pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail bjolly@dunwoody.org
Sent via e-mail astevens@dunwoody.org
July 7, 2020

Mr. Brandon Jolly
Director of Health Services
Dunwoody Village, Inc.
Attn: Personal Care Services
3500 West Chester Pike
Newtown Square, Pennsylvania 19073

RE: Dunwoody Village
License #: 145250

Dear Mr. Jolly:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on February 19, 2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Sandra Wooters

Sandra Wooters, MHS, ACG
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *DUNWOODY VILLAGE* **License Number:** *14525*
Address: *3500 WEST CHESTER PIKE, NEWTOWN SQUARE, PA 19073*
County: *DELAWARE* **Region:** *SOUTHEAST*

Administrator

Name: *Adrianne Stevens* **Phone:** *6103594400* **Email:** *astevens@dunwoody.org*

Legal Entity

Name: *DUNWOODY VILLAGE INC*
Address: *3500 WEST CHESTER PIKE, ATTN:PERSONAL CARE SERVICES, NEWTOWN SQUARE, PA, 19073*

Certificate(s) of Occupancy

Type: *C-1* **Date:** *01/30/2002* **Issued By:** *LABOR & INDUSTRY*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *83* **Waking Staff:** *62*

Inspection

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

Inspection Dates and Department Representative

02/19/2020 - On-Site: Natasha Braswell, Denise Gillespie

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *81* **Residents Served:** *66*

Secured Dementia Care Unit

In Home: *Yes* **Area:** *Memory Care* **Capacity:** *20* **Residents Served:** *16*

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0*
Are 60 Years of Age or Older: *68*
Diagnosed with Mental Illness: *2*
Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *17*
Have Physical Disability: *0*

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 the room #12, #162 and #167.

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.)

Telephone numbers for emergency services including the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline were posted in apartment #12, #162 and #167 on the day of inspection, 2/19/20.

Weekly rounds will be completed by the PCA and/or designee to ensure these numbers remain posted at these locations as well as all other locations where there is a phone.

POC completed, 2/19/2020

*see attached #1

Legal Entity Representative

Adrianne Stevens — Signature

Adrianne Stevens, Personal Care Administrator — Printed Name and Title

4/6/2020 — Date

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

The above plan of correction is approved as of 7.7.2020 (Date)

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

Plan of correction implementation status as of 7.7.2020 (Date)

☑ 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

Room #162 does not have access to a source of light 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 source for apartment #162 was operated by 2 different light switches within the same apartment. One switch was in the off position which disabled the function of the bedside light switch. Upon consulting with the Dunwoody Village facilities team, the light source is now primarily controlled by the bedside switch.
To ensure compliance of this regulation this will be included in Personal Care Apt. audits on a monthly basis for the next three months.
POC completed, 2/20/2020
*see attached #1 & #2

Legal Entity Representative

Adrianne Stevens — Signature
Adrianne Stevens, Personal Care Administrator — Printed Name and Title
4/6/2020 — Date

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Plan of correction implementation status as of 7.7.2020 (Date)

☑ Implemented
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The above plan of correction was approved by slw (Initials)

103g - Storing Food

Regulations

2600.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

On 2/19/20, a Kozy Shack pudding was opened and unsealed in the Wellness Room located in 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.)

Moving forward any open food will be immediatly covered and dated to ensure proper food handling practices.

The Kozy Shack pudding was immediatly thrown out at time of inspection.

Puddings, apple sauce and/or ice cream used for medication administration will be discarded upon completion of med pass.

An in-service was held with nursing staff to review regulation 2600 103.g; see attachment #3 & #4

POC completed, 3/5/2020

Legal Entity Representative

Adrianne Stevens — Signature

Adrianne Stevens, PCA — Printed Name and Title

4/6/2020 — 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:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

The pharmacy label for resident #1's Estradiol 0.1 % does not include the resident's name, name of medication, date of the prescription, the dose and instruction for administration, and the name and title of the physician.

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.)

Estradiol cream for resident #1 labeled at time of survey.
All prescription medications shall be labeled with a pharmacy label including: residents name, name of medication, date prescription issued, instructions for administration and prescribed dosage, and the name and title of prescriber.
11-7 nurse will check medications, including prescription medications used for treatments nightly for proper labeling.
Nursing supervisor/unit Manager and/or designee to ensure compliance.
POC completed, 3/5/2020 *see attachment #3 & 4, 7

Legal Entity Representative

Adrianne Stevens — Signature

Adrianne Stevens, Personal Care Administrator — Printed Name and Title

4/6/2020 — Date

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184b - Resident's Meds Labeled

Regulations

2600.
184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On 2-19-2020, a package of Tylenol Extra Strength belonging to resident #2 was in the medication cart and was not labeled with the resident's name.

On 2-19-2020, a unlabeled 8 ounce can of "Thick It" was found in the memory care kitchenette.

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.)

Both the tylenol extra strength and thick it were labeled at time of inspection.
The 11-7 nurses will check the medication carts nightly for unlabled OTC medications, remove them and label them correctly.
"Thick it" shall be obtained for individual resident use and labeled with the resident's name.
Staff training was provided for the nurses to review regulation 2600 184.b; see attachment #3 & #4.
Nursing supervisor/unit manager and/or designee to ensure compliance.
POC completed, 3/5/20.

Legal Entity Representative

Adrianne Stevens — Signature
Adrianne Stevens, PCA — Printed Name and Title
4/6/2020 — Date

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☐ Not Implemented

187a - Medication Record

Regulations

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #3