



pennsylvania
DEPARTMENT OF HUMAN SERVICES

**Sent via e-mail alcllicense@enlivant.com
Sent via e-mail fpinsker@enlivant.com
July 21, 2020**

Mr. Tri M. Tran
Vice President
Wyncote Aid II OPCO, LLC
330 North Wabash Avenue, Suite 3700
Chicago, Illinois 60611

RE: Wyncote Place
240 Barker Road
Wyncote, Pennsylvania 19095
License #: 142540

Dear Mr. Tran:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on November 13 and 14, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Claire Mendez

Claire Mendez
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *WYNCOTE PLACE* License Number: *14254*
 Address: *240 BARKER ROAD,, WYNCOTE, PA 19095*
 County: *MONTGOMERY* Region: *SOUTHEAST*

Administrator

Name: *Fredde Pinsker* Phone: *2155178200* Email: *Fpinsker@ENLIVANT.COM*

Legal Entity

Name: *WYNCOTE AID II OPCO LLC*
 Address: *330 N WABASH AVENUE,SUITE 3700, CHICAGO, IL, 60611*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *04/30/1999* Issued By: *L&I*

Staffing Hours

Resident Support Staff: Total Daily Staff: *94* Waking Staff: *71*

Inspection

Type: *Full* BHA Docket #: Notice: *Unannounced*
 Reason: *Renewal*

Inspection Dates and Department Representative

11/13/2019 - On-Site: Youn Hie Chung
11/14/2019 - On-Site: Youn Hie Chung

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *60* Residents Served: *47*

Secured Dementia Care Unit

In Home: *Yes* Area: *The entire home* Capacity: *60* Residents Served: *47*

Hospice

Current Residents: *15*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *47*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *47* Have Physical Disability: *0*

WYNCOTE PLACE

14254

85a - Sanitary Conditions

Regulations

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 11/14/2019 at 12:30 PM, there was a glucometer with Emergency Use Only written on it in the home's 2nd floor medicine cart. There were several readings between 01/08/2019 and 09/02/2019. The home could not explain who those readings belong to.

Plan of Correction (POC)

Violation 2600.85(a)

The "emergency use only glucometer" was immediately discarded.

The CSM conducted a cart audit on 11/18/19 to ensure there were no other "emergency Use" glucometers available.

Beginning 12/15/19 all glucometers will be audited for single /specific resident use weekly x 4 weeks and then monthly x 2 months.

CSM /ACSM will re-educate all licensed nurses and med techs on the use if patient specific glucometers by 1/6/2020.

Results of audits will be reviewed at QI meetings.

Legal Entity Representative

[Handwritten Signature]

Signature

Sandra Pinsky RN ED 12/20/19

Printed Name and Title

Date

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The above plan of correction was approved by CM (Initials) Implemented Not Implemented

11/13/2019

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WYNCOTE PLACE

14254

103i - Outdated Food

Regulations

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

There was an unlabeled, undated package of sliced ham in the home's main kitchen refrigerator.

Plan of Correction (POC)

Violation: 2600.103(i) Outdated or spoiled foods or dented cans may not be used.

The unlabeled / undated package of ham was immediately discarded by kitchen personnel.

Director of food services conducted an audit on 12/18/2019 to ensure there were no other undated or unlabeled foods available in the kitchen.

All dietary staff will be re-educated by the Director of food services on the proper labelling and dating of all food items by 1/6/2020.

Beginning 1/6/2020, The Director of food services will conduct a weekly audit x 4 weeks and then monthly x 2 months to ensure all food items in the kitchen are properly dated and labelled.

Results of audits will be reviewed at monthly QI meetings.

Legal Entity Representative

Jason P...

Signature

Seede Pinstler RW ED 12/20/19

Printed Name and Title

Date

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132b - Safety Inspection/Fire Drill

Regulations

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The home had its annual fire safety inspection on 12/01/2017 and 03/27/2019. The home could not provide any documentation for 2018.

Plan of Correction (POC)

Violation 132 (b)

A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this drill and fire safety report will be kept

I was unable to locate the 2018 Fire Inspection Report at the time of inspection, although, it was documented in my fire drill log book.

