

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.)

CSM conducted an audit of current direct care staff on 6/12/19 for CPR/First Aid Certification. CPR and First Aid Class to be provided by 7/19/19 for new hires and recertifications. Current certified staff will be noted on the weekly schedule. CPR status will be followed with the QI process ED is responsible for sustained compliance. ED or designee will review audits and discuss in monthly QI meetings. The QI committee will determine if continued auditing is necessary based on 3 consecutive months of compliance. Monitoring will be ongoing. This corrective measure will be in place on or prior to 07/20/2019

Documentation of training will be submitted to M. Johnson at the Southeast Regional office at ra-pwarsoutheast@pa.gov or fax at 610-270-1147. 7/24/19 *MJ*

Legal Entity Representative

*Earl Stingel*  
Signature

Earl Stingel 6/21/19

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65c - Ancillary Staff Orientation

Regulations

2600.

65.c. Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.

Description of Violation

Direct care staff person A works in housekeeping three days a week to assist with housekeeping tasks. Direct Care staff person A has not been trained in duties specific to housekeeping.

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.)

Staff member A was trained on housekeeping duties by the maintenance director. Staff person A also reviewed and signed a job description for the position. Staff member A was is now transferred and trained in dietary until a waiver for her non-US diploma is determined.

ED to audit employee files within 30 days that compliance with job duties and orientation has been completed.

ED will audit employee files for compliance with job duties and orientation monthly x 3 months and will then follow through the QI process.

ED (CSM) is responsible for sustained compliance. ED/(CSM) or designee will review audits and discuss.

This corrective measure will be in place 6/21/19.

Maintain audits for Department review. 7/24/19 *MSJ*

Legal Entity Representative

*Earl Stingel*  
Signature

Earl Stingel 6/21/19

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85a - Sanitary Conditions

Regulations

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 4-18-19, at 11:40 am, a soiled dinner tray was observed outside of room #42 causing a malodorous smell throughout the hallway. The toilet seat in room #32 was soiled with feces and urine.

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.)

Room 42 room tray removed. Resident educated to allow staff to remove room trays promptly to avoid food spoilage. Staff educated to remove trays promptly to avoid unsanitary conditions. Resident had a full room cleaning on 6/11/19 due to hoarding tendencies. Room 32 is now clean. New housekeeper hired. ED or designee to spot check weekly rounds x 6 weeks then monthly. ED is responsible for sustained compliance. ED or designee will review audits and discuss in monthly QI meetings. The QI committee will determine if continued auditing is necessary based on 3 consecutive months of compliance. Monitoring will be ongoing. This corrective measure will be in place 6/21/19.

Maintain audits for Department review. 7/24/19 *MSJ*

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88a - Surfaces

Regulations

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 4-18-19, the rug in the private dining room was soiled and stained.  
The rug near room #38 had a large orange stain.

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.)

Private dining room carpet and area near room 38 cleaned 6/10/19. All common area carpets cleaned between 6/10 and 6/12/19. Housekeeping will spot clean spills when identified. Private dining room is in the process of being redcorated and will be deep cleaned following this. Housekeeping department reviewed carpet sanitation on 06/17/19. ED or designee to spot check weekly rounds x 6 weeks then monthly. ED (CSM) is responsible for sustained compliance. ED/(CSM) or designee will review audits and discuss in monthly QI meetings. The QI committee will determine if continued auditing is necessary based on 3 consecutive months of compliance. Monitoring will be ongoing. This corrective measure will be in place on or prior to 7/15/2019.

Maintain audits for Department review. 7/24/19 *MSJ*

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89b - Hot Water Temperature

Regulations

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 4-18-19, the hot water temperature at the sink in room #32 measured 123.8 degrees Fahrenheit.

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.)

