



pennsylvania
DEPARTMENT OF HUMAN SERVICES

October 17, 2019

Ms. Crystal Morgan
Administrator
MCAP Willow Grove Operator, LLC
c/o MCAP Advisers, LLC
437 Madison Avenue, Suite 33C
New York, New York 10022

RE: The Landing at Willow Grove
110 York Road
Willow Grove, Pennsylvania 19090
License #: 139940

Dear Ms. Morgan:

As a result of the Department's Bureau of Human Services Licensing annual inspection on June 24 & 25, 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 black ink, appearing to read "Kevin Hancock".

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: *THE LANDING AT WILLOW GROVE* License Number: *13994*
 Address: *1120 YORK ROAD, WILLOW GROVE, PA 19090*
 County: *MONTGOMERY* Region: *SOUTHEAST*

Administrator

Name: *Crystal Morgan* Phone: *2158300433* Email: *cmorgan@thelandingatwillowgrove.com*

Legal Entity

Name: *MCAP WILLOW GROVE OPERATOR LLC*
 Address: *437 MADISON AVENUE SUITE 33C, C/O MCAP ADVISERS LLC, NEW YORK, NY, 10022*

Certificate(s) of Occupancy

Type: *Other* Date: *02/15/1990* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *130* Waking Staff: *98*

Inspection

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

Inspection Dates and Department Representative

06/24/2019 - On-Site: Michele Swisher, Denise Gillespie
06/25/2019 - On-Site: Michele Swisher, Danise Gillespie

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *122* Residents Served: *80*

Secured Dementia Care Unit

In Home: *Yes* Area: *Safe Harbor 1 and 2* Capacity: *70* Residents Served: *30*

Hospice

Current Residents: *NM*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *79*
 Diagnosed with Mental Illness: *5* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *50* Have Physical Disability: *2*

THE LANDING AT WILLOW GROVE

13994

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 3/1/2017, for resident #1 was not signed by the resident.

The resident-home contract, dated 6/13/18, for resident #2 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.)

2600 25.b.

Signatures were obtained from Resident #1 and Resident #2 on resident home contract immediately upon notification. The Director of Sales & Marketing will obtain signature from resident at time of admission on resident home agreement. Business Office will do a second verification that signature was obtained on resident home contract. Business Office will do Audit on resident business files to ensure signature was obtained on all prior admissions to be completed by 8/31/19 and ongoing. See Attached document labeled Resident #1 and document labeled Resident #2. Audit and staff training will be available for department review. Educated both Sales and Marketing Team in addition Business Office manager see attached in-service sheet.

Executive Director / designee to review ongoing

Legal Entity Representative

Signature Crystal Morgan

Crystal Morgan
Printed Name and Title
Executive Director
Date 8/1/19

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX

The above plan of correction is approved as of 9/13/19
(Date)

Plan of correction implementation status as of 9/13/19
(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

THE LANDING AT WILLOW GROVE

13994

41a - Signed Statement

Regulations

2600.

41.a. 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 (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.)

260041.e.

Signature on resident home agreement including resident rights and complaint procedures was obtained on Resident #1. The Director of Sales & Marketing will obtain signature from resident at time of admission acknowledging receipt of resident's rights and complaint procedures. Business Office will do a second verification that signature was obtained acknowledging receipt of resident's rights and complaint procedures. Business Office will do Audit on resident business files to ensure signature was obtained on all prior admissions. Audit to be completed by 8/31/19 and ongoing. See attached document labeled Resident #1. Audit and staff training will be available for department review. Educated both Sales and Marketing Team in addition Business Office manager see attached in-service sheet.

Executive Director/ designee to oversee / ongoing.

Legal Entity Representative

Crystal Morgan
Signature

Crystal Morgan Exec. Dir. 8/11/19
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX

The above plan of correction is approved as of 9/13/19
(Date)

Plan of correction implementation status as of 9/13/19
(Date)

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

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

THE LANDING AT WILLOW GROVE

13994

54a - Direct Care Staff

Regulations

2600.

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

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

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.)

2600.54.a.

Direct care staff person A, copy of high school diploma was ordered. Receipt attached. Copy will be mailed to us and in house withing 7-10 days. Business Office Manager will not proceed with employment for any employee unless physical copy of high school diploma or active registry on the Pennsylvania nurse aide registry is provided. Business office will complete Audit of Direct Care staff employee files to ensure physical copy of high school diploma or active registry on the Pennsylvania nurse aide registry is present. Audit to be completed by 8/31/19 process will be ongoing. Audit and staff training will be available for department review. Business office manager was educated. see attached in-service sheet.

