pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail alclicense@enlivant.com
Sent via e-mail fpinsker@enlivant.com
November 22, 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 July 29, 2019 and August 1, 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,

Shawn Parker

Shawn Parker
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report

Facility Information

Name: *WOODBOURNE PLACE* **License Number:** *13955*
Address: *2619 TRENTON ROAD,, LEVITOWN, PA 19056*
County: *BUCKS* **Region:** *SOUTHEAST*

Administrator

Name: *Meredith Collins* **Phone:** *2159436611* **Email:** *mcollins@ENLIVANT.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: **Total Daily Staff:** *41* **Waking Staff:** *31*

Inspection

Type: *Partial* **BHA Docket #:** **Notice:** *Unannounced*
Reason: *Complaint*

Inspection Dates and Department Representative

07/29/2019 - On-Site: Youn Hie Chung

08/01/2019 - On-Site: Youn Hie Chung

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *48* **Residents Served:** *41*

Secured Dementia Care Unit

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

Hospice

Current Residents: *x*

Number of Residents Who:

Receive Supplemental Security Income: *0*
Are 60 Years of Age or Older: *41*
Diagnosed with Mental Illness: *0*
Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0*
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

The medical evaluation for resident #1, admitted 06/22/2018, was completed 04/16/2018.

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.)

141.a
Resident #1 will have an updated medical evaluation completed by 10/1/2019.

ED and/or designee completed audit of current residents to ensure they had 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 on 9/11/19. Residents identified as needing an updated medical evaluation will have on completed by 10/01/19 by a physician, physician's assistant or certified registered nurse practitioner. (see attachment 1)

ED will be re-educated on the need for residents to 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 by Regional Director of Care Services on 9/9/19 (see attachment 8)

ED and/or designee will complete an audit on newly admitted residents weekly for 4 weeks then monthly for 2 months to ensure they had 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.

Results of these audits will be reviewed monthly via QA process

Administrator or designated staff person will ensure all residents have a medical evaluation completed within timeframes specified in regulation 141.a1. Home did verify audit form for resident DME's and staff inservice that was completed. Audits and inservice to be maintained by home and made available for Department review.

SP 11-18-19

Legal Entity Representative

Meredith H. Collins — Signature

Meredith H. Collins, Executive Director — Printed Name and Title

09/12/2019 — Date

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

The above plan of correction is approved as of 11-18-19 (Date)

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

Plan of correction implementation status as of 11-18-19 (Date)

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

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 08/01/2019, 2 Ziploc bags containing morphine Sulfate 20 ml solution prescribed for resident #2 were in the home's med cart; however, the labels had expiration dates of 06/20/2019 and 07/26/2019.

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.)

183.d
Resident #2 expired morphine sulfate 20ml solution was destroyed by Licensed nurses on 8/1/19

Registered Nurse and/or designee completed medication cart audit on 9/5/19 to ensure only current prescription, OTC, sample and CAM for individuals living in the home were kept in medication cart. (see attachment 2)

Licensed Nurses and Med Techs were re-educated on regulations 2600.183.d in regard to only current prescription, OTC, sample and CAM for individuals living in the home were to be kept in medication cart by DCSS and/or designee on 9/11/19 (see attachment A)

CSM and/or designee will perform cart audits weekly for 4 weeks then monthly for 2 months to ensure only current prescription, OTC, sample and CAM for individuals living in the home were to be kept in medication cart

Results of these audits will be reviewed monthly via QA process

Home verified resident medications were audited. Administrator or designee will ensure only current prescriptions are kept in the home. Audits and Inservice of staff will be maintained by home and made available for Department review. SP 11-18-19

Legal Entity Representative

Meredith H. Collins
Signature

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Printed Name and Title

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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.

12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident #1 was prescribed Pyridium 100 mg and Ceftin 500 mg. However, his medication administration record does not indicate the diagnoses.

The pharmacy label for resident #1's Docusate Sod 100 mg does not match his MAR (medication administration record). The label says 'take one tab by mouth two times a day as needed' while MAR reads 'take one tab by mouth twice a day.'

