pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail alclicense@enlivant.com
Sent via e-mail ldavis@enlivant.com
February 13, 2020

Mr. Matthew Coleman
Vice President
North Wales 1091 PCH BG OPCO, LLC
330 North Wabash Avenue, Suite 3700
Chicago, Illinois 60611

RE: Park Creek Place – Personal Care
1091 Horsham Road
North Wales, Pennsylvania 19454
License #: 142571

Dear Mr. Coleman:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on October 18 and 24, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Shawn Parker

Shawn Parker
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *PARK CREEK PLACE - PERSONAL CARE* **License Number:** *14257*
Address: *1091 HORSHAM ROAD,, NORTH WALES, PA 19454*
County: *MONTGOMERY* **Region:** *SOUTHEAST*

Administrator

Name: *Lakia Davis* **Phone:** *2155429670* **Email:** *ALCLICENSE@ENLIVANT.COM*

Legal Entity

Name: *NORTH WALES 1091 PCH BG OPCO LLC*
Address: *330 N WABASH AVENUE,SUITE 3700, CHICAGO, IL, 60611*

Certificate(s) of Occupancy

Type: *C-2 LP* **Date:** **Issued By:**
Type: *I-2* **Date:** *01/26/2017* **Issued By:** *montgomery twp*

Staffing Hours

Resident Support Staff: *63* **Total Daily Staff:** *126* **Waking Staff:** *95*

Inspection

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

Inspection Dates and Department Representative

10/18/2019 - Off-Site: Jennie Heinberg

10/24/2019 - Off-Site: Jennie Heinberg

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *72* **Residents Served:** *51*

Secured Dementia Care Unit

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

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0*
Diagnosed with Mental Illness: *0*
Have Mobility Need: *12*
Are 60 Years of Age or Older: *51*
Diagnosed with Intellectual Disability: *0*
Have Physical Disability: *1*

65e - 12 Hours Annual Training

Regulations

2600.
65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

Description of Violation

Direct care staff person A's annual training for training year 2018 was not available at the home. There was no way to verify the staff person received 12 hours annual training.

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.)

The Training for staff person A cannot be corrected for 2018. Staff person A was Terminated 10/9/2019.

ED and/or designee will audit current employee files by 11/26/19 to ensure they are compliant with regulation 2600.65.e

The Business office Manager will be educated on the requirement that direct care staff receive at least 12 hours of annual training related to their job duties by the ED by 11/26/19.

The business Office Manager is responsible for sustained compliance. The ED and/ or designee will audit 5 employee's files weekly for 4 weeks then monthly for 2 months to ensure employees are receiving annual training hours as required

Results of the audits will be reviewed monthly via QI process.

Audits to be made available for Department review. Administrator will ensure all direct care staff persons have 12 hours annual training. SP 11-14-19.

Legal Entity Representative

Signature [signature] Printed Name and Title Lori Bellgard Executive Director Date 11/6/19

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The above plan of correction is approved as of 11-14-19 (Date)

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

Plan of correction implementation status as of 11-14-19 (Date)

☑ Fully Implemented

[redacted]

☐ Not Implemented

65f - Training Topics

Regulations

2600.
65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person A did not receive training in the topics specified in 2600.65f in 2018.

Plan of Correction (POC)

The Training for staff person A cannot be corrected for 2018. Staff person A was Terminated 10/9/2019.

ED and/or designee will audit current employee files by 11/26/19 to ensure they are compliant with regulation 2600.65.f

The Business office Manager will be educated on the requirement that direct care staff receive annual training in Medication self-administration, Pre- admission screening, assessment tool, support plan, and medical evaluation. In addition, training will be provided on care for residents with Dementia, cognitive impairment, infection control, personal care service needs, safe management techniques and care for residents with mental illnesses by the ED by 11/26/19.

The business Office Manager is responsible for sustained compliance. The ED and/ or designee will audit 5 employee's files weekly for 4 weeks then monthly for 2 months to ensure employees are receiving annual training in Medication self-administration, Pre- admission screening, assessment tool, support plan, and medical evaluation. In addition, training will be provided on care for residents with Dementia, cognitive impairment, infection control, personal care service needs, safe management techniques and care for residents with mental illnesses

Results of the audits will be reviewed monthly via QI process.

Please see attached.....

Legal Entity Representative

Signature: Lori Bellgot Printed Name and Title: Lori Bellgot Executive Director Date: 11/6/19

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2600.65 f

Administrator or designee will ensure all direct care are trained on all aspects of regulation 2600.65f. By 11-26-19 all direct care staff files will be audited to ensure everyone has been trained in regulation 2600.65f. All direct care staff persons will be trained annually on regulation. Verification of training will be kept in staff members files and made available for Department review. Audits will be documented by home and made available for Department review. SP 11-14-19

65g - Annual Training Content

Regulations

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Direct care staff person A did not receive training in the topics specified in 2600.65g in 2018.