Cheltenham Fire Marshall was contacted to send a copy of the annual Fire Inspection Report for 2018.

Copy of report is attached.

[Signature]
Signature

Redde Pinstler RES ED 12/20/19
Printed Name and Title Date

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132d - Evacuation

Regulations

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home's fire safety inspection letter dated 03/27/2019 states that the home's maximum evacuation time is 5 minutes. The home exceeded an evacuation time of 5 minutes during the fire drills held on 07/16/2019 and 08/24/2019 with evacuation times of 6 minutes 10 seconds and 5 minutes 43 seconds respectively.

Plan of Correction (POC)

Violation 132(d)

Violation 132(d)

Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire- safe designated area in writing within the past year by a fire safety expert within the period of time specified in writing within the last year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

ED spoke with Fire Marshall on 3/12/20, at this time evacuation time for Wyncote Place has been increased from 4.30 minutes to 6.00 minutes based on protective measures within community and Fire Marshalls recommendations. (see attached)

Fire Drill conducted by ED and/or designee on 03/13/2020 and evacuation time was 4.45 which adheres to the Fire Marshals recommendation

Community staff will be re-educated on the new evacuation protocol by ED and/or designee by 04/01/2020

ED and/or designee will conduct additional fire drills 2x per month for 3 months to ensure evacuation meets Fire Marshalls recommendation of 6.00 minutes. Results of these findings will be reviewed in QI.

[Handwritten Signature]
Signature

Fredrick Pinsky RN ED 3/13/20
Printed Name and Title Date

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141b1 - Annual Medical Evaluation

Regulations

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #1's initial medical evaluation was completed on 05/12/2017. The resident's annual medical evaluation was completed on 06/14/2018. Resident #2's initial medical evaluation was completed on 04/14/2017. The home does not have a medical evaluation for the year 2018 on file. His most recent evaluation was completed on 04/23/2019.

Violation 141(b)

A resident shall have a medical evaluation: At least annually.

Resident #1 has current DME in place.

Resident #2 DME for 2018 was not in his chart. Resident's initial DME and the current DME are kept in the chart. All other DME's are kept in the resident's soft file. The 2018 DME for resident #2 was provided to the surveyor at that time.

CSM and ACSM conducted an audit on 11/25/2019 of all DME's to ensure all residents had current DME in place.

CSM / ACSM will re-educate all licensed nurses on the regulation regarding the annual completion of a resident's DME within 12 months plus 15 day grace period by 1/6/2020.

Beginning 1/6/2020, the CSM and ACSM will audit 5 residents weekly x 4 weeks then monthly x 2 months to ensure we maintain compliance with state regulations for annual DME.

Audit results will be reviewed at monthly QI meeting.

[Handwritten Signature]
Signature

[Handwritten Name and Title]
Printed Name and Title

[Handwritten Date]
Date

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183d - Prescription Current

Regulations

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 11/14/2019, a bag of Lorazepam 2 mg/ml syringes (10 counts) prescribed for resident #3 was in the home's medicine refrigerator; however, the bag had a label saying "Do not use after 11/06/2019."

Plan of Correction (POC)

Violation 2600.183(d)

Only current prescriptions, OTC sample and CAM for individuals living in the home may be kept in the home.

Ativan was immediately removed and discarded as per protocol.

ACSM completed a cart audit and med refrigerator audit on 11/18/2019 to ensure there were no other expired medications were available.

CSM / ACSM will re-educate all nurses and med techs on the proper destruction of medications as per policy and state regulations by 1/6/2020.

Beginning 12/15/19 the CSM or ACSM will conduct an audit on 5 residents weekly x 4 weeks then x 2 months to ensure there are no expired meds in the refrigerator on in the med carts.

Audit results will be reviewed at monthly QI meetings.

[Handwritten Signature]

Signature

[Handwritten Signature] *RAW EID* 12/20/19

Printed Name and Title

Date

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184a - Labeling OTC/CAM

Regulations

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- 4. The prescribed dosage and instructions for administration.