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.)

187.a

Resident #1 medication administration record was corrected to include diagnosis for Pyridium 100 mg and Ceftin 500 mg and Docusate Sod 100mg pharmacy label and medication administration records match by Registered Nurse on 9/10/19. CSM and/or designee reviewed current residents receiving medications medication administration records to ensure medications had a diagnosis or purpose listed and pharmacy labels and medication administration records match on 9/10/19 with corrections made as needed (see attachment 3). Licensed Nurses and Med Techs re-educated on regulations 2600.187.a.12 including that all medications must include a diagnosis or purpose for use listed on the medication administration records and that medication pharmacy labels and medication administration records match by DCSS and/or designee on 9/11/19 (see attachment A)

CSM and/or designee will perform audits on 5 residents medication administration records weekly for 4 weeks then monthly for 2 months to ensure medications have a listed diagnosis or purpose of use. Results of these audits will be reviewed monthly via QA process .

Legal Entity Representative

Meredith H. Collins — Signature

Meredith H. Collins, Executive Director — Printed Name and Title

09/12/2019 — Date

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2600.187a

Immediately: A staff person qualified to administer medications will conduct an initial and monthly review of all current resident MARS and prescribers' orders to ensure all prescribed medications are documented on the residents MAR'S in accordance with regulation 2600.187a. Home did provide verification med-techs and nurses were trained on medication administration records. Audits and inservice to be maintained for Department review.

SP 09-11-19

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

On 07/16/2019 at 8:30 AM, resident #3 was administered Clonazepam 0.5 mg. The MAR did not have the initials of the staff person administering this medication.

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.)

187.b
Resident #3 suffered no negative effects related to these findings.

CSM and/or designee completed audit of current resident's medication administration records to ensure medications administered were documented and initialed by person administering medication. Results of audit was reviewed with resident's MD by RN on 9/10/19 (see attachment 3)

Licensed Nurses and Med Techs re-educated on proper documentation and initialing of medications administered by DCSS and/or designee on 9/11/19 (see attachment A)

CSM and/or designee will perform audits on 5 residents medication administration records weekly for 4 weeks then monthly for 2 months to ensure proper documentation and initialing of medications administered is completed

Results of these audits will be reviewed monthly via QA process

The administrator or designee will ensure information is recorded when medication is administered in conjunction with regulation 2600.187b. Home did verify med-techs and nurses were inserviced on MAR documentation. Training and audits to be maintained by home and kept for Department review.

SP 11-18-19

Legal Entity Representative

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Meredith H. Collins, Executive Director — Printed Name and Title

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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 #3 is prescribed Clonazepam 0.5 mg twice a day. However, the resident was not administered this medication on 07/17/2019 at 8:30 PM.

Resident #4 is prescribed Metformin HCL 500 mg tab twice a day. However, the resident was not administered this medication on 08/01/2019 at 07:30 AM.

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 occuring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

187.d
Resident #3 and Resident #4 medication omissions were reviewed with their MD by Registered Nurse on 9/11/19 Resident #3 and Resident #4 suffered no negative effects related to these findings.

CSM and/or designee completed audit on 9/10/19 of current residents with medications orders and omissions noted, findings reviewed with resident's MD as needed (see attachment 3)

Licensed Nurses and Med Techs re-educated on regulations 2600.187.d including following prescribers' directions and administering medications as ordered by DCSS and/or designee on 9/11/19 (see attachment A)

CSM and/or designee will perform audits on 5 residents medication administration records weekly for 4 weeks then monthly for 2 months to ensure prescribers directions are followed

Results of these audits will be reviewed monthly via QA process

The administrator or designee qualified to administer medications shall complete an initial audit of all resident MARs to ensure all prescribed medications are available, administered as prescribed, and the administration of the medication is documented on the MARs in accordance with regulation 2600.187(b). Home did provide verification of 5 rights of medication in-service. SP 11-18-19

Legal Entity Representative

Meredith H. Collins — Signature

Meredith H. Collins, Executive Director — Printed Name and Title

09/12/2019 — Date

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190a - Completion Medication Course

Regulations

2600.
190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff persons A and B, who have successfully completed the Department-approved medications administration course but have not completed their Department approved annual practicum, administered medications to 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.)

