



**Sent via e-mail [murray@pennswood.org](mailto:murray@pennswood.org)  
Sent via e-mail [hendrick@pennswood.org](mailto:hendrick@pennswood.org)  
May 13, 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 December 23, 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: *PENNSWOOD VILLAGE PERSONAL CARE HOME*

License Number: *12675*

Address: *1382 NEWTOWN-LANGHORNE ROAD,, NEWTOWN, PA 18940*

County: *BUCKS*

Region: *SOUTHEAST*

### Administrator

Name: *KIMBERLY HENDRICK*

Phone: *2159689110*

Email: *Hendrick  
KH@PENNSWOOD.ORG*

### Legal Entity

Name: *PENNSWOOD VILLAGE*

Address: *1382 NEWTOWN-LANGHORNE ROAD, NEWTOWN, PA, 18940*

### Certificate(s) of Occupancy

Type: *C-1*

Date:

Issued By:

### Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *42*

Waking Staff: *32*

### Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*

Reason: *Incident*

### Inspection Dates and Department Representative

*12/23/2019 - On-Site: Natasha Braswell, Youn Chung*

### Resident Demographic Data as of Inspection Dates

#### General Information

License Capacity: *41*

Residents Served: *35*

#### Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

#### Hospice

Current Residents: *7*

#### Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *35*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *7*

Have Physical Disability: *0*

201 - Positive Interventions

Regulations

2600.

201. Safe Management Techniques - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

Description of Violation

Resident #1 has been identified as making unwanted sexual advances to female staff when providing care. The resident's family has been made aware of these advances. The behavior has been continued as identified by staff persons B and C. The home has not made positive interventions to help redirect the unwanted sexual advances and reinforce appropriate behaviors.

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.)

201 Safe Management Techniques - Staff member C previously reported concern with caring for Resident 1 and was reassigned to an alternate care assignment. Staff member B had not reported concern regarding her care assignment prior to date of survey. On 12/23/19 it was brought to the attention of Administration during the survey, that staff members B and C were experiencing behaviors with Resident 1. Resident 1 was immediately assigned to receive paired care by 2 staff. Staff meetings were held and staff encouraged to redirect residents, report concerns immediately to charge nurse and Administration. Aggressive resident training was completed. Alzheimer's Disease and Dementia Care Training and Virtual Dementia Training continue onsite. Resident 1 RASP updated to include paired care.

Legal Entity Representative

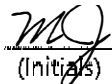
  
Signature

Kimberly Herrick RCHA 2/12/20  
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)

The above plan of correction was approved by   
(Initials)

Implemented  
 Not Implemented

227d - Support Plan Medical/Dental

Regulations

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for resident #1, dated 8-8-2019, does not include information from the prescreen. The prescreen includes the residents inappropriate sexual behaviors. The home has not identified the behavior within the resident support plan. The home failed to document how these behaviors are being addressed.

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.)

227.d Support Plan Medical/Dental - Resident 1 support plan updated on 12/23/19 to include paired care intervention. An audit was completed of all resident pre-screen records regarding History of Problematic Behavior to ensure 100% compliance with documentation of behaviors on RASP with corresponding care/support interventions. All residents admitted to unit will have an audit of their Pre Screen records and Admission paperwork to ensure continued compliance. Audit findings will be reported monthly to PCHA and quarterly to QAPI.

Legal Entity Representative

  
Signature

Kimberly Hendrick PLHA 2/12/20  
Printed Name and Title Date


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(Date)

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(Date)

Implemented

Not Implemented

The above plan of correction was approved by   
(Initials)

PENNSWOOD VILLAGE PERSONAL CARE HOME

12675

15c - Supervision

Regulations

2600.

15.c. The home shall immediately submit to the Department's personal care home regional office a plan of supervision or notice of suspension of the affected staff person.

Description of Violation

On 12-4-19, at 8:27 pm, a report was made to the charge nurse by the daughter of resident #1 in reference to staff person A. The daughter informed the charge nurse that she no longer wants staff person A to provide services for her father. The home removed the staff person from assisting resident #1, however the home did not submit a plan of supervision to the Department for approval.

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.)

15.c Supervision - On 12/5/19, A letter was submitted to PA Department of Human Service Bureau of Licensing, with Incident Reporting Form, including submission and implementation of plan of supervision for staff member, A. Per Department Representative on 12/23/19, during review of occurrence, it was stated that submission and implementation of plan of supervision must be verified verbally by telephone with a Supervisor of the Department. Immediately going forward should Pennswood Village initiate a plan of supervision for a staff member, it will be sent in writing to the Department and verified verbally by a Department Supervisor, prior to implementation.

Legal Entity Representative

*Kimberly Herrick*  
Signature

Kimberly Herrick PCHA 2/12/20  
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 *MS*  
(Initials)

Implemented  
 Not Implemented