



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**October 7, 2019**

Ms. Nancy Donnelly  
Executive Director  
Hatfield Mennonite Homes, Inc.  
275 Dock Drive  
Lansdale, Pennsylvania 19446

RE: Oakwood Court  
License #: 127960

Dear Ms. Donnelly:

As a result of the Department's Bureau of Human Services Licensing inspection on August 6, 2019 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "Ayus Adelanwa".

Ayus Adelanwa  
Workload Manager

Enclosure  
Violation Report

# Violation Report

## Facility Information

Name: OAKWOOD COURT

License Number: 12796

Address: 275 DOCK DRIVE,, LANSDALE, PA 19446

County: MONTGOMERY

Region: SOUTHEAST

## Administrator

Name: Jennifer Miller

Phone: 2153684438

Email: Jennifer.miller@LIVINGBRANCHES.ORG

## Legal Entity

Name: HATFIELD MENNONITE HOMES INC

Address: 275 DOCK DRIVE, LANSDALE, PA, 19446

## Certificate(s) of Occupancy

## Staffing Hours

Resident Support Staff:

Total Daily Staff: 93

Waking Staff: 70

## Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason: Incident

## Inspection Dates and Department Representative

08/06/2019 - On-Site: Youn Hie Chung

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: 80

Residents Served: 69

### Secured Dementia Care Unit

In Home: Yes

Area: Harmony House

Capacity: 26

Residents Served: 24

### Hospice

Current Residents: x

### Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 69

Diagnosed with Mental Illness: 1

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 24

Have Physical Disability: 0

187a - Medication Record

Regulations

2600.

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

- 1. Resident's name.
- 2. Drug allergies.
- 3. Name of medication.
- 4. Strength.
- 5. Dosage form.
- 6. Dose.

Description of Violation

The pharmacy label for resident #1's Dicyclomine Cap 10 mg says 1 cap as needed twice a day, while the MAR reads 1 cap by mouth daily.

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.)

It is important for the safety of our residents that all medications are properly labeled. An immediate investigation was conducted by the Care Coordinator. The MAR was correct and the resident was receiving the prescribed dosage of medication. Pharmacy was contacted to ensure they had the correct medication dosage on file. A change of direction sticker was added to the medication. The nurses were immediately educated on the importance of reviewing the MAR and the medication package for each medication prior to administration. All nurses and med tech will be re-educated during September Staff Meetings on this protocol. A medication audit has been implemented and will be completed monthly. The Care Coordinator will oversee completion of these audits. The PCHA will monitor for ongoing compliance.

The Administrator, will ensure that med cart contents/ med pharmacy labels and MARS are being crosschecked for accuracy; at the beginning of each monthly med cycle and whenever there is a change in a prescribed med. order for all residents. Any discrepancy will be immediately rectified. 9/30/19

Legal Entity Representative

A.A.A

Signature: *Jennifer Miller*

Jennifer Miller, Director of Personal Care  
Printed Name and Title

9/20/19  
Date

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The above plan of correction is approved as of 9/30/19  
(Date)

Plan of correction implementation status as of 9/30/19  
(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

187d - Follow Prescriber's Orders

Regulations

2600.

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

Description of Violation

Resident #2 has a prescription for Bisacodyl Tablets 5 mg, which is to be taken every other day at 8:00pm. The medication was administered on 08/02/2019 at 8:00 PM but it was not given on 08/04/2019 at 8:00 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.)

It is important for the safety and well being of our residents that all medications are to be administered as prescribed. An immediate investigation was completed by the Care Coordinator. The medication was given on 8/4/19, however it was not signed off on the MAR. The nurses on the unit were re-educated on the importance of signing off on the MAR immediately after administering the medication. All nurses and med techs will be re-educated on the MAR during September's staff meetings. A MAR audit has been created and will be implemented monthly beginning September 2019. The Care Coordinator will oversee the completion of the audits. The PCHA will monitor for ongoing compliance.

Whenever a resident has a special instruction for their prescribed meds, the Administrator or a designee will ensure that, the MARS for the med is written in a way that staff can readily understand and follow the instructions for the prescribed med. For instance, if a med is specifically to be given on every other day, the days corresponding with the instruction will be left open in the MARS for the resident, while the rest of the days wherein med is not be given will be blocked. 9/30/19

A.A.A

Legal Entity Representative

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Jennifer Miller, Director of Personal Care  
Printed Name and Title

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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 #2 is prescribed Diazepam 5 mgs for anxiety every 8 hours as needed. According to her July medication administration record, the Diazepam was administered to her to control her agitation on July 4th, 6th, 8th, 22nd, 23rd, and 24th of 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.)

It is important for the health and well being of our residents that medications are only administered for the diagnosis prescribed. An immediate investigation was conducted by the Care Coordinator. The medication was administered for anxiety - staff were assuming anxiety and agitation were the same thing. Care Coordinator re-educated nursing staff on the difference between the two. All staff will be re-educated on the use of PRN medications as well as the differences in anxiety and agitation as well as the importance of understanding the diagnosis/signs/symptoms before administering PRN medications. The Care Coordinator or designee will review the PRN medications and MARs to ensure compliance. The PCHA will monitor for ongoing compliance.