Executive Director/Designee to oversee

Legal Entity Representative

Crystal Morgan
Signature

Crystal Morgan Exec. Dir. 8/1/19
Printed Name and Title Date

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

The above plan of correction is approved as of 9/13/19
(Date)

Plan of correction implementation status as of 9/13/19
(Date)

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

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

THE LANDING AT WILLOW GROVE

13994

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

The medical evaluation for resident #3 was not complete within 60 days prior to admission or within 30 days after admission to the home. The resident was admitted 01/04/2017, The initial medical evaluation was completed 06/06/2017.

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.)

* This resident was admitted to a Secure Dementia Unit in which you already issued violation under 2600.231 b pg 12 2600 141.a. This is a duplication as 2600.231 b is appropriate violation in this case.

Unable to obtain documentation dated back to 1/04/2017 on Resident #3. The Director of Sales & Marketing will obtain DME prior to admission and verify the date does not exceed 60 days prior to admission. Director of Nursing and/or Memory Care coordinator will do second audit to ensure document is within the 60 day prior to admission timeframe. If DME is not obtained prior to admission then Director of Nursing and/or Memory Care coordinator will obtain DME within 30 days of admission and will utilize our electronic health care system to track deadlines. Educated both Sales and Marketing Team in addition to Director of Nursing and Memory care coordinator.

Executive Director/Designee to oversee. AAA

Legal Entity Representative Within 15 days of receiving POC, the Administrator or designee will review all residents record to ensure compliance with cited reg. 9/13/19

Crystal Morgan

Signature

Crystal Morgan E.P.

Printed Name and Title

8/16/19

Date

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

The above plan of correction is approved as of 9/13/19 (Date)

Plan of correction implementation status as of 9/13/19 (Date)

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

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

THE LANDING AT WILLOW GROVE

13994

141b1 - Annual Medical Evaluation

Regulations

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #1's most recent medical evaluation was completed on 4/3/2018. The resident's previous medical evaluation was completed on 2/7/17.

Resident #4's most recent medical evaluation was completed on 9/26/2018. The resident's previous medical evaluation was completed on 8/31/2017.

Resident #5's most recent medical evaluation was completed on 6/14/2019. The resident's previous medical evaluation was completed on 5/4/2018.

Resident #6's most recent medical evaluation was completed on 6/14/2019. The resident's previous medical evaluation was completed on 3/10/2018.

Plan of Correction (POC)

The Administrator or a designee, will create an alert in the facility's electronic record system that will prompt the need for residents DME to be completed timely; and a designated person to verify completion of required document in accordance with the applicable regulations. 9/13/19 A-A.A

(Attach page prevent a sir

Resident #1 and #4 unable to obtain documentation backdated to 2017. Provided education to Director of Nursing and memory care coordinator in utilizing electronic health care system to ensure medical evaluation is done and documented timely. Administrator or Designee will oversee process ongoing. Annual DME dates will be put into our Electronic Health Care system to allow for accurate tracking. Audit of system available upon request. See attached sign off sheet.

Legal Ent

Resident #5 and #6 medical evaluation was completed within the timeframe and not properly placed requested the documents to be refaxed see documents labeled Resident #5 and Resident #6. Education done with Director of nursing and memory care coordinator to ensure proper filling of documents.

Signature

Crystal Mager

Printed Name and Title

Director of Nursing to oversee - ongoing
Crystal Mager EP

Date

8/13/19

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

The above plan of correction is approved as of 9/13/19
(Date)

Plan of correction implementation status as of 9/13/19
(Date)

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

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

THE LANDING AT WILLOW GROVE

13994

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 6/25/2019, Ipratropium/Albuterol Solution- Give contents of one vial via nebulizer every 6 hours for 3 days prescribed for resident #2, was in the home's medication cart; however, the medication was discontinued on 5/27/2019.

On 6/25/2019, Milk of Magnesia- take 2 tablespoonfuls (30ml) daily as needed for constipation, prescribed for resident #7, was present in the home's medication cart; however, the medication is no longer listed on the current medication list. Staff state that the medication was discontinued however, a d/c date or d/c order could not be located for this medication.

Additionally, the Administrator or a designee, will audit medication cart and MARS weekly and document such audit to ensure ongoing compliance with the cited reg. 9/13/19

Plan of Correction (POC)

AAA

2600 183.d.

(Att
prev

On 6/25/19 Resident #2 Ipratropium/Albuterol Solution that was on the homes medication cart but discontinued. Prescription was removed from the medication cart upon notification.

On 6/25/19 Resident #7 Milk of Magnesia was on the medication cart but not listed on the current medication list in MAR. Medication was DC'd.

Leg End of shift check list was created and implemented for all med techs to utilize to ensure all meds on cart are on the MAR and that all DC'd meds are removed from the med cart. Checklist to be used daily at end of each shift, on-going and will be reviewed daily by DON. Staff Educated, See Checklist Attached.