Tempering valve replaced 3/4/19. Tempering valve readjusted to 110 degree F on 4/18/19. Maintenance tech responsible for completing daily water temp and logging temp. ED is responsible for sustained compliance. ED or designee will review audits and discuss in monthly QI meetings. The QI committee will determine if continued auditing is necessary based on 3 consecutive months of compliance. Monitoring will be ongoing. This corrective measure will be in place on 6/21/19.

Maintain audits for Department review. 7/24/19 *MSJ*

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102i - Soap Dispenser

Regulations

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

There was an unlabeled used bar of soap located in room #12, shared by two residents.

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.)

Bar soap was disposed of. Non spousal shared rooms have been provided with soap dispensers. All staff will be trained by 7/15/19 that shared rooms must have soap dispensers and not bar soap. Housekeeping will include with the weekly cleaning rounds that no bar soap is unlabeled in non spousal, shared rooms.

Maintenance tech will spot check weekly housekeeping rounds weekly x 6 weeks for compliance then monthly x 3 months.

ED or designee to spot check weekly rounds x 6 weeks then monthly.

ED (CSM) is responsible for sustained compliance. ED/(CSM) or designee will review audits and discuss in monthly QI meetings. The QI committee will determine if continued auditing is necessary based on 3 consecutive months of compliance. Monitoring will be ongoing.

This corrective measure will be in place 6/21/19.

Maintain audits for Department review. Documentation of training will be submitted to M. Johnson at the Southeast Regional office at ra-pwarlsoutheast@pa.gov or fax at 610-270-1147. 7/24/19 *MJ*

Legal Entity Representative

*Earl Stingel*

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139550

103g - Storing Food

**Regulations**

2600.

103.g. Food shall be stored in closed or sealed containers.

**Description of Violation**

*The cookie dough in the refrigerator was opened and unsealed.*

**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.)

Open cookie dough destroyed.  
Chef reeducated on SERV SAFE food hygiene on 6/15/19.  
ED and chef scheduled for SERV SAFE class on 08/13/19.  
Kitchen staff to conduct weekly kitchen audit using audit tool.  
ED or designee to spot check weekly rounds x 6 weeks then monthly.  
ED is responsible for sustained compliance. ED or designee will review audits and discuss in monthly QI meetings. The QI committee will determine if continued auditing is necessary based on 3 consecutive months of compliance. Monitoring will be ongoing.  
This corrective measure will be in place 6/21/19.

*Maintain audits for Department review. Documentation of training will be submitted to M. Johnson at the Southeast Regional office at ra-pwarlsoutheast@pa.gov or fax at 610-270-1147. 7/24/19*



**Legal Entity Representative**



Signature

Earl Stingel 6/21/19

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139550

181f - Record of Medication

Regulations

2600.

181.f. The resident's record shall include a current list of prescription, CAM and OTC medications for each resident who is self-administering his medication.

Description of Violation

On 4-18-19, resident # 2's record did not include a current list of medications. The list in the resident's record was missing Lisinopril and Metoprolol 100mg.

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.)

New orders were added to resident's POS to include all medications ordered by physician. POS is sent to physician monthly for review of current medications. CSM or designee will select 5 random MAR to match to POS with weekly cart audits x 6 weeks and then monthly. ED, designee or med tech is responsible for sustained compliance. EDcor designee will review audits and discuss in monthly QI meetings. The QI committee will determine if continued auditing is necessary based on 3 consecutive months of compliance. Monitoring will be ongoing. This corrective measure will be in place on or prior to 6/21/2019.

Maintain audits for Department review. 7/24/19 *MSJ*

Legal Entity Representative

*Earl Stingel*

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187b - Date/Time of Medication Admin.

Regulations

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.


Description of Violation

Resident #3 is prescribed Hydroxyzine 25 mg. Resident #3's 4/2018 medication administration record does not include the initials of the staff person who administered Hydroxyzine on 4/17/18 at 12:55 PM.

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.)