190.a

Staff Person A and Staff Person B are no longer employed as a med tech for community.

ED and/or designee completed audit of current med techs to ensure compliance with regulation 2600.190.a to ensure a staff person has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past year on 9/11/19

Identified staff not within compliance of regulation 2600.190.a will have course completion on 10/3/19 (see attachment 4)

DCSS and/or designee re-educated med techs on 9/11/19 on regulation 2600.190.a related to only a staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies. (see attachment A)

ED and/or designee will audit 5 med techs records weekly for 4 weeks then monthly for 2 months to ensure they have successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years.

Results of these audits will be reviewed monthly via QA process

Please see attached.....

Legal Entity Representative

Meredith H. Collins — Signature

Meredith H. Collins, Executive Director — Printed Name and Title

09/12/2019 — Date

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2600.190 a

Only staff persons who have met the requirements of regulation 2600.190(a) shall be permitted to administer medications and the required documentation of training is in the staff person's record. If no staff persons in the home are qualified to administer medications, the administrator shall arrange for medication administration by an outside agency or person whom meets the requirements of regulation 2600.182(b). Documentation of qualifications of any person administering medications in the home shall be kept. The administrator shall review all staff person training records to ensure all staff persons administering medications are qualified to administer medications in accordance with regulation 2600.190(a) and the documentation is present in the staff person's record.

SP 11-18-19

202 - Prohibitions

Regulations

2600.
202. The following procedures are prohibited:
4. A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited. A chemical restraint does not include a drug ordered by a physician or dentist to treat the symptoms of a specific mental, emotional or behavioral condition, or as pretreatment prior to a medical or dental examination or treatment.

Description of Violation

Resident #5 is prescribed Ativan Gel 1 mg. Her MAR reads 'Apply 1 gel to inner wrist or other harmless areas every 4 hours as needed for agitation.' This medication was administered to the resident on 07/01/2019 at 4:00 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.)

202
Resident #5 medication order for Ativan gel was reviewed with resident's MD on 9/6/19. Medication diagnosis is for periods of anxiety.

Registered Nurse and/or designee reviewed current residents' medication orders on 9/11/19 to ensure no resident was receiving a chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited. No residents identified (see attachment 5)

DCSS and/or designee re-educated licensed nurses and med techs on 9/11/19 regarding regulation 2600.202 that the following procedure is prohibited: A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited. A chemical restraint does not include a drug ordered by a physician or dentist to treat the symptoms of a specific mental, emotional or behavioral condition, or as pretreatment prior to a medical or dental examination or treatment. (see attachment A)

ED and/or designee will audit 5 residents medical records weekly for 4 weeks then monthly for 2 months to ensure they are free from chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior

Results of these audits will be reviewed monthly via QA process

Audits and inservice to be maintained by home and made available for Department review.
SP 11-18-19

Legal Entity Representative

Meredith H. Collins — Signature

Meredith H. Collins, Executive Director — Printed Name and Title

09/12/2019 — Date

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- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

Violation Report

Facility Information

Name: *WOODBOURNE PLACE* **License Number:** *13955*
Address: *2619 TRENTON ROAD,, LEVITOWN, PA 19056*
County: *BUCKS* **Region:** *SOUTHEAST*

Administrator

Name: Fredde Pinsker Interim ED **Phone:** *2159436611* **Email:** FPinsker@enlivant.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:** *81* **Waking Staff:** *61*

Inspection

Type: *Partial* **BHA Docket #:** **Notice:** *Unannounced*
Reason: *Complaint*

Inspection Dates and Department Representative

08/19/2019 - On-Site: Michele Swisher

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *48* **Residents Served:** *42*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0*
Are 60 Years of Age or Older: *42*
Diagnosed with Mental Illness: *0*
Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *39*
Have Physical Disability: *1*

42c - Treatment of Residents

Regulations

2600.
42.c. A resident shall be treated with dignity and respect.

