



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**Sent via e-mail [alcllicense@enlivant.com](mailto:alcllicense@enlivant.com)  
Sent via e-mail [fpinsker@enlivant.com](mailto:fpinsker@enlivant.com)  
June 18, 2019**

Mr. Tri M. Tran  
Vice President  
Wyncote Aid II OPCO, LLC  
330 North Wabash Avenue, Suite 3700  
Chicago, Illinois 60611

RE: Wyncote Place  
240 Barker Road  
Wyncote, Pennsylvania 19095  
License #: 142540

Dear Mr. Tran:

As a result of the Department's Bureau of Human Services Licensing inspection on May 16, 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 that reads "Mia Johnson".

Mia Johnson  
Human Services Licensing Supervisor

Enclosure  
Violation Report

## Violation Report

### Facility Information

Name: *WYNCOTE PLACE*License Number: *142540*Address: *240 BARKER ROAD, WYNCOTE, PA 19095*County: *MONTGOMERY*Region: *SOUTHEAST*

### Administrator

Name: *FREDDE PINSKER*Phone: *2155178200*Email: *FPinsker@enlivant.com*

### Legal Entity

Name: *WYNCOTE AID II OPCO LLC*Address: *330 N WABASH AVENUE,SUITE 3700, IL, 60611*

### Certificate(s) of Occupancy

Type: *C-2 LP*

Date:

Issued By:

### Staffing Hours

Resident Support Staff: *0*Total Daily Staff: *110*Waking Staff: *83*

### Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*Reason: *Incident*

### Inspection Dates and Department Representative

*05/16/2019 - On-Site: Tahesia Thomas*

### Resident Demographic Data as of Inspection Dates

#### General Information

License Capacity: *60*Residents Served: *55*

#### Secured Dementia Care Unit

In Home: *Yes*Area: *ENTIRE BLDG*Capacity: *60*Residents Served: *55*

#### Hospice

Current Residents: *10*

#### Number of Residents Who:

Receive Supplemental Security Income: *0*Are 60 Years of Age or Older: *55*Diagnosed with Mental Illness: *0*Diagnosed with Intellectual Disability: *0*Have Mobility Need: *55*Have Physical Disability: *0*

WYNCOTE PLACE

142540

25b - Contract Signatures

Regulations

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated 04/25/19, for resident # 1 was not signed by the resident.

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.)

Plan of Correction: 2600 25.b

On 6/10/2019, R1 contract was updated by ED and POA and an indication noted that the resident was unable to sign or verbalize understanding of the contract.

Moving forward, a resident will sign his/her own contract in addition to the administrator, or a designee, the payer, if different from the resident, and the resident's designated person. If a resident is unable to understand the contract or verbally express their understanding of the contract, it will be noted on the contract and witnessed by the Executive Director or Care Services Manager, and the resident's designated person.

To ensure compliance with the state regulation, The Executive Director will audit new contracts within 5 days of the move-in. Audit findings of the contract will be reported and documented in the monthly QI report. On-going QI review will be based on 3 months of sustained compliance.

Audits will be maintained for Department review. Documentation of updated contract will be submitted to M. Johnson at the Southeast Regional office or faxed at 610-270-1147. 6/17/19 *MJ*

Legal Entity Representative

*Fredde Pinsker* 6/11/19  
Signature

Fredde Pinsker, RN, BSN. PCHA Executive Director 6/11/2019  
Printed Name and Title Date

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The above plan of correction is approved as of 6/17/19 (Date) Plan of correction implementation status as of 6/17/19 (Date)

The above plan of correction was approved by

*MJ*  
(Initials)

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

WYNCOTE PLACE

142540

41e - Signed Statement

Regulations

2600.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

Resident 1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

Plan of Correction: 2600 41.e

On 6/10/2019, R 1 contract section referring to resident rights and complaint procedure was updated and witnessed by the ED and POA and an indication noted that the resident was unable to sign or verbalize understanding of resident rights or complaint procedure.

Resident #1 admitted to community with diagnoses including Dementia, Parkinson's Disease, Dysphasia and Dysarthria. R 1 was unable to comprehend or verbalize understanding of resident's rights or complaint procedure as evidenced by the score of "0" on the Folstein Mini Mental Exam and her diagnoses of Dysphasia and Dysarthria.

Moving forward, residents who are unable to acknowledge or verbalize an understanding of resident rights or the complaint procedure, will have it indicated on the contract and witnessed by the signatures of the Executive Director or the Care Services Manager and the resident's designee.

To ensure compliance with the state regulation, The Executive Director will audit new contracts within 5 days of the move-in. Audit findings of the contract will be reported and documented in the monthly QI report. On-going QI review will be based on 3 months of sustained compliance.

Audits will be maintained for Department review. Documentation of updated contract will be submitted to M. Johnson at the Southeast Regional office or faxed at 610-270-1147. 6/17/19 *MJ*

Legal Entity Representative

*Freddie Pinsker* 6/11/19  
Signature

Freddie Pinsker, RN, BSN. PCHA Executive Director 6/11/2019  
Printed Name and Title Date

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WYNCOTE PLACE

142540

191 - Resident Right to Refuse

Regulations

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident # 1, admitted 04/27/19, has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Plan of Correction: 2600 .191

On 6/10/2019, R 1 contract section referring to educating resident on the right to refuse medication was updated and witnessed by the ED and POA and an indication noted that the resident was unable to sign or verbalize understanding of the right to refuse medication.

Resident #1 admitted to community with diagnoses including Dementia, Parkinson's Disease, Dysphasia and Dysarthria. R 1 was unable to comprehend or verbalize understanding of resident's right to refuse medication as evidenced by the score of "0" on the Folstein Mini Mental Exam and her diagnoses of Dysphasia and Dysarthria.

Moving forward, residents who are unable to acknowledge or verbalize an understanding of their right to refuse medication, will have it indicated on the contract and witnessed by the signatures of the Executive Director or the Care Services Manager and the resident's designee.

To ensure compliance with the state regulation, The Executive Director will audit new contracts within 5 days of the move-in. Audit findings of the contract will be reported and documented in the monthly QI report. On-going QI review will be based on 3 months of sustained compliance.

Audits will be maintained for Department review. Documentation of updated contract will be submitted to M. Johnson at the Southeast Regional office or faxed at 610-270-1147. 6/17/19

Legal Entity Representative


 6/11/19  
Signature

Fredde Pinsker, RN, BSN. PCHA Executive Director 6/11/2019  
Printed Name and Title Date

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