CSM or designee will audit MARS each shift for compliance.  
ED, CSM and medtechs to be educated on MAR completion by regional nurse.  
ED, CSM or designee will spot check 5 MARS with weekly cart audit x 6 weeks, then monthly.  
ED (CSM) is responsible for sustained compliance. ED/(CSM) or designee will review audits and discuss in monthly QI meetings. The QI committee will determine if continued auditing is necessary based on 3 consecutive months of compliance. Monitoring will be ongoing.  
This corrective measure will be in place on or prior to 7/15/2019.

Maintain audits for Department review. Documentation of training will be submitted to M. Johnson at the Southeast Regional office at ra-pwarlsoutheast@pa.gov or fax at 610-270-1147. 7/24/19 

Legal Entity Representative

  
Signature

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187d - Follow Prescriber's Orders

Regulations

2600.

187.d. The home shall follow the directions of the prescriber.


Description of Violation

Resident #4 is prescribed Seroquel 50 mg and Coreg 6.25. However, these medications were not administered to resident #4 on 2/11/18-2/16/18 because the medications were not available in the home.

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.)

CSM or designee, will perform weekly cart audits to determine low inventory. If medication is unavailable for greater than one shift, the CSM or ED will contact the doctor for direction. Med Techs to be educated on reorder of medications by regional nurse. CSM or designee will perform weekly cart audits to include discovery of medications with low inventory. ED or designee to spot check weekly x 6 weeks then monthly. ED (CSM) is responsible for sustained compliance. ED/(CSM) or designee will review audits and discuss in monthly QI meetings. The QI committee will determine if continued auditing is necessary based on 3 consecutive months of compliance. Monitoring will be ongoing. This corrective measure will be in place on or prior to 7/15/2019

Maintain audits for Department review. Documentation of training will be submitted to M. Johnson at the Southeast Regional office at ra-pwarlsoutheast@pa.gov or fax at 610-270-1147. 7/24/19 

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Signature

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139550


188d - System to Document Medication Errors

**Regulations**  
 2600.  
 188.d. There shall be a system in place to identify and document medication errors and the home's pattern of error.


**Description of Violation**  
*The home does not have a system to identify and document medication errors and patterns of errors. Neither the administrator, or wellness director, who is responsible for medication administration, are able to describe such a system.*

**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 seven rights of medication reviewed 6/20/19.  
 ED and CSM reviewed medication error policy dated 9/1/16 in regard to medication error tracking and reporting. Medication errors are entered into QCCI system and reported to the state per regulations. CSM or designee will review MARS daily for potential medication errors.  
 ED or designee to spot check weekly x 6 weeks.  
 ED (CSM) is responsible for sustained compliance. ED/(CSM) or designee will review audits and discuss in monthly QI meetings. The QI committee will determine if continued auditing is necessary based on 3 consecutive months of compliance. Monitoring will be ongoing.  
 This corrective measure will be in place on or prior to 6/12/2019


*Maintain audits for Department review. 7/24/19* 

**Legal Entity Representative**

 Earl Stingel 6/21/19  
 Signature Printed Name and Title Date

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251b - Record Entries Legible

Regulations

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

The homes medication administration record signature blocks were not identifiable with the signature key document nor are they legible.

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 employee who errored the MAR block is no longer employed by the facility. Regional nurse to review with med techs the appropriate way to error a MAR block so the error is still legible. The CSM or designee will audit the MARs daily for compliance. ED or designee to spot check weekly x 6 weeks then monthly. ED (CSM) is responsible for sustained compliance. ED/(CSM) or designee will review audits and discuss in monthly QI meetings. The QI committee will determine if continued auditing is necessary based on 3 consecutive months of compliance. Monitoring will be ongoing. This corrective measure will be in place on or prior to 7/15/2019

Maintain audits for Department review. 7/24/19 *MSJ*

Legal Entity Representative

*Earl Stingel*  
Signature

Earl Stingel 6/21/19

Printed Name and Title

Date

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

The above plan of correction is approved as of 7/24/19  
(Date)

Plan of correction implementation status as of 7/24/19  
(Date)

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

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