Description of Violation

On 8/11/19 agency staff person A attempted to administer medications to Resident #1 prior to breakfast. The resident requests to take all of their morning medications after they have eaten breakfast. When the resident informed staff person A that they did not wish to take their medications at this time, the staff person responded by stating " if you don't take your medications now, I will throw them out". Resident #1 reports that their right to question or refuse medication was not respected and they were forced to take the medications at that time, prior to eating breakfast.

Plan of Correction (POC)

42.c

Resident #1 suffered no negative effects related to these findings

Staff person A no longer works at community

ED and/or designee will re-educate Licensed Nurses and Med techs on dignity in respect regarding residents being allowed to choose when they receive their medications by 10/3/19

ED and/or designee will audit 5 residents weekly for 4 weeks, then monthly audit for 2 months to ensure they are being treated with dignity and respect regarding being allowed to choose when they receive their medications

Results of these audits will be reviewed monthly via QA process

Please see attached...

Legal Entity Representative

Signature: [signature] RN

Printed Name and Title: Fredda Pinsker Interim ED

Date: 10/3/19

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- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

2600.42c

Home provided verification nurses and med-techs were in-serviced on residents' rights 10-03-19. Trainings and audits will be maintained by home and made available for Department review. The administrator will develop and implement a system to ensure residents are always treated with dignity and respect.

SP 11-18-19

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 B, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Repeat Violation: 4/18/19

Plan of Correction (POC)

54.a

Staff person B no longer works at community

ED and/or designee reviewed current direct care staff files by 10/3/19 to ensure they have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry. Any staff members not meeting this requirement will be removed from direct care duties effective immediately

ED received re-education by the RDCS on 9/30/19 on regulation 2600.54.a regarding direct care staff needing to have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry

ED and/or designee will audit newly hired direct care staff records prior to start date to ensure they have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry

Results of these audits will be reviewed monthly via QA process

Legal Entity Representative

Susan Dunlap RN — Signature
Freddie Pinsker Interim ED — Printed Name and Title
10/3/19 — Date

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- ☐ Not Implemented

2600.54 a

The administrator or designee will review all current direct care staff records to ensure all direct care staff persons meet the qualifications in accordance with regulation 2600.54(a), within 30 days receipt of this POC. Documentation will be kept in the staff records for Department review. Only those staff persons who meet the direct care staff qualifications will provide direct care services. Audits to be made available for Department review.

SP 11-18-19

65a - FS Orientation 1st Day

Regulations

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Agency staff persons C, D, and E, did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.

Plan of Correction (POC)

65.a

Staff person C and E no longer work at community

Agency staff person D received orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services by the ED and/or designee on 9/30/19

By 10/3/19 the ED and/or designee audited current agency staff persons files to ensure they received orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if

continued →

Jessica Parker RN Angela Parker Interim ED 10/3

applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services As of 10/3/19 current agency staff person orientations were complaint with regulation 2600.65.a

Previous ED no longer employed at community. Interim ED received education on 9/30/19 by RDCS regarding ensuring agency staff employees receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services prior to or on their first work day

ED and or/designee will audit new agency staff files weekly audit for 4 weeks, then monthly audit for 2 months to ensure employees received orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services training prior to or on their first work day

Results of these audits will be reviewed monthly via QA process

Please see attached....

Legal Entity Representative

Freddie Pinsky RN — Signature

Freddie Pinsker Interim ED — Printed Name and Title

10/3/19 — Date

65a - FS Orientation 1st Day *(continued)*

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2600.65a

Within 30 days of receipt of the accepted plan of correction - The administrator or designee will review all training records for to ensure all direct care staff persons including ancillary staff persons, substitute personnel and volunteers have completed an orientation in all aspects with regulation 2600.65(a). Documentation of the training shall be kept in the employee's record and made available for Department review. Audits and monitoring will be made available for Department review.

