



November 12, 2019

Ms. Loriann Putzier,  
President & Chief Operating Officer  
VS Woods LLC  
IntergraCare Corporation  
6600 Brooktree Court, Suite 1000  
Wexford, Pennsylvania 15090

RE: The Woods at Cedar Run  
824 Lisburn Road  
Camp Hill, Pennsylvania 17011  
License #: 331320

Dear Ms. Putzier:

As a result of the Department's Bureau of Human Services Licensing's annual licensing inspection on September 24, 2019 and September 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](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 WOODS AT CEDAR RUN

License Number: 33132

Address: 824 LISBURN ROAD,, CAMP HILL, PA 17011

County: CUMBERLAND

Region: CENTRAL

## Administrator

Name: Heather Pastick

Phone: 7177373373

Email:

## Legal Entity

Name: VS WOODS LLC

Address: 6600 BROOKTREE COURT,SUITE 1000, INTEGRACARE CORPORATION, WEXFORD, PA, 15090

## Certificate(s) of Occupancy

Type: C-2 LP

Date: 02/19/1997

Issued By: Labor & Industry

## Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 95

Waking Staff: 71

## Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

## Inspection Dates and Department Representative

09/24/2019 - On-Site: Jason McCloskey, Dale Rosenblat

09/25/2019 - On-Site: Jason McCloskey, Dale Rosenblat

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: 79

Residents Served: 67

### Secured Dementia Care Unit

In Home: Yes

Area: Life Stories

Capacity: 19

Residents Served: 15

### Hospice

Current Residents: 2

### Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 67

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 28

Have Physical Disability: 0

105g - Lint Removal and Duct Cleaning

Regulations

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

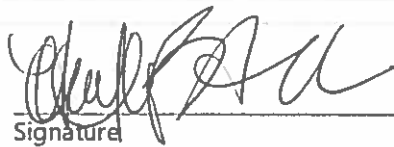
On 9/25/19, the dryers on the second floor had an accumulation of lint in the lint traps. The dryers were empty and not in use at the time.

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 the attached documents. Pages 2A and 2B

Legal Entity Representative

  
Signature

Heather Pastick Executive Director  
Printed Name and Title  
10/9/19 Date

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

The above plan of correction is approved as of 10/10/19 Plan of correction implementation status as of 10/10/19  
(Date) (Date)

The above plan of correction was approved by BAS  
(Initials)  Fully Implemented  
 Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented

PAGE 2A of 4  
PLAN OF CORRECTION

Community Name: The Woods at Cedar Run

License Number: 331320

Date of Visit: September 25-26, 2019

Date of Submission: October 7, 2019

1. Violation Review:

2600.105.g .

To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

2. Violation Interpretative Statement:

On 9/25/19, the dryers on the second floor had an accumulation of lint in the lint traps.  
The dryers were empty and not in use at the time.

3. Review the benefit of the Regulation, per RCG:

2600.105g1 "Greatly reduces the chance of fire in the home."

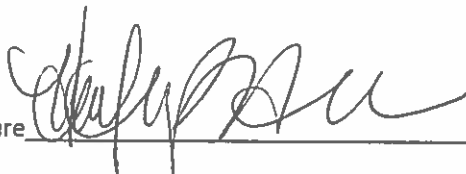
4. Description of the Repair of the Immediate Problem:

Dryer lint traps were cleaned, and staff educated by Executive Director on current practice and importance of keeping traps clean and free of debris.

5. Determine / document the Root Cause of the Violation:

Lack of knowledge of regulatory requirements of 2600.105g  
Lack of process to ensure compliance with 2600.105g and monitoring of process.

Authorized Signature



Date:

10/9/19

6. Detail Action Steps / System Developed to prevent future occurrence:

New documentation system will ensure that all staff on duty are responsible for confirming lint traps are clean and free of debris throughout the day. Staff will be required to document 3x per shift for compliance; the shift supervisor will confirm process adherence.

a. Changing practice?

New process of documentation for staff will be reflected on daily assignment sheets 3x per shift in addition to cleaning and documentation after each dryer cycle.

b. Teaching or Training?

Staff will be trained on new practice of documentation; 3x per shift and follow up of compliance by shift supervisor. Staff will also review current policy on cleaning lint trap and documentation process after each dryer cycle is complete. Education will be provided on the importance of and risks associated with non-compliance of practice.

\*This education was provided by the home on 10/9/19. BAS 10/10/10

c. On-going Monitoring?

