



pennsylvania
DEPARTMENT OF HUMAN SERVICES

August 26, 2019

Ms. Rosemarie Cockill
Regional Executive Director
227 Evergreen Road Operations LLC
227 Evergreen Road
Pottstown, Pennsylvania 19464

RE: Sanatoga Court
License #: 136140

Dear Ms. Cockill:

As a result of the Department's Bureau of Human Services Licensing annual inspection on June 10th & 11th, 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.

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 blue ink, appearing to read "Kevin Hancock".

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: SANATOGA COURT

License Number: 136140

Address: 227 EVERGREEN ROAD, POTTSTOWN, PA 19464

County: MONTGOMERY

Region: SOUTHEAST

Administrator

Name: Rosemarie Rockill

Phone: 6107180900

Email: ROSEMARIE.COCKILL@GENESISHCC.COM

Legal Entity

Name: 227 EVERGREEN ROAD OPERATIONS LLC

Address: 227 EVERGREEN ROAD, PA, 19464

Certificate(s) of Occupancy

Type: C-2 LP

Date: 03/10/1998

Issued By: L&I

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 90

Waking Staff: 68

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

Inspection Dates and Department Representative

06/10/2019 - On-Site: Michele Swisher, Denise Gillespie

06/11/2019 - On-Site: Michele Swisher, Denise Gillespie

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 85

Residents Served: 63

Secured Dementia Care Unit

In Home: Yes

Area: Homestead 1-2

Capacity: 28

Residents Served: 25

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 63

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 27

Have Physical Disability: 0

141a - Medical Evaluation

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.

Description of Violation

Resident #1 was admitted 12-04-17. The medical evaluation was 08-29-17. The medical evaluation was not complete within 60 days prior to admission or within 30 days after admission to 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.)

- All residents will have a medical evaluation by a physician, physician's assistant or CRNP documented on the specified Departments form within 60 days prior to admission or within 30 days after admission.
- Admissions Director or designee was in-serviced on ensuring the medical evaluation is completed accurately and timely.
- Admissions Director or designee will audit all admissions for accurate completion on a monthly basis X 3 months.
- All findings will be reported to ED and QAPI committee monthly X 3 months.

The Administrator or a designee will create an admission checklist/tracking sheet that will prompt the need for a medical evaluation to be completed as well as other admission requirements/documentations. 8/6/19

AAA

Legal Entity Representative

Rosemarie Cockill

Signature

ROSEMARIE Cockill, CED

Printed Name and Title

7-22-19

Date

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

The above plan of correction is approved as of 8/6/19
(Date)

Plan of correction implementation status as of 8/6/19
(Date)

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

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

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:

- 13. Date and time of medication administration.
- 14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #2 is prescribed Folic Acid 1mg- one tablet daily. Resident 2's medication administration record does not include the initials of the staff person who administered the medication on 6/10/19 at 9:00am.

Resident #3 is prescribed Losartan 25mg-one tablet daily. Resident 3's medication administration record does not include the initials of the staff person who administered the medication on 6/5/19 at 9:00am.

Resident #4 is prescribed Melatonin 3mg -two tablets at bed time. Resident 4's medication administration record does not include the initials of the staff person who administered Melatonin on 6/5/19 at 9:00pm

Resident #5 is prescribed Atenolol 25mg- one tablet daily. Resident 5's medication administration record does not include the initials of the staff person who administered the medication on 6/5/19 at 9:00pm.

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.)

- All medication records are being kept to include date and time of medication administration, name and initials of the staff person administering the medication.
- All LPN/CMT were provided with education on proper completion of medication record.
- Staff are completing audits shift to shift and reporting findings to RCD daily.
- RCD will review results with ED and QAPI committee monthly X 3 months.

AAA

Legal Entity Representative The Administrator or a designee will provide oversight to staff for the next consecutive two months period, during med. administration time, to train staff and ensure that all required med. administration protocols are being followed and in compliance with the applicable reg. 8/6/19

Rosemarie Cokell

ROSEMARIE COKELL, CEO

7-22-19

Signature

Printed Name and Title

Date

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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 #2 is prescribed Oyster Shell Calc-Vit D 500/400mg tablet-1 tablet by mouth every day for supplement. However, this medication was not administered to resident 2 on 6/10/19 at 9:00am because the medication was 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.)

- Oyster Shell Calc-Vit D 500/400mg tablet is available for Resident #2.
- All LPN/CMT were in-serviced by RCD to ensure medications are available and administered as per physician orders.
- LPN/CMT are completing one random cart audit daily per shift.
- LPN/CMT will immediately order any medication that is needed in cart and notifies RCD of findings.
- RCD will report findings to ED and QAPI monthly X 3 months.

On receiving this POC and weekly thereafter, the Administrator or a designee will review all residents medication orders to ensure that all prescribed meds are readily available for use. Equally, the Administrator will liase with the pharmacy provider to procure required meds for the residents promptly. The same principle applies to instances when there is a change in prescription order for the residents. 8/6/19

Legal Entity Representative

Rosemarie Cockill
Signature

ROSEMARIE Cockill, CEO 7-22-19
Printed Name and Title Date

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(Date)

The above plan of correction was approved by A.A.A
(Initials)

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

234a - Admission Support Plan

Regulations

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident #6 was admitted to the Secure Dementia Care Unit (SDCU) on 3/4/19. However, the resident's initial support plan was completed on 3/18/19.

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.)

AAA

On receiving this POC, and quarterly thereafter, the Administrator or a designee will review/audit the record for all residents admitted to the SDCU for accuracy and in compliance with the applicable reg. The Administrator will develop a tracking/checklist that will prompt the need for required documentation/plans to be completed when a resident is admitted to the SDCU. 8/6/19

-All admissions support plans will be developed, implemented and documented in the residents record within 72 hours of admission or within 72 hours prior to the residents admission to the secured dementia care unit.

-RCD or designee was in-serviced on timely completion of admission support plan.

-RCD or designee will audit admission support plans for timely completion for 3 months.

-RCD or designee will report findings to ED and QAPI committee monthly X 3 months.

Legal Entity Representative

Rosemarie Cockill

Signature

ROSEMARIE Cockill, CED

Printed Name and Title

7-22-19

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