SP 11-18-19

65b - Rights/Abuse 40 Hours

Regulations

2600.
65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:
1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

Agency Staff person D completed his/her 40th scheduled work hour on 8/16/19. However, this staff person did not complete training in the following topics: resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), reporting of reportable incidents and conditions.

Agency Staff person E completed his/her 40th scheduled work hour on 8/9/19. However, this staff person did not complete training in the following topics: resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), reporting of reportable incidents and conditions.

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.)

Please see next page.

Legal Entity Representative

Tracee Parker RN — Signature

Heidi P. Nolan Interim ED — Printed Name and Title

10/31/19 — Date

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

The above plan of correction is approved as of 11-18-19 (Date)

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

Plan of correction implementation status as of 11-18-19 (Date)

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

65b - Rights/Abuse 40 Hours

Regulations

65.b

Agency Staff person D completed training in the following topics: resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services, reporting of reportable incidents and conditions on 9/30/19 by the ED and/or designee

Agency Staff person E no longer works at the community

By 10/3/19 the ED and/or designee audited current agency staff files to ensure employees received training on Residents Rights, Emergency Medical Plan, mandatory reporting of abuse and neglect and reporting of reportable incidents and conditions within 40 scheduled working hours. As of 10/3/19 current agency staff have received training on Residents Rights, Emergency Medical Plan, mandatory reporting of abuse and neglect and reporting of reportable incidents and conditions

Previous ED no longer employed at community. Interim ED received education on 9/30/19 by RDCS regarding ensuring employees, including agency staff, received training on Residents Rights, Emergency Medical Plan, mandatory reporting of abuse and neglect and reporting of reportable incidents and conditions within 40 scheduled working hours.

ED and or/designee will audit new employee files, including agency staff files, weekly audit for 4 weeks, then monthly audit for 2 months to ensure employees received Residents Rights, Emergency Medical Plan, mandatory reporting of abuse and neglect and reporting of reportable incidents and conditions within 40 scheduled working hours

Results of these audits will be reviewed monthly via QA process

Please see attached.....

Legal Entity Representative

Signature: Freda Pinsker RN

Printed Name and Title: Freda Pinsker Interim ED

Date: 10/3

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

The above plan of correction is approved as of 11-18-19 (Date)

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

Plan of correction implementation status as of 11-18-19 (Date)

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

2600.65b

Within 30 days of receipt of the accepted plan of correction - The administrator or designee will review all training records for staff to ensure all direct care staff persons including ancillary staff persons, substitute personnel and volunteers have completed an orientation in all aspects with regulation 2600.65(b). Documentation of the training shall be kept in the employee's record and made available for Department review. Audits and monitoring will be made available for Department review. All new employees will receive training within 40 hours.

SP 11-18-19

65d - Initial Direct Care Training

Regulations

2600.
65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person A, was hired on 6/15/19. The staff person did not complete and pass the Department-approved direct care training course and test.

Plan of Correction (POC)

65.d

Staff person A no longer works at the community.

ED and/or designee will review current direct care employees' files by 10/3/19 to ensure completion and passing of Department-approved direct care training course and passing of the competency test. If any noted direct care employees are not in compliance with regulations, they will not be permitted to perform unsupervised ADL services until completion

Previous ED no longer employed at community. Interim ED received education on 9/30/19 by RDCS regarding Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following: 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

ED and or/designee will audit new employee files, including agency staff files, weekly audit for 4 weeks, then monthly audit for 2 months to ensure employees have had successful completion and passing the Department-approved direct care training course and passing of the competency test.

Results of these audits will be reviewed monthly via QA process

Signature RN — Printed Name and Title: Interim ED — Date: 10/3/19

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

The above plan of correction is approved as of 11-18-19 (Date)

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

Plan of correction implementation status as of 11-18-19 (Date)

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

2600.65d

Administrator or designee will ensure all direct care staff persons have passed the Department approved direct care training course and compentency test. Only trained direct care staff will provide direct care services to residents. Audits and inservice to be maintained by home and made available for Department review.