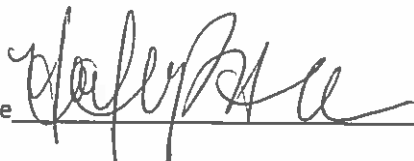
Shift supervisor will confirm review 3x per shift and adherence to new policy. On-going monitoring for compliance with practice and documentation will take place on a weekly basis by Executive Housekeeper. As stated above; education will be on-going; at yearly Fire Safety training, and at monthly and quarterly staff meetings. \*Documentation of the checks performed 3 times per day will be retained by the home for Dept. review. BAS 10/10/19

7. Designated position responsible and specify target date for correction.

Executive Housekeeper will ensure that documentation and practice of keeping lint vents clean and free of debris will be audited and recorded on a weekly basis. Audits should be at unpredictable times to certify compliance by all shifts. New documentation and target date of correction is October 9, 2019.

\*Documentation of the audits will be retained by the home for Dept. review. BAS 10/10/19

Authorized Signature



Date:

10/9/19

227g -Support Plan Signatures

Regulations

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident 1's support plan dated 6/20/19, Resident 2's support plan dated 9/9/19, Resident 3's support plan dated 6/26/19, Resident 4's support plan dated 9/4/19, and Resident 5's support plan dated 7/26/19 were not signed by the assessor and 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.)

Please see the attached documents. Pages 3A and 3B

Legal Entity Representative

  
Signature

Heather Pastick Executive Director  
Printed Name and Title  
10/9/19 Date

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(Initials)

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- Not Implemented

Page 3A of 4  
**PLAN OF CORRECTION**

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Community Name: The Woods at Cedar Run

License Number: 331320

Date of Visit: September 25-26, 2019

Date of Submission: October 7, 2019

**1. Violation Review:**

2600.227 (g) Individuals who participate in the development of the support plan shall sign and date the support plan.

**2. Violation Interpretative Statement:**

Resident 1's support plan dated 6/20/19, Resident 2's support plan dated 9/9/19, Resident 3's support plan dated 6/26/19, Resident 4's support plan dated 9/4/19, and Resident 5's support plan dated 7/26/19 were not signed by the assessor and the resident.

**3. Review the benefit of the Regulation, per RCG:**

2600.227 (g) "Having individuals who participate in the development of the support plan sign and date the support plan provides a record of who participated in the development of the support plan for future reference purposes."

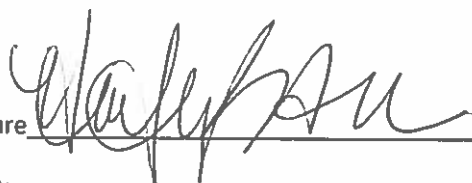
**4. Description of the Repair of the Immediate Problem:**

Executive Director or designee will perform an audit of resident records related to the requirements of 2600.227 (g). Executive Director will coordinate with responsible parties and residents to review RASP information and obtain signatures to ensure compliance with 2600.27 (g) by November 8, 2019.

**5. Determine / document the Root Cause of the Violation:**

Company standard for quarterly service plan reviews were placed in the resident medical chart without assessor, resident, or responsible party/family signature. Director of Wellness position currently vacant; Executive Director will ensure that compliance with regulation is complete.

Authorized Signature \_\_\_\_\_



Date: \_\_\_\_\_

10/9/19

6. Detail Action Steps / System Developed to prevent future occurrence:

Executive Director or designee will audit resident medical records to determine the prevalence of non-compliance.

Executive Director or other licensed designee will conduct repairs as necessary with all current active RASP's by November 8, 2019. Documentation of the audit and findings will be maintained.

Executive Director or designee will track RASP's on the annual, initial, and significant change and monitor for compliance with signatures as required.

a. Changing practice?

Audit listing will be generated by Wellness Office Unit Clerk and updated as necessary to reflect changes in resident census, or significant change. Director of Wellness or designee will ensure that this auditing system is complete and accurate.

b. Teaching or Training?

Education provided to Wellness Unit Clerk on standards of practice for capturing service plan information, timing and changes. Upon hire of Wellness Director; Executive Director will educate on both state regulatory standards as well as corporate compliance of service plans.

\*This education was provided by the home on 10/9/19. BAS 10/10/10

c. On-going Monitoring?

Executive Director will maintain quarterly audits on both audit listing and visualizing signatures on service plans located in resident medical records to confirm completion.

Monitoring of appropriate documentation, signature capture, and updated changes will also be monitored on an annual basis and documented in the Quality Management Plan.

