



**Sent via e-mail alcllicense@enlivant.com
Sent via e-mail estingel@enlivant.com
July 25, 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 inspection on June 3 and 4, 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". The signature is written in a cursive, flowing style.

Mia Johnson
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report

Facility Information

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

Administrator

Name: *Earl Stingel*Phone: *2159436611*

Email:

EStingel@Enlivant.com, earlstingel@gmail.com

Legal Entity

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

Certificate(s) of Occupancy

Type: *C-2 LP*

Date:

Issued By:

Staffing Hours

Resident Support Staff: *0*Total Daily Staff: *48*Waking Staff: *36*

Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*Reason: *Complaint*

Inspection Dates and Department Representative

*06/04/2019 - On-Site: Dean Gray**06/03/2019 - Off-Site: Dean Gray*

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *48*Residents Served: *44*

Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0*Are 60 Years of Age or Older: *44*Diagnosed with Mental Illness: *0*Diagnosed with Intellectual Disability: *0*Have Mobility Need: *4*Have Physical Disability: *7*

WOODBOURNE PLACE

139550

182b - Prescription Medication

Regulations

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

1. A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
2. A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
3. A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

On Saturday, 06/01/19, resident #1 called his daughter, who is a licensed practical nurse, to help administer a Dulcolax 10 MG Supp. Rect because none of the available staff were trained in the administration of suppositories.

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.)

- 1) Med techs are trained in providing ancillary medications such as suppositories with their medication tra
- 2) CSM reviewed Administering of suppositories with med tech in question on 6/5/2019
- 3) ED presented nursing video on administering suppository to aid comprehension on 7/8/19.
- 4) This corrective measure is in place effective 7/8/2019.

All staff designated to administer medication will be re-educated in administering suppositories. Documentation of education will be kept. 7/25/19 *MG*

Legal Entity Representative

Earl Stingel

Signature

Earl Stingel Exec. Director

Printed Name and Title

7/10/2019

Date

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

The above plan of correction is approved as of 7/25/19 (Date)

Plan of correction implementation status as of 7/25/19 (Date)

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

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

WOODBOURNE PLACE

139550

183d - Prescription Current

Regulations

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 06/04/19, Tramadol HCL - 50 MG Tablet prescribed for resident #2, was in the home's Med Cart B; however, the medication expired on 03/24/19.

On 06/04/19, Oxycodone 5 MG Immediate Release Tabs prescribed for resident #3, was in the home's Med Cart A; however, the medication was marked "use before 04/24/18".

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.)

- 1) Medication was removed from cart at time of inspection and new stock was reordered.
- 2) Weekly cart audit will be completed continually
- 3) ED, designee or med tech is responsible for sustained compliance. ED or designee will review and discuss in monthly QI meetings Monitoring will be ongoing.
- 4) This corrective measure will be in place effective 7/8/2019.

Maintain audits for Department review. 7/25/19 *MSJ*

Legal Entity Representative

Earl Stingel
Signature

Earl Stingel Exec. Director
Printed Name and Title

7/10/2019
Date

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Plan of correction implementation status as of 7/25/19 (Date)

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

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- Partially Implemented - Inadequate Progress
- Not Implemented

06/04/2019

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WOODBOURNE PLACE

139550

187a - Medication Record

Regulations

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.


Description of Violation

Resident #1 is prescribed Dulcolax 10 MG Supp. Rect on an as needed basis. This medication was administered on Saturday 06/01/19; however, it is not included on resident #1's medication administration record.

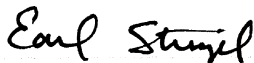
Plan of Correction (POC)

(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.)

- 1) As family administered the medication, the med tech did not sign the MAR.
- 2) ED reviewed with med tech in question that medications administered by a third party should be documented on back of mar.
- 3) Medication documentation education will be reviewed with all med tech staff (see attachment)
- 4) This corrective measure will be in place effective 7/15/2019

Maintain documentation of education for Department review. 7/25/19 

Legal Entity Representative


Signature

Earl Stingel Exec. Director
Printed Name and Title

7/10/2019
Date

06/04/2019

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WOODBOURNE PLACE

139550

187a - Medication Record (continued)

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The above plan of correction is approved as of 7/25/19 (Date)

Plan of correction implementation status as of 7/25/19 (Date)

The above plan of correction was approved by

MC
(Initials)

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