



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Mailing Date: October 24, 2019

Ms. Lenore Hutchinson, LPN
Personal Care Home Administrator
Willow Valley Communities
675 Willow Valley Square
Lancaster, Pennsylvania 17602

RE: The Glen at Willow Valley
Floors 1 and 3
Certificate #: 321910

Dear Ms. Hutchinson:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Office of Long-term Living) review on October 16, 2019 of the above facility, we have determined that your submitted plan of correction is:

Fully implemented and in compliance. Continued compliance must be maintained.

If you need assistance, please contact me at 717-418-9656 or email: bswanger@pa.gov.

Sincerely,

A handwritten signature in black ink that reads "Brett Swanger".

Brett Swanger
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: THE GLEN AT WILLOW VALLEY

License Number: 32191

Address: 675 WILLOW VALLEY SQUARE,, FLOORS 1 AND 3,, LANCASTER, PA 17602

County: LANCASTER

Region: CENTRAL

Administrator

Name: Lenore Hutchinson

Phone: 7174646870

Email:

Legal Entity

Name: WILLOW VALLEY COMMUNITIES

Address: 675 WILLOW VALLEY SQUARE, LANCASTER, PA, 17602

Certificate(s) of Occupancy

Type: C-1

Date: 6/5/1995

Issued By: Labor and Industry

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 70

Waking Staff: 53

Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason: Complaint

Inspection Dates and Department Representative

10/16/2019 - On-Site: Jason McCloskey

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 106

Residents Served: 53

Secured Dementia Care Unit

In Home: Yes

Area: Cedar Brook

Capacity: 40

Residents Served: 17

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 53

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 17

Have Physical Disability: 0

121a - Unobstructed Egress

Regulations

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

The secure dementia care unit (SDCU) has a main entrance and two emergency exits -- one at the end of each hallway. The emergency exits are secured using a magnetic locking system which can be disengaged by using a programmable fob. The doors at the ends of the hallways were obstructed because the magnetic locking system could not be disengaged using the visitor fob. In addition, staff person A's fob only unlocked one of the two doorways at the ends of the hallways.

Plan of Correction (POC)

I respectfully appeal the violation for regulation 121.a. due to the following:

- Regulation 121.b. states "unless the home has a written approval or a variance". (see attached)
- As this is a secured Dementia unit regulation 233.a. states "Doors equipped with key-locking devices, electronic card operated systems or other devices that prevent immediate egress are permitted only if there is a written approval" (see attached)
- The regulation does not require visitors to have access to every exit on the unit.

The visitor fobs were given access to all three exits on the dementia unit. In addition the nursing and administrative staff's fobs were audited and any that did not have access to all three exits were given access.

As an extra precaution the housekeeping, maintenance, and culinary departments fobs were also given access. The security department will be notified to provide access to all three exits to any newly hired Team Members that's primary department is the Personal Care Cedar Brook Floor.

A quarterly audit of access to the three exits will be complete by the administrator.

Legal Entity Representative

Lenore Hutchinson
Signature

Lenore Hutchinson PCHA 10/24/19
Printed Name and Title Date

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The above plan of correction is approved as of 10/24/2019 Plan of correction implementation status as of 10/24/2019
(Date) (Date)

Implemented

The above plan of correction was approved by 10/24/2019
(Initials)

Not Implemented