Description of Violation

The pharmacy label for resident #1's Lantus insulin 100 unit does not match his Medication Administration Record (MAR). The label says 66 units while MAR and Physician Order reads 62 units. The pharmacy label for the same resident's Novolog 100 unit says 12 units with each meal while his MAR and Physician Order reads for sliding scale coverage prior to dinner.

Violation 2600.184(a)

The original container for prescription medications shall be labelled with a pharmacy label that includes the following

- 4. The package dosage and instructions for administration

Resident #1 Lantus and Novolog orders immediately confirmed with physician. New labels received from pharmacy to ensure MAR, MD orders and labels all matched.

On 11/18/2019, ACSM conducted a full house audit to ensure all MAR'S, MD orders and med. labels matched.

Beginning 12/15/2019, CSM or ACSM will audit 5 residents weekly x 4 weeks and then monthly x 2 months to ensure all Mar's, MD orders and med. labels match.

Beginning 1/6/2020 all nurses and med techs will be re-educated by CSM/ACSM regarding the need to ensure MARs, med labels and MD orders all match.

Results will be reviewed at : QI meetings.

[Handwritten Signature]
Signature

[Handwritten Signature]

Freddie Piroles RN ED 12/20/19
Printed Name and Title

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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 #1 is prescribed Glucagon Emergency kit 1 mg syrkkit as needed. Resident #4 is prescribed Acetaminophen 650 mg suppository as needed. On 11/14/2019, these medications were not available in the home.

Violation 2600.185(a)

The home shall develop and implement procedures for safe storage, access, security, distribution and use of medications and medical equipment by trained staff.

Resident #1: Glucagon emergency kit discontinued by MD on 11/18/2019 secondary to non-use.

Resident #4: No longer in-house.

ACSM conducted a full house/cart audit on 11/18/2019 to ensure all ordered meds were available to the residents.

Beginning 12/16/2019, CSM or ACSM will conduct a weekly audit on 5 residents x 4 weeks and then monthly x 2 months to ensure medications ordered for residents are available.

By 1/6/2020, CSM or ACSM will re-educate all nurses and med techs to ensure all ordered meds are available to the residents.

Audit results will be reviewed at monthly QI meetings.

[Handwritten Signature]
Signature

Fred de Pinsky RN ED
Printed Name and Title

12/20/19
Date

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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 #5 was admitted to the Secure Dementia Care Unit (SDCU) on 06/09/2018. However, the resident's initial support plan was completed on 06/13/2018.

Violation 2600.234.(a)

Within 72 hours of the admission, or within 72 hrs prior to a resident's admission to a secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Resident #5 has a current support plan in place.

Full house audit conducted by CSM/ACSM on 11/18/19 to ensure all resident have current support plan in place.

The CSM/ACSM were re-educated on 11/20/2019 by the ED to ensure they complete a new admission's support plan within the 72 hr. regulation.

The ED will conduct an audit on the next 5 new admissions to ensure we maintain compliance with the initial 72 hr support plan.

Audits will be reviewed at QI meetings.

		12/20/19
Signature	Printed Name and Title	Date

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252 - Record Content

Regulations

2600.

252. Content of Resident Records - Each resident's record must include the following information:

- 3. A photograph of the resident that is no more than 2 years old.

Description of Violation

The Record for Resident #2, who was admitted on 4/19/17, includes a photograph of the resident which is not dated and is impossible to determine if it is no more than two years old.

Violation 2600.252

3. Content of Resident records: Each resident record must include a photo of the resident that is no more than two years old.

A picture of resident # 2 was retaken on 11/18/2019.

By 1/1/2020 a full house audit will be completed and a a new photo will be taken and dated for any resident who has been in the community for two or more years.

Beginning 1/6/2020 an audit will be conducted by the concierge on 5 residents weekly x 4 weeks and then monthly x 2 months to ensure all resident photos are less than two years old.

Audit results will be reviewed at QI meetings.

Legal Entity Representative

Juan PH
Signature

Geoffrey Pinder RA ED 12/20/19
Printed Name and Title Date

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