



**Sent via e-mail nancy.donnely@livingbranches.org
May 13, 2020**

Ms. Nancy Donnelly
Executive Director
Hatfield Mennonite Homes, Inc.
275 Dock Drive
Lansdale, Pennsylvania 19446

RE: Oakwood Court
License #: 127960

Dear Ms. Donnelly:

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

Sincerely,

Mia Johnson

Mia Johnson
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: OAKWOOD COURT

License Number: 12796

Address: 275 DOCK DRIVE,, LANSDALE, PA 19446

County: MONTGOMERY

Region: SOUTHEAST

Administrator

Name: JENNIFER MILLER

Phone: 2153684438

Email: NANCY.DONNELLY@LIVINGBRANCHES.ORG

Legal Entity

Name: HATFIELD MENNONITE HOMES INC

Address: 275 DOCK DRIVE, LANSDALE, PA, 19446

Certificate(s) of Occupancy

Type: C-2 LP

Date: 10/22/1999

Issued By: DEPT OF LABOR &
INDUSTRY

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 113

Waking Staff: 85

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

Inspection Dates and Department Representative

12/18/2019 - On-Site: Natasha Braswell, Sabrina Freeman

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 80

Residents Served: 72

Secured Dementia Care Unit

In Home: Yes

Area: MEMORY CARE

Capacity: 26

Residents Served: 26

Hospice

Current Residents: 5

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 72

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 41

Have Physical Disability: 0

42s - Privacy

Regulations

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

Staff person A identified that medications are given to residents in the dining room due to convenience of all residents being present in one location.

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.)

It is important that residents have the right to privacy of self and possessions. Harmony House medication administration will occur in each resident's room to provide privacy. If the resident is not in their room - the medication will be administered in private prior to entering and sitting in the dining room. In Oakwood Court, if a resident is not in their room during the medication pass, they may come to the nurse's station before or after their meal to receive their medications in private. If a resident is requesting the medication be administered in the dining room, this request will be documented on the resident's RASP. Director will do random medication observations to monitor for ongoing compliance.

Legal Entity Representative

Wendy Wolyniec
Signature

Wendy Wolyniec RCHA 2/14/20
Printed Name and Title Date

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

The above plan of correction is approved as of 5/13/20
(Date)

Plan of correction implementation status as of 5/13/20
(Date)

Implemented

Not Implemented

The above plan of correction was approved by *WJ*
(Initials)

91 - Telephone Numbers

Regulations

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in room #3.

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.)

It is important that residents have emergency numbers posted on or by the phone. Emergency number stickers were added to the telephones in room 3. A quarterly room audit will be completed by Director to ensure all telephones in HH have the required telephone numbers.

Legal Entity Representative

Wanda Wolyneec
Signature

Wanda Wolyneec FCHA 2/14/20
Printed Name and Title Date

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The above plan of correction is approved as of

5/13/20
(Date)

Plan of correction implementation status as of

5/13/20
(Date)

The above plan of correction was approved by

W
(Initials)

Implemented
 Not Implemented

131f - Fire Extinguisher Inspection

Regulations

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

The fire extinguisher in the kitchen has not been inspected by a fire safety expert since February 2018.

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.)

It is important that fire extinguishers are inspected and approved annually. The Company that checks our fire extinguishers was immediately notified and the fire extinguisher was inspected. Maintenance department to complete monthly audits to ensure all fire extinguishers being inspected by outside company. Director will monitor audits from Maintenance Department for ongoing compliance.

Legal Entity Representative

Wendy Wlynniec
Signature

Wendy Wlynniec POHA 2/14/20
Printed Name and Title Date

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The above plan of correction is approved as of 5/13/20 (Date)

Plan of correction implementation status as of 5/13/20 (Date)

The above plan of correction was approved by [Signature] (Initials)

Implemented
 Not Implemented

187d - Follow Prescriber's Orders

Regulations

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 is prescribed Sodium Polystyrene 15 mg / 60 ml daily for two days. However, the doses were administered over three days, on 7-26-19, 7-27-19 and 7-28-19.

Resident #2 is prescribed Metoprolol 25 mg once daily. Resident #2 received Metoprolol 25 mg twice daily during the period of 2-12-19 through 2-22-19.

Resident #3 did not receive Temazepam Capsule 7.5 mg on 9-27-19.

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.)

It is important that the facility follows the direction of the prescriber when administering medications. As of December, a new EMAR system has been implemented. All orders are entered by the pharmacy then reviewed and confirmed by the facility's nurses. This will ensure labels and orders are correct prior to administration. The EMAR system allows the nurse to know immediately if she has missed a medication and will prevent missed doses. Should a med error occur, the employee will immediately be re-educated by the Care Coordinator prior to administering any additional medication. Documentation of this on the spot training will be kept on file. Director will monitor for ongoing compliance.

Legal Entity Representative

Wendy W Dlynnec
Signature

Wendy W Dlynnec, FCHA 2/14/20
Printed Name and Title Date

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Implemented

Not Implemented

The above plan of correction was approved by [Signature] (Initials)

233c - Key-Locking Devices

Regulations

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The directions for operating the home's locking mechanism are not conspicuously posted near the door to the Secure Dementia Care Unit; located by the courtyard exit by room 24 of the memory care unit.

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.)

It is important that the directions for the homes locking mechanism are conspicuously posted near the door. Maintenance added the required code to the courtyard door - on the bracket of the banister. Director to complete random audits to ensure all doors in Harmony House have the appropriate code and monitor audits for ongoing compliance.

Legal Entity Representative

Wendy Wodyniec
Signature

Wendy Wodyniec PCHA 2/14/20
Printed Name and Title Date

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