Plan of Correction (POC)

The Training for staff person A cannot be corrected for 2018. Staff person A was Terminated 10/9/2019.

ED and/or designee will audit current employee files by 11/26/19 to ensure they are compliant with regulation 2600.65.g.

The Business office Manager will be educated on the requirement that direct care staff, ancillary staff, substitute personnel and regularly scheduled volunteers are trained annually in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert, emergency preparedness procedures and recognition and response to crises and emergency situations, resident rights, the Older Adult Protective Services Act, and falls and accident prevention by the ED by 11/26/19.

The business Office Manager is responsible for sustained compliance. The ED and/ or designee will audit 5 employee's files weekly for 4 weeks then monthly for 2 months to ensure employees are receiving annual training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert, emergency preparedness procedures and recognition and response to crises and emergency situations, resident rights, the Older Adult Protective Services Act, and falls and accident prevention.

Results of the audits will be reviewed monthly via QI process.

Please see attached.....

Legal Entity Representative

Signature: Lori Bellport

Printed Name and Title: Lori Bellport, Executive Director

Date: 11/6/19

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2600.65g

Administrator or designee will ensure all direct care are trained on all aspects of regulation 2600.65g. By 11-26-19 all direct care staff files will be audited to ensure everyone has been trained in regulation 2600.65g. All direct care staff persons will be trained annually on regulation. Verification of training will be kept in staff members files and made available for Department review. Audits will be documented by home and made available for Department review. SP 11-14-19

SP 11-14-19

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 10/4/2019 at 9:00am, resident #1 was not administered metoprolol tartrate 25mg tab. The medication was prescribed on 10/3/2019 and was not delivered to the home until 10/5/2019. Staff person A signed off on the MAR at 9:00am on 10/04/2019 as if the medication was administrated.

On 10/4/2019 at 9:00am, resident #2 was not administered Ure-na 15gm powder pack. The new medication was prescribed on 10/3/2019 and was not delivered to the home until 8:30 pm on 10/04/2019. Staff person A recorded on resident #2's MAR that the medication was given on 10/4/2019 at 9:00am

Plan of Correction (POC)

Resident #1 suffered no negative effects related to these findings.

Resident #2 suffered no negative effects related to these findings.

Current residents MAR's will be audited by the CSM by 11/26/19 to ensure that medications that were given were recorded on the MAR's at the time the medication was administered.

Staff Member A was terminated 10/9/2019.

Nurses and Medication Technicians will be re-educated by 11/26/19 by the CSM on regulation 2600.187.b, ensuring that medications are recorded at the time they are administered.

CSM and/ or Designee will perform Med Pass audits on 5 residents receiving medications weekly for 4 weeks, then Monthly for 2 months, to ensure Med Techs and nurses are recording administered medications at the time they are given.

Results of the audits will be reviewed monthly via QI process.

Audits to be made available for Department review
SP 11-14-19

Legal Entity Representative

Lori Bellport — Lori Bellport, Executive Director — 11/6/19

Signature — Printed Name and Title — Date

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[redacted]

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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

On 10/3/2019, resident #1 was prescribed Metoprolol tartrate 25mg. tab - take 1/2 tab twice daily by mouth. However, this medication was not administered to resident on 10/4/2019 because the medication was not available in the home until 10/5/2019.

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.)

Resident #1 suffered no negative effects related to these findings.

Current resident MAR's and medications will be audited by the CSM by 11/26/19 to ensure ordered medications were available for administration.

Medication Technicians and Nurses will be re-educated on proper medication administration, documentation and ordering of medications to ensure prescribed medications are given as ordered by the CSM by 11/26/19.

CSM and/ or Designee will perform MAR to cart audits on 5 residents receiving medications weekly for 4 weeks, then Monthly for 2 months, to ensure medications are available for administration as ordered.

Results of the audits will be reviewed monthly via QI process.

Please see attached.....

Legal Entity Representative

Lori Bellport Lori Bellport, Executive Director 11/6/19
Signature Printed Name and Title Date

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2600.187d

Immediately, the administrator or designee qualified to administer medications shall complete an initial audit of all resident MAR's to ensure all prescribed medications are available, and administered as prescribed., and the administration of the medication is documented on the MAR in accordance with regulation 2600.187b. All trainings and audits to be maintained by home and made available for Department review.

SP 11-14-19

225a - Assessment 15 Days

Regulations

2600.
225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #1 was admitted on 10/23/18; however, the resident's initial assessment was not completed until 7/2/2019.

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.)

Resident #1 has a current assessment in their resident record.

CSM and/or designee will audit current resident records by 11/26/19 to ensure they have a current assessment in place.

Nurses will be re-educated on the initial assessment and Resident Assessment Support Plan and the time frame in which they are to be completed by the ED by 11/26/19.

The CSM and/ or designee will audit newly admitted resident's records within 15 days of move-in to ensure compliance with support plans for 3 months.

Results of the audits will be reviewed monthly via QI process.

Audits to be made available for Department review.
SP 11-14-19

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Signature

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