



**Sent via e-mail [murray@pennswood.org](mailto:murray@pennswood.org)**  
**Sent via e-mail [hendrick@pennswood.org](mailto:hendrick@pennswood.org)**  
**July 17, 2020**

Mr. Daniel Murray  
CEO  
Pennswood Village  
1382 Newtown-Langhorne Road  
Newtown, Pennsylvania 18940

RE: Pennswood Village Personal Care Home  
License #: 126750

Dear Mr. Murray:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on November 26, 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: *PENNSWOOD VILLAGE PERSONAL CARE HOME*  
 Address: *1382 NEWTOWN-LANGHORNE ROAD,, NEWTOWN, PA 18940*  
 County: *BUCKS* Region: *SOUTHEAST*

License Number: *12675*

### Administrator

Name: *Kim Hendrick* Phone: *2159689110* Email: *<sup>Hendrick</sup>HOYLE@PENNSWOOD.ORG*

### Legal Entity

Name: *PENNSWOOD VILLAGE*  
 Address: *1382 NEWTOWN-LANGHORNE ROAD, NEWTOWN, PA, 18940*

### Certificate(s) of Occupancy

Type: *Other* Date: Issued By: *Commonwealth Of PA*

### Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *42* Waking Staff: *32*

### Inspection

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

### Inspection Dates and Department Representative

*11/26/2019 - On-Site: David Carrion, Youn Chung*

### Resident Demographic Data as of Inspection Dates

#### General Information

License Capacity: *41* Residents Served: *34*

#### Secured Dementia Care Unit

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

#### Hospice

Current Residents: *1*

#### Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *34*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *8* Have Physical Disability: *0*

PENNSWOOD VILLAGE PERSONAL CARE HOME

12675

15a - Resident Abuse Report

Regulations

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On 11/20/19, at 12:15 pm, resident #1 reported that staff members "beat" her if she is not good. Resident #1 reported incident to unnamed staff. However, this allegation of abuse was not reported to the local area agency on aging.

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.)

Bucks County Area Agency of Aging was notified of allegation of resident abuse at the time of the survey, November 26, 2019. Review of abuse reporting procedures with Personal Care Administrator and Social Worker completed at the time of the survey and with Area Agency of Aging report completion. All staff complete Abuse Training, a minimum, on hire and annually thereafter, with review of the Abuse Policy. All reportable events are reviewed at Personal Care monthly meeting and reported at Quality Assurance and Performance Improvement quarterly meetings.

Legal Entity Representative

*Kimberly Hendrick*  
Signature

*Kimberly Hendrick PCHA 1/22/20*  
Printed Name and Title Date

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The above plan of correction is approved as of 2/27/2020  
(Date)

Plan of correction implementation status as of 7/17/2020  
(Date)

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

Implemented  
 Not Implemented

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 could not provide proof of their last fire safety inspection.

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.)

A fire safety inspection was completed on 1/16/2020, by CFA Fire and Safety Consulting. Fire Inspections will be completed annually by a Fire Safet Expert.

See attached letter from CFA Fire and Safety Consulting.

Legal Entity Representative

*Kimberly Hendrick*  
Signature

Kimberly Hendrick PCHA 1/22/20  
Printed Name and Title Date

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## PENNSWOOD VILLAGE PERSONAL CARE HOME

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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**

During the fire drill on 11/21/19 at 9:59pm, residents evacuated to a public thoroughfare or public area. The home does not have a maximum safe evacuation time specified in writing within the past year by a fire safety expert. The home exceeded an evacuation time of 2 minutes 30 seconds during the following drills:

11/21/19 at 9:59 pm with an evacuation time of 2 minutes 59 seconds.

10/19/19 at 4:18 am with an evacuation time of 2 minutes 59 seconds.

09/16/19 at 10:18 am with an evacuation time of 2 minutes 58 seconds.

08/26/19 at 8:05 pm with an evacuation time of 2 minutes 58 seconds.

07/19/19 at 6:02 am with an evacuation time of 2 minutes 59 seconds.

06/21/19 at 11:30 am with an evacuation time of 2 minutes 57 seconds.

05/22/19 at 7:42 pm with an evacuation time of 2 minutes 58 seconds.

04/14/19 at 12:02 am with an evacuation time of 2 minutes 59 seconds.

03/11/19 at 8:04 am with an evacuation time of 2 minutes 59 seconds.

02/19/19 at 4:24 pm with an evacuation time of 2 minutes 57 seconds.

01/05/19 at 2:36 am with an evacuation time of 2 minutes 59 seconds.

12/21/18 at 9:27 am with an evacuation time of 2 minutes 59 seconds.

11/29/18 at 10:15 pm with an evacuation time of 2 minutes 59 seconds.

**Plan of Correction (POC)**

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A fire safety inspection was completed on 1/16/2020, by CFA Fire and Safety Consulting. Per fire safety specialist, Edward C. Copper, CFI, maximum evacuation time is 10 minutes. Staff and Residents will complete monthly fire drills within the time parameters as directed by the fire safety expert. A fire drill was completed on 1/18/20 and evacuation completed within the designated time frame.

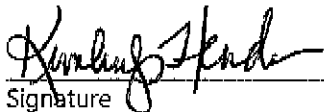
See attached record of fire safety inspection/letter and fire drill record.

PENNSWOOD VILLAGE PERSONAL CARE HOME

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132d - Evacuation (continued)

Legal Entity Representative

  
Signature

Kimberly Hendrick PCHA  
Printed Name and Title

1/22/20  
Date

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PENNSWOOD VILLAGE PERSONAL CARE HOME

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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

On 11/26, Resident #2's glucometer was not calibrated to the date or time. On 11/26/19 the glucometer's date and time read 2/10/19 - 6pm.

Resident #3 is prescribed Acetaminophen 325 mg - give 2 tabs by mouth every 6 hrs. as needed for fever and pain. On 11/26/19 this medication was not available in the home.

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.)

Glucometer for resident #2 was calibrated to correct date and time, at the time of the survey. Any glucometer in use is checked for accuracy of date and time with each use. Charge Nurse audits glucometers for accuracy on a weekly basis. Glucometer day/time compliance is reported quarterly to the Quality Assurance and Performance Improvement Committee.

Resident #3 order for Acetaminophen refaxed to pharmacy and medication received. Facility has a contract with a pharmacy available 24hours a day, 7 days a week. Pharmacy Consultant is contracted and conducting monthly reviews of resident's medication regimen. Medication Technicians review medication orders and availability on a daily basis during Medication Pass. Charge Nurse audits Resident medication supply and orders on a monthly basis. Findings are reported to Personal Care Administrator.

Legal Entity Representative

*Kimberly Hendrick*  
Signature

Kimberly Hendrick  
Printed Name and Title

1/22/20  
Date

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