



November 4, 2019

Ms. Lenore Hutchinson, LPN
Personal Care Home Administrator
Willow Valley Communities
925 Willow Valley Lakes Drive
Willow Street, Pennsylvania 17584

RE: Meadow Ridge at Willow Valley
Certificate #: 322050

Dear Ms. Hutchinson:

As a result of the Department's Bureau of Human Services Licensing annual inspection on July 29 and 30, 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", written over a horizontal line.

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: MEADOW RIDGE AT WILLOW VALLEY

License Number: 32205

Address: 925 WILLOW VALLEY LAKES DRIVE, WILLOW STREET, PA 17584

County: LANCASTER

Region: CENTRAL

Administrator

Name: Lenore Hutchinson

Phone: 7174908100

Email: LHUTCHIN@WILLOWVALLEY.ORG

Legal Entity

Name: WILLOW VALLEY COMMUNITIES

Address: 925 WILLOW VALLEY LAKES DRIVE, WILLOW STREET, PA, 17584

Certificate(s) of Occupancy

Type: I-1

Date: 06/19/2006

Issued By: W. Lampeter Twp.

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 92

Waking Staff: 69

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

Inspection Dates and Department Representative

07/29/2019 - On-Site: Douglas Hoover, Israel Springs

07/30/2019 - On-Site: Douglas Hoover, Israel Springs

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 156

Residents Served: 92

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: 92

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 0

Have Physical Disability: 0

25a - Written Contract and Review

Regulations

2600.

25.a. Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

Description of Violation

The contract for Resident #1, admitted on 11/29/2018, was signed on 12/1/2018.

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.)

Resident #1 was an unplanned admission who was admitted from the hospital after business hours. The day after admission the social worker attempted to meet with the Resident however the Resident was unavailable. The Social worker gave the contract to the charge nurse to have signed. The charge nurse did not have the Resident sign the contract until the next day.

On review it was determined the process would be changed. The administrative team would have the responsibility of reviewing contracts with residents. This would include the administrator, social worker and nursing coordinator.

Please see attached
Page 2A of 3

Legal Entity Representative

Lenore Hutchinson
Signature

Lenore Hutchinson PCHA
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 9/26/19
(Date)

Plan of correction implementation status as of 9/26/19
(Date)

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

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

Resident #1 was an unplanned admission who was admitted from the hospital after business hours. The day after admission the social worker attempted to meet with the Resident however the Resident was unavailable. The Social worker gave the contract to the charge nurse to have signed. The charge nurse did not have the Resident sign the contract until the next day.

On review it was determined the process would be changed. The administrative team would have the responsibility of reviewing contracts with residents. This would include the administrator, social worker and nursing coordinator.

- An audit of all 2019 admissions contracts was completed to determine if there was a trend in residents signing contracts after 24 hours. 25 contracts were audited with 0 contracts being signed after 24 hours.
- An e-mail education was sent to the team updating them on this change. *(see attached)*
- The staff was educated at the 8/13/19, 8/14/19, and 8/16/19 staff meetings the on call administrative team member is to be contacted immediately when an after-hours, weekend, or holiday admission occurs. The on call administrative team member will meet with the resident the day of admission, review the contract with them, and have the resident sign the contract. *(see attached)*
- The Staff was reeducated on the use of the On Call schedule. *(see attached)*
- The administrative team met on 8/15/19 to review the contract to ensure the team understands the contract and was able to address any questions a resident may have. *(see attached)*
- The admission check list was updated to reflect this change. *(see attached)*
- The social worker will continue to audit all new contracts through 2019 verifying contracts were signed within 24 hours.

Respectfully submitted by Lenore Hutchinson, PCHA

Lenore Hutchinson, PCHA 8/14/19

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 #2's blood sugar (BS) readings from the glucometer do not match the Medication Administration Record (MAR). The results were as follows:

The MAR on 7/28/2019 at 9:07 am documents a BS reading of 165 however, the glucometer records BS reading of 165 on 3/3 at 23:34;

The MAR on 7/21/2019 at 9:22 am documents a BS reading of 187 however, the glucometer records BS reading of 187 on 2/25 at 23:49;

The MAR on 7/14/2019 at 9:13 am documents a BS reading of 167 however, the glucometer records BS reading of 167 on 2/18 at 23:44;

The MAR on 7/7/2019 at 9:17 am documents a BS reading of 194 however, the glucometer records BS reading of 194 on 2/11 at 23:48.

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.)

Resident # 2 glucometer was found not to have the correct date and time programmed into the glucometer. It is unknown if the date and time were never set or if they were accidentally changed during the glucometer's use. A new process for calibrating glucometers was instituted.

Please see attached Page 3A of 3

Legal Entity Representative

<i>Lenore Hutchinson, PCMA</i>	Lenore Hutchinson	8/16/19
Signature	Printed Name and Title	Date

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

The above plan of correction is approved as of	9/26/19	Plan of correction implementation status as of	9/26/19
	(Date)		(Date)
The above plan of correction was approved by	GE	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	
	(Initials)		

Resident # 2 glucometer was found not to have the correct date and time programmed into the glucometer. It is unknown if the date and time were never set or if they were accidentally changed during the glucometer's use. A new process for calibrating glucometers was instituted.

- An audit of all glucometers was completed, 5 out of 7 were found to have the incorrect date and time.
- All glucometers corrected
- An e-mail education was sent to the team updating them in the new process for glucometer calibration. **(see attached)**
- The staff was educated at the 8/13/19, 8/14/19, and 8/16/19 staff meetings on the new process of verifying the correct date and time are on the glucometer prior to taking the blood sugar.
- The night shift calibrates all glucometers weekly. They will complete a weekly audit verifying correct date and time and they will document verification on the quality Control Record.
- A review of how to set the date and time on the glucometer was completed at each staff meeting. **(see attached)**
- The education department was informed of the new process to be included in the annual glucometer competency. **(see attached)**

Respectfully submitted by Lenore Hutchinson, PCHA

Lenore Hutchinson, PCHA 8/16/19