SP 11-18-19

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 #2 was not complete within 60 days prior to admission or within 30 days after admission of the resident. The initial document of medical evaluation has a date of 3/29/2017 as the evaluation date. Resident was admitted on 6/28/2018.

Plan of Correction (POC)

141.a

Resident #2 no longer resides in the community (Should we add the date of discharge)

ED and/or designee completed audit of current residents to ensure they had 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 on 9/11/19. Residents identified as needing an updated medical evaluation will have on completed by 10/01/19 by a physician, physician's assistant or certified registered nurse practitioner.

ED will be re-educated on the need for residents to 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 by Regional Director of Care Services on 9/9/19

ED and/or designee will complete an audit on newly admitted residents weekly for 4 weeks then monthly for 2 months to ensure they had 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

Please see attached.....

Results of these audits will be reviewed monthly via QA process

Signature — Printed Name and Title: Interim ED — Date: 10/31

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

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

Plan of correction implementation status as of 11-18-19 (Date)

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

2600.141a

Administrator or designated staff person will ensure all residents have a medical evaluation completed within timeframes specified in regulation 141.a1. Home did verify audit form for resident DME's and staff Inservice that was completed. Audits and Inservice to be maintained by home and made available for Department review.

SP 11-18-19

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 #3 is prescribed Mucinex- 600mg-30mg tab- 1 tab by mouth every 12 hours PRN for congestion of chest , and Anti-diarrheal 2mg cap- 1 cap by mouth as needed every 6 hours as needed for diarrhea. On 8/19/19 these medications were not available in the home.

Plan of Correction (POC)

185.a

Resident #3 medications were ordered and available in the community on 8/19/19

Current residents who receive medications were audited to ensure medications were available in the community by the CSM and/or designee by 10/3/19. Medications requiring reorder were completed and medications available as of 10/3/19

Nurses and Med Techs were re-educated on regulations 2600.185.a including having ordered medications available in the community by the ED on 9/11/19

CSM and/or designee will perform audits on 5 residents receiving medications weekly for 4 weeks then monthly for 2 months to medications are available for administration

Results of these audits will be reviewed monthly via QA process

Please see attached.....

Legal Entity Representative

Signature: [illegible] RN

Printed Name and Title: Redale Pinsker Interim ED

Date: 10/3/19

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

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

Plan of correction implementation status as of 11-18-19 (Date)

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

2600.185a

Within 30 days of receipt of the plan of correction: The administrator will review and update if necessary, the home's procedures for the safe storage, access, security, distribution and use of medications, including the procedures for medication accountability. All staff persons qualified to administer medications will be reeducated on the home's policy and procedures. Documentation of education shall be kept for Department review. The administrator or designated staff person qualified to administer medications shall complete an initial and monthly audit of the medication cart, medication administration records and prescription orders to ensure all prescription medications are available for administration.

SP 11-18-19

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:
12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident #1 is prescribed - Erythromycin Opthalmic 0.5% ointment, and Escitalopram Oxalate 10mg tablet. However, resident #1's medication administration record does not indicate diagnosis or purpose for these medications.

Plan of Correction (POC)

187.a

Resident #1 medication administration record was corrected to include diagnosis for Erythromycin Opthalmic 0.5% ointment, and Escitalopram Oxalate 10mg tablet by the CSM on 9/27/19

CSM and/or designee reviewed current residents receiving medications medication administration records to ensure medications had a diagnosis or purpose listed on 9/10/19 with corrections made as needed

Licensed Nurses and Med Techs re-educated on regulations 2600.187.a.12 including that all medications must include a diagnosis or purpose for use listed on the medication administration records by DCSS and/or designee on 9/11/19

CSM and/or designee will perform audits on 5 residents medication administration records weekly for 4 weeks then monthly for 2 months to ensure medications have a listed diagnosis or purpose of use

Results of these audits will be reviewed monthly via QA process Please see attached.....