Crystal Morgan
Signature

Crystal Morgan E.D. 8/1/19
Printed Name and Title Date

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

The above plan of correction is approved as of 9/13/19
(Date)

Plan of correction implementation status as of 9/13/19
(Date)

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

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

THE LANDING AT WILLOW GROVE

13994

183e - Storing Medications

Regulations

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 6/25/2019 there were 3 loose pills found in the drawers of the 3rd Floor-Long medication cart.

On 6/25/2019 there was 1 loose pill found in the drawers of the 2nd Floor-long medication cart.

On 6/25/2019 there were 3 loose pills found in the drawers of the 1st Floor-short medication cart.

On 6/25/2019 at approximately 9:30am a small round brown tablet and 1/2 of a large white oval tablet were found loose on the floor near the living room in the secure unit.

Plan of Correction (POC)

(Attach proven)

2600. 183.e.

6/25/19 upon audit of medication cart on 3rd floor long, 2nd floor long and 1st floor short all loose pills found in cart were removed and discarded via drug buster. End of shift check list was created and implemented for all med techs/nurses to utilize to ensure all meds on med cart are stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions. Checklist to be used daily at end of each shift, on-going and will be reviewed daily by DON. Staff Educated, See Checklist Attached.

6/25/19 Loose pills found on floor in secure unit, were discarded immediately via drugbuster. 5 Rights reviewed with all med-techs and nurses reinforcing that all residents must be observed taking medication. Staff Educated, See Checklist Attached.

Legal Entity Representative

Crystal Morgan
Signature

Crystal Morgan ED
Printed Name and Title

8/11/19
Date

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

The above plan of correction is approved as of 9/13/19
(Date)

Plan of correction implementation status as of 9/13/19
(Date)

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

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

THE LANDING AT WILLOW GROVE

13994

185a - Implement Storage Procedures

Regulations

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #6 is prescribed Calmoseptine Ointment, Geritussin Syrup, MI Acid Gas, and Skin Prep spray as needed. On 6/25/2019 these medications were not available in the home.

Resident #7 is prescribed Morphine Sulfate and Lorazepam as needed. On 6/25/2019 these medications were not available in the home.

Resident #8 is prescribed Acetaminophen 325mg- as needed. On 6/25/2019 this medication(s) were not available in the home.

AAA

Within 15 days of receiving this POC, the Administrator or a designee will review all residents' record to ensure that their respective prescribed PRN meds. are readily available at the home. Going forward, Administrator or a designee will review MARS monthly at the beginning of each med cycle or when a new doctor's order is given, to ensure the accuracy of the information recorded in MARS in accordance with the Physician's orders. Administrator will liaise with the pharmacy to procure residents required meds. Promptly. 9/13/19

Plan of Correction (POC)

(Attach to prevent)

2600. 185.a.

Resident #6 prescribed Calmoseptine ointment, geritussin Syrup, MI Acid Gas and Skin pres as needed, DC order obtained. Resident #7 prescribed Morphine Sulfate and Lorazepam as needed, DC order obtained see attached. Resident #8 Prescribed Acetaminophen 325mg was obtained and is on the medication cart. See attached picture of blister pack. Cart Audits will be completed quarterly to ensure compliance and that medications not utilized for 6 months or more are DC'd and removed from the cart. Med tech and Nurses will utilize checklist to ensure compliance. See attached training and checklist

Legal Entity Representative

Director of Nursing/ to oversee ongoing designee

Crystal Morgan
Signature

Crystal Morgan ED
Printed Name and Title

8/11/19
Date

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

The above plan of correction is approved as of 9/13/19 (Date)

Plan of correction implementation status as of 9/13/19 (Date)

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

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

THE LANDING AT WILLOW GROVE

13994

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 3/1/17, 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 (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.)

2600.191.

Signature on resident home agreement including resident rights and complaint procedures was obtained on Resident #1. The Director of Sales & Marketing will obtain signature from resident at time of admission acknowledging receipt of resident's rights and complaint procedures. Business Office will do a second verification that signature was obtained acknowledging receipt of resident's rights and complaint procedures. Business Office will do Audit on resident business files to ensure signature was obtained on all prior admissions. Audit to be completed by 8/31/19 and ongoing. See attached document labeled Resident #1. Audit and staff training will be available for department review. Educated both Sales and Marketing Team in addition Business Office manager see attached in-service sheet.

Executive Director / to oversee
Designee

Legal Entity Representative

Crystal Morgan
Signature

Crystal Morgan EO 8/1/19
Printed Name and Title Date

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

The above plan of correction is approved as of 9/13/19
(Date)

Plan of correction implementation status as of 9/13/19
(Date)

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

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

THE LANDING AT WILLOW GROVE

13994

225c - Additional Assessment

Regulations

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.

