



pennsylvania
DEPARTMENT OF HUMAN SERVICES

**Sent via e-mail armagostjennifer@thesolanadoylestown.com
June 26, 2020**

Mr. Mark T. Spiegel
FSP – Doylestown, LP
175 South Main Street, Suite 375
Alpharetta, Georgia 30009

RE: The Solana Doylestown
1621 Easton Road
Warrington, Pennsylvania 18976
License #: 141210

Dear Mr. Hudson:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on January 22 and 23, 2020 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: *THE SOLANA DOYLESTOWN*

License Number: *14121*

Address: *1621 EASTON ROAD,, WARRINGTON, PA 18976*

County: *BUCKS*

Region: *SOUTHEAST*

Administrator

Name: *Jennifer Armagost*

Phone: *2672824168*

Email: *Armagostjennifer@the solanadoylestown.com*

Legal Entity

Name: *FSP-DOYLESTOWN LP*

Address: *300 EAST MARKET ST, SUITE 100, ATTN-ATRIA MGMT CO- LEGAL DEPT, LOUISVILLE, KY, 40202*

Certificate(s) of Occupancy

Type: *1-2*

Date: *09/22/2014*

Issued By: *Township of Doylestown*

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *104*

Waking Staff: *78*

Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

Inspection Dates and Department Representative

01/22/2020 - On-Site: Tahesia Thomas

01/23/2020 - On-Site: Tahesia Thomas

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *129*

Residents Served: *84*

Secured Dementia Care Unit

In Home: *Yes*

Area: *Life Guidance*

Capacity: *34*

Residents Served: *20*

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *80*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *20*

Have Physical Disability: *1*

65d - Initial Direct Care Training

Regulations

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

- 1. Training that includes a demonstration of job duties, followed by supervised practice.

Description of Violation

On 1/22/20, the home did not have job descriptions on file for staff persons A, B and C.

Plan of Correction (POC)

14121

(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.)

Previous management company removed job descriptions from employee files upon exit from management of the Community. New job descriptions have been signed by all staff. See attached documents for staff members A and B (attachments #1 and #2). Business Office Manager and Executive Director have audited all files to ensure that job descriptions are on file.

Legal Entity Representative

Jennifer Armagost
Signature

Jennifer Armagost - ED 3/19/20
Printed Name and Title Date

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

The above plan of correction is approved as of 6/25/20 (Date)

Plan of correction implementation status as of 6/25/20 (Date)

Implemented

Not Implemented

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

65f - Training Topics

Regulations

2600.

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

- 2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- 5. Personal care service needs of the resident.
- 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 and B did not receive training in instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, personal care service needs of the resident, care for residents with mental illness or an intellectual disability, or both, if the population is served in the home during training year 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.)

Staff members A and B have recieved the training regarding items identified as missing in 2600.65.f. See attachments #3, #4, and #5. Audits of employee files have been completed by the Business Office Manager and Executive Director to ensure that all staff have been trained on the topics in 2600.65.f. Ongoing training will continue on these topics based on our annual training calendar. Any employee who fails to attend the scheduled training session will be removed from the schedule pending completion.

Legal Entity Representative

Jennifer Armagost
Signature

Jennifer Armagost - ED
Printed Name and Title

3/19/20
Date

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

The above plan of correction is approved as of 6/25/20
(Date)

Plan of correction implementation status as of 6/25/20
(Date)

The above plan of correction was approved by

MAJ
(Initials)

- Implemented
- Not Implemented

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:

- 3. Resident rights.
- 4. The Older Adult Protective Services Act (35 P.S. § 10225.101—10225.5102).

Description of Violation

Staff persons A and B did not receive training in resident rights, the Older Adult Protective Services Act (35 P.S. § 10225.101—10225.5102) during training year 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.)

Staff members A and B have been trained on the requirements of 2600.65.g. See attachments #3, #4, and #5. Employee file audits have been completed by the Business Office Manager and Executive Director to ensure compliance. Ongoing training will be maintained according to the training calendar. Failure to participate in scheduled training will result in staff member being removed from the schedule pending completion of the required training.

Legal Entity Representative

Jennifer Armagost
Signature

Jennifer Armagost - ED
Printed Name and Title

3/19/20
Date

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

The above plan of correction is approved as of 6/25/20
(Date)

Plan of correction implementation status as of 6/25/20
(Date)

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

- Implemented
- Not Implemented

85b - Infestation

Regulations

2600.

85.b. There may be no evidence of infestation of insects or rodents in the home.

Description of Violation

On 1/23/20, in the main kitchen pantry, thirteen pecans were found on the floor covered with ants.

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.)

Dry storage area was cleaned at the time of inspection, including moping of the affected area. Pest control was contacted to provide treatment to the affected area. Routine pest control visits are scheduled to service all areas of the community as needed. Service calls are placed in the event that any additional pest control needs are identified. (see attachment #6).

Legal Entity Representative

Jennifer Armagost
Signature

Jennifer Armagost - ED
Printed Name and Title

3/19/20
Date

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

The above plan of correction is approved as of 6/25/20 (Date)

Plan of correction implementation status as of 6/25/20 (Date)

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

- Implemented
- Not Implemented

85d - Trash Receptacles

Regulations

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 1/23/20, in the main kitchen, two black trash cans near the stove area were uncovered, unattended and not actively being used.

Plan of Correction (POC)

14121

(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.)

Trash cans were covered at the time of inspection. The chef was actively using the cans at the time of inspection, but was asked by the surveyor to see the walk in refridgeration which led him to leave them unattended. All staff have been inserviced to proper precautions related to covering of trash receptacles. (See attachment #7)

Legal Entity Representative

Jennifer Armagost
Signature

Jennifer Armagost
Printed Name and Title

3/19/20
Date

Date

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

The above plan of correction is approved as of 6/25/20
(Date)

Plan of correction implementation status as of 6/25/20
(Date)

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

Implemented
 Not Implemented

101j7 - Lighting/Operable Lamp

Regulations

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

On 1/23/20, room #123 did not have working light source that can be turned on/off at bedside.

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 light bulb in room 123 was replaced at the time of inspection. Housekeeping and care staff have been inserviced on monitoring the functionality of lighting upon entry to resident rooms. Periodic spot checks will be completed by the lead Housekeeper or the Executive Director. In the event that a lamp is in need of a new light bulb, a work order will be placed to alert the Maintenance Department.

Legal Entity Representative

Jennifer Armagost Signature Jennifer Armagost - ED Printed Name and Title 3/19/20 Date

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

The above plan of correction is approved as of 6/25/20 (Date) Plan of correction implementation status as of 6/25/20 (Date)
The above plan of correction was approved by *MAJ* (Initials) Implemented Not Implemented

103b - Clean/Sanitized Kitchen Surfaces

Regulations

2600.

103.b. Kitchen surfaces must be of a nonporous material and cleaned and sanitized after each meal.

Description of Violation

On 1/23/20, the ice cream freezer in the main kitchen was found to have sticky ice cream residue on the shelf and bottom of the freezer.

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 ice cream freezer was cleaned at time of inspection. Staff have been inserviced on the cleaning requirements for all areas of the kitchen, including the ice cream freezer. (see attachment #7) Director of Culinary Services will continue to monitor cleanliness of all surfaces in the kitchen and address any non-compliance.

Legal Entity Representative

Jennifer Armagost
Signature

Jennifer Armagost - ED
Printed Name and Title

3/19/20
Date

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

The above plan of correction is approved as of 6/25/20 (Date)

Plan of correction implementation status as of 6/25/20 (Date)

Implemented

Not Implemented

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