All staff, will be trained on the prohibition of chemical restraint and the circumstances that may constitute a restraint; and that meds can not be used to control resident's agitation/behaviors. The education will include a clear instruction on the example, symptoms and indication of anxiety versus agitation. For the next consecutive two month period, the Administrator or a designee will provide oversight to staff, when the Diazepam tablet is to be administered to resident #2. Thus, staff will become proficient in administering a control substance and prevent repetition of the cited reg.

10/4/19

Legal Entity Representative

A.A.A

*Jennifer Miller*  
Signature

Jennifer Miller, Director of Personal Care 9/20/19  
Printed Name and Title Date

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227h - Support Plan Refuse Sign

Regulations

2600.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

Resident #1 participated in the development of their support plan on 03/13/2019 and 07/18/2019. The resident did not sign either support plan. The home did not make a notation regarding the resident's inability/refusal to sign.

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.)

It is important that every resident participates in the care plan. PCHA reviewed regulations and signature requirements with the Care Coordinator and Social Worker - both of whom are present for and conduct all RASP reviews and care conferences. PCHA or designee will complete random audits of residents' RASPs to ensure ongoing compliance.

On receiving this POC, the Administrator or a designee will review/audit the support plan for all residents to ensure compliance with the cited reg.10/4/19

Legal Entity Representative

*Jennifer Miller*  
Signature

Jennifer Miller, Director of Personal Care  
Printed Name and Title

9/20/19  
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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 #1 was admitted to the Secure Dementia Care Unit (SDCU) on 03/07/2019. However, the resident's initial support plan was completed on 03/13/2019.

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.)

It is important that the facility follow the SDCU regulations for support plan completion, which states that the care plan be completed within 72 hours of admission. PCHA reviewed and re-educated the Care Coordinator on this regulation. PCHA or designee will complete an audit of the RASP within 72 hours of admission to ensure ongoing compliance.

Within 15 days of receiving this POC, the Administrator or a designee, will review the support plan for all residents admitted to the SDCU to ensure accuracy and that the same reflects the level of care in adherence to the cited reg. A tracking/checklist will be developed, that will prompt the need for the required information to be completed; and a designated person will be appointed to verify record completion/compliance. 9/30/19

AAA

Legal Entity Representative

Signature: Jennifer Miller

Jennifer Miller, Director of Personal Care  
Printed Name and Title

9/20/19  
Date

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The above plan of correction is approved as of 10/04/19  
(Date)

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(Date)

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(Initials)

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234b - Support Plan Needs Elements

Regulations

2600.

234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

Description of Violation

The support plan, dated 03/13/2019 for resident #1, does not address her aggressive behaviors or how the home plans to meet these needs.

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.)

At the time this care plan was completed, the resident was not exhibiting aggressive behaviors. All behaviors arising since the initial care plan, as well as interventions, were documented in the electronic medical chart, which the surveyor did not review. Resident was being seen by MedOptions to assist the facility in addressing behaviors, this is also documented in the electronic medical chart. After the resident had an inpatient stay at a behavioral hospital, followed by a meeting with the family to create a comprehensive care plan and also having the interdisciplinary team from the facility meet, a new RASP was created and implemented in July 2019 listing all behaviors and interventions. This RASP was on the chart and was implemented at the time of the DHS inspection in August. The Care Coordinator will continue to add to the RASP addendum as needed for all residents regarding new behaviors and interventions and will update the RASP as a significant change as needed.

PCHA or designee will conduct random RASP audits to ensure compliance with all resident RASPs continually being updated for behaviors and interventions.

Within 15 days of receiving this POC, the Administrator or a designee will review/audit the RASP for all residents to ensure accuracy and that the same reflects the required level of care in compliance with the cited reg. 9/30/19

AAA

Legal Entity Representative

Signature *Jennifer Miller*

Jennifer Miller, Director of Personal Care  
Printed Name and Title

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234d - Support Plan Revision

Regulations

2600.

234.d. The support plan shall be revised at least annually and as the resident's condition changes.

Description of Violation

A support plan for resident #2 was completed on 09/07/2018; however, the resident has developed behavioral problems and been involved in 3 physical altercations since her admission on 09/06/2018. The home has failed to update her support plan to reflect the condition.

Plan of Correction (POC)

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It is important to document as much pertinent information as possible in the RASP to be able to care for and meet all needs for a resident. The resident's behaviors and interventions are documented in the resident's electronic medical record. The Care Coordinator has been educated to ensure the same pertinent information is also included in the resident's annual RASP as well as RASP addendums. If a resident exhibits extreme behaviors or has a new psychological and/or medical diagnosis, a new RASP will be created due to a significant change. The PCHA will conduct random RASP audits to ensure ongoing compliance.

Within 15 days of receiving this POC, the Administrator or a designee will review/audit the RASP for all residents to ensure accuracy and in compliance with the cited reg. An alert system will be created that will prompt the need for an updated RASP to be completed annually and when when resident condition changes. 10/04/19

Legal Entity Representative

Signature *Jennifer Miller*

Jennifer Miller, Director of Personal Care  
Printed Name and Title

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