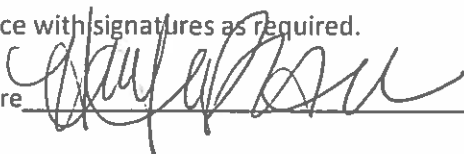
\*Documentation of the audit performed will be retained by the home for Dept. review.  
BAS 10/10/19

7. Designated position responsible and specify target date for correction.

Executive Director will update all active RASP's as appropriate to maintain compliance with regulation 2600.277 (g) by November 8, 2019. \*Documentation for the completion of the RASP review will be submitted to the Dept.  
BAS 10/10/19

Executive Director or designee will track RASP's on the annual, initial, and significant change and monitor for compliance with signatures as required.

Authorized Signature



Date:

10/9/19

254c - Records Storing

Regulations

2600.

254.c. Resident records shall be stored in locked containers or a secured, enclosed area used solely for record storage and be accessible at all times to the administrator or the administrator's designee, and upon request, to the Department or representatives of the area agency on aging.

Description of Violation

On 9/25/19 at 1:12pm, a licensing representative observed both doors to the second floor wellness office open and no staff members present in the vicinity of the office. The wellness office contains resident records including medical evaluations, support plans and medication lists.

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.)

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Legal Entity Representative

  
Signature

Heather Pastore Executive Director  
Printed Name and Title  
10/9/19 Date

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Page 4A of 4  
PLAN OF CORRECTION

Community Name: The Woods at Cedar Run

License Number: 331320

Date of Visit: September 25-26, 2019

Date of Submission: October 7, 2019

1. Violation Review:

2600.254.c. Resident records shall be stored in locked containers or a secured, enclosed area used solely for record storage and be accessible at all times to the administrator or the administrator's designee, and upon request, to the Department or representatives of the area agency on aging.

2. Violation Interpretative Statement:

On 9/25/19 at 1:12pm, a licensing representative observed both doors to the second floor wellness office open and no staff members present in the vicinity of the office. The wellness office contains resident records including medical evaluations, support plans and mediation lists.

3. Review the benefit of the Regulation, per RCG:

2600.254.c. "Storing resident records in a secure manner while also providing the resident records to individuals with authorized access helps to protect the security and privacy of a resident's health information, as well as provide necessary information to those persons who oversee the care of a resident."

4. Description of the Repair of the Immediate Problem:

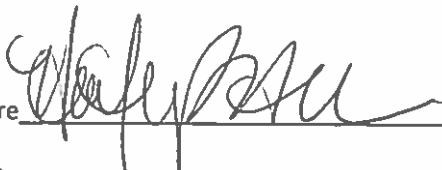
Doors were closed and staff were educated on closing and locking of wellness room doors while not in use.

5. Determine / document the Root Cause of the Violation:

Lack of knowledge of regulatory requirements of 2600.254c

Lack of process to ensure compliance with 2600.254c and enforce monitoring.

Authorized Signature



Date:

10/9/19

6. Detail Action Steps / System Developed to prevent future occurrence:

Wellness office moved across the hall to room 220. This room has one door (with window) for entry and exit. Sign placed on door to keep closed and locked at all times when a staff member is not present.

Changing practice?

Wellness office was relocated; there is a single point of access. Signage on door notes to keep closed and locked at all times when a staff member is not present.

a. Teaching or Training?

Education will be provided on an on-going basis regarding the importance of maintaining security and privacy concerning resident records and health information. Review of regulations, violations, and improvement practices will take place at monthly and quarterly staff meetings.

\*This education was provided by the home on 10/7/19. BAS 10/10/10

b. On-going Monitoring?

Education provided to nursing staff, and medication assistants to ensure that they are monitoring the compliance of the regulation of staff during their shift.

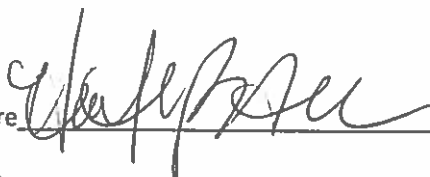
Executive Director or designee will monitor for compliance utilizing the following audits; 2 per shift, per week for 90 days; then 1 per shift per week for 90 days. Continuous monitoring will occur on an on-going basis by Executive Director or designee.

\*Documentation of the audit performed will be retained by the home for Dept. review. BAS 10/10/19

7. Designated position responsible and specify target date for correction.

Executive Director, or designee will ensure compliance of plan of correction regarding violation. Target date of correction is 10/9/19.

Authorized Signature



Date:

10/9/19