Legal Entity Representative

Signature: [signature] RN
Printed Name and Title: Freda Pinsky Interim ED
Date: 10/3/19

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

The above plan of correction is approved as of 11-18-19 (Date)

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

Plan of correction implementation status as of 11-18-19 (Date)

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

2600.187a

Immediately: A staff person qualified to administer medications will conduct an initial and monthly review of all current resident MARS and prescribers' orders to ensure all prescribed medications are documented on the residents MAR'S in accordance with regulation 2600.187a. Home did provide verification med-techs and nurses were trained on medication administration records. Audits and Inservice to be maintained for Department review.

SP 11-18-19

187d - Follow Prescriber's Orders

Regulations

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 is prescribed:

- Erythromycin Opthalmic 0.5% ointment- Apply topically to each eye at bed time. This medication not administered on 8/7/19, and 8/8/19 .

- Escitalopram Oxalate 10mg tablet- 1 by mouth at bed time. This medication was not administered on 8/7/18 and 8/8/19.

- Latanoprost- 0.005% Drops 1 drop in each eye at bed time-. This medication was not administered on 8/7, 8/8/19 and 8/15/19. This medication was not available in the home on these dates. MAR is initialed as administered on 8/16/19, 8/17/19 and 8/18/19 however resident states they have not received their eye drops on these dates.

- Levothyroxine 25mcg 1 by mouth daily. This medication was not administered on 8/14/19, 8/15/19, 8/17/19.

Resident #3 is prescribed:

- Alphagan 0.1% 1 drop in both eyes at bed time. This medication was not administered on 8/1/19.

- Lumigan 0.1% 1 drop in each eye daily at bed time. This medication was not administered on 8/1/19.

- Hydrocortisone cream – apply to affected area twice daily. This medication was not administered on 8/1/19 at 8pm

- Calcium Carbon 500mg – 1 by mouth twice daily. This medication was not administered on 8/6/19 at 8:30pm

- Latanoprost 0.005% - 1 drop in both eyes at bedtime. This medication was not administered on 8/4/19 and 8/10/19 at 8:30pm

Plan of Correction (POC)

187.d

Resident #1 and Resident #3 medication omissions were reviewed with their MD by Registered Nurse on 9/11/19 Resident #1 and Resident #3 suffered no negative effects related to these findings

CSM and/or designee completed audit on 9/10/19 of current residents with medications orders and omissions noted, findings reviewed with resident's MD as needed

Licensed Nurses and Med Techs re-educated on regulations 2600.187.d including following prescribers' directions and administering medications as ordered by DCSS and/or designee on 9/11/19

CSM and/or designee will perform audits on 5 residents medication administration records weekly for 4 weeks then monthly for 2 months to ensure prescribers directions are followed

Results of these audits will be reviewed monthly via QA process Please see attached.....

Signature Printed Name and Title Date

Suzanne Parker RN Adela Pinska Interim ED 10/1/19

187d - Follow Prescriber's Orders *(continued)*

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

The above plan of correction is approved as of 11-18-19 (Date)

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

Plan of correction implementation status as of 11-18-19 (Date)

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

2600.187d

The administrator or designee qualified to administer medications shall complete an initial audit of all resident MARs to ensure all prescribed medications are available, administered as prescribed, and the administration of the medication is documented on the MARs in accordance with regulation 2600.187(b).

SP 11-18-19

225c - Additional Assessment

Regulations

2600.
225.c. The resident shall have additional assessments as follows:
1. Annually.

Description of Violation

Resident #2's most recent assessment was completed on 6/29/2018.

Plan of Correction (POC)

225.c

Resident #2 no longer resides in the facility

CSM and/or designee will review current residents' records on 9/19/19 to ensure additional assessments are completed as required. Assessments will be updated as required by 11/15/19

ED provided CSM education on completing additional resident assessments as required on 10/3/19

CSM and/or designee will audit 5 resident records weekly for 4 weeks, then monthly for 2 months to ensure additional assessments are completed as required

Results of these audits will be reviewed monthly via QA process

Administrator or designee will ensure all Resident Assessment Support Plans (RASP), are completed within timeframes specified in 2600.225c. Within 30 days receipt of this POC all RASP will be audited to ensure all residents have one in the past year.