Description of Violation

Resident #5's most recent assessment was completed on 6/3/2019. The previous assessment was completed on 5/16/2018..

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.)

2600.225.c

Resident #5 did have support plan completed but was 3 days outside of the allotted timeframe. Director of nursing and memory care coordinator educated on the regulation and that annual support plans need to be completed annually no later than 380 days from the last support plan. Executive director or designee will oversee. See attached in-service sheet.

The Administrator or a designee, will develop a checklist that will prompt the need to complete the resident's annual required assessment/documentation; and the checklist will identify someone to actually verify that the required assessment has been duly completed. 9/13/19

AAA

Legal Entity Representative

Cristal Morgan
Signature

Cristal Morgan, ED
Printed Name and Title

8/1/19
Date

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

The above plan of correction is approved as of 9/13/19
(Date)

Plan of correction implementation status as of 9/13/19
(Date)

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

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

Cristal Morgan

THE LANDING AT WILLOW GROVE

13994

231b - Medical Evaluation

Regulations

2600.

231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident #3 was admitted to the Secure Dementia Care Unit (SDCU) on 1/4/2014; however, the resident's medical evaluation was completed on 6/6/2017.

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.)

Within 10 days of receiving this POC and quarterly thereafter, the Administrator or a designee will review the record for all residents admitted to the SDCU; to ensure that their respective record is accurate and reflects the most current level of care. Administrator, will develop a tracking sheet to prompt the need for updated information, when a resident is being admitted to SDCU; and the same will be reviewed for completion. 9/13/19
A.A.A
2600.231.b
Resident #3 was admitted to SDU on 1/4/14 however resident DME was completed on 6/6/17.

Unable to obtain documentation dated back to 1/04/2017 on Resident #3. The Director of Sales & Marketing will obtain DME prior to admission and verify the date does not exceed 60 days prior to admission. Director of Nursing and/or Memory Care coordinator will do second audit to ensure document is within the 60 day prior to admission timeframe. Educated both Sales and Marketing Team in addition to Director of Nursing and Memory care coordinator.

Director of Nursing/Designee to oversee - ongoing

Legal Entity Representative

Crystal Mays
Signature

Crystal Mays EO
Printed Name and Title

8/1/19
Date

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

The above plan of correction is approved as of 9/13/19
(Date)

Plan of correction implementation status as of 9/13/19
(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

THE LANDING AT WILLOW GROVE

13994

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 #3 was admitted to the Secure Dementia Care Unit (SDCU) on 1/4/2017. However, the resident's written cognitive preadmission screening was completed on 12/29/2016.

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.)

2600. 231.c.

Resident #3 was admitted to SDU on 1/4/14 however resident cognitive pre-screen was completed on 12/29/16. Unable to obtain documentation dated back to 1/04/2017 on Resident #3. The Director of Sales & Marketing will obtain Cognitive prescreen within 72 hours prior to admission and verify the date does not exceed the allotted time frame. Director of Nursing and/or Memory Care coordinator will do second audit to ensure document is within the 72 hours prior to admission. Educated both Sales and Marketing Team in addition to Director of Nursing and Memory care coordinator. See attached education and sign in sheet.

Executive Director/designee will over see, ongoing.

Legal Entity Representative

Crystal Morgan
Signature

Crystal Morgan Ed
Printed Name and Title

8/11/19
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX

The above plan of correction is approved as of 9/13/19
(Date)

Plan of correction implementation status as of 9/13/19
(Date)

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

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

THE LANDING AT WILLOW GROVE

13994

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 #3 was admitted to the Secure Dementia Care Unit (SDCU) on 1/4/2017. However, the resident's initial support plan was completed on 6/25/2017.

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.)

2600.234.a

Resident #3 was admitted to SDU on 1/4/14 however resident support plan was completed on 6/25/17. Unable to obtain documentation dated back to 1/04/2017 on Resident #3. Director of Nursing and/or Memory Care coordinator will complete resident support plan within 72 hour window. Educated both Director of Nursing and Memory care coordinator to utilize Electronic healthcare system to ensure support plan is complete within the 72 hour timeframe. See attached education and sign in sheet.

A tracking /checklist will be created to prompt the need for all regulatory required documentations to be completed when a resident is assessed and determined to be admitted to the SDCU. 9/13/19

Exec. Director/designee will oversee, ongoing. AAA

Legal Entity Representative

Cristal Morgan
Signature

Cristal Morgan EP
Printed Name and Title

8/1/19
Date

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

The above plan of correction is approved as of 9/13/19
(Date)

Plan of correction implementation status as of 9/13/19
(Date)

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

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