SP 11-18-19

Legal Entity Representative

Signature: [signature] RN

Printed Name and Title: Freddie Pinnix RN Interim ED

Date: 10/3/19

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

The above plan of correction is approved as of 11-18-19 (Date)

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

Plan of correction implementation status as of 11-18-19 (Date)

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

227d - Support Plan Medical/Dental

Regulations

2600.
227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment and support plan for resident #2, dated 7/13/19, does not address residents current medical needs related to resident's diagnoses of congestive heart failure, hypertension, atrial fibrillation, coronary artery disease, or GERD.

Plan of Correction (POC)

227.d

Resident #2 no longer resides in the community

CSM and/or designee will review current residents' records on 9/1/19/19 to ensure assessments and support plans address residents' current medical needs. Assessments will be updated as required by 11/15/19

ED provided CSM education on ensuring assessments and support plans address residents' current medical needs on 10/3/19

CSM and/or designee will audit 5 resident records weekly for 4 weeks, then monthly for 2 months to ensure assessments and support plans address residents' current medical needs

Results of these audits will be reviewed monthly via QA process

Audits and In-Service to be made available for Department review..... SP 11-18-19

Legal Entity Representative

Signature

Printed Name and Title

Date 10/3/19

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

The above plan of correction is approved as of 11-18-19 (Date)

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

Plan of correction implementation status as of 11-18-19 (Date)

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

Violation Report

Facility Information

Name: *WOODBOURNE PLACE* **License Number:** *13955*
Address: *2619 TRENTON ROAD,, LEVITOWN, PA 19056*
County: *BUCKS* **Region:** *SOUTHEAST*

Administrator

Name: *Fredde Pinsker* **Phone:** *2159436611* **Email:** *ALCLICENSE@ENLIVANT.COM*

Legal Entity

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

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *36* **Waking Staff:** *27*

Inspection

Type: *Partial* **BHA Docket #:** **Notice:** *Unannounced*
Reason: *Interim*

Inspection Dates and Department Representative

10/17/2019 - On-Site: Sabrina Freeman

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *48* **Residents Served:** *36*

Secured Dementia Care Unit

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

Hospice

Current Residents: *NM*

Number of Residents Who:

Receive Supplemental Security Income: *0*
Are 60 Years of Age or Older: *36*
Diagnosed with Mental Illness: *0*
Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0*
Have Physical Disability: *0*

17 - Record Confidentiality

Regulations

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 10/17/19, at 11:45Aam, the Nursing Station door was wide open. The nursing station was unattended at the time, and there was resident records open on the table and there were residents medication on the table unlocked. Additionally, the residents records are in this room on an open shelf.

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.)

Nursing station door was closed and locked upon notification from surveyor on 10/17/19

On 10/17/19 resident records were relocated to the CSM office

ED and/or designee will provide re-education to employees who have access to nursing station related to regulation 2600.17 and that nursing station door is to be kept closed and locked when unattended to ensure resident information is kept confidential by 11/11/19

ED and/or desingee will perform auidt on nursing station 5 times a week for 4 weeks then weekly for 2 months to ensure nursing station door is closed and locked when unattended and that resident information is kept confidential

Results of these audits will be reviewed during QI process

Please see attached.....

Legal Entity Representative

Fredde Pinsker RN
Signature

Fredde Pinsker, RN Executive Director 11/5/2019
Printed Name and Title Date

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

The above plan of correction is approved as of 11-16-19 (Date)

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

Plan of correction implementation status as of 11-16-19 (Date)

☑ Fully Implemented

[redacted]

☐ Not Implemented

2600.17

Administrator will ensure resident records remain confidential in accordance to regulation 2600.17. Education provided on 11/11/19 will be maintained by home and made available for Department review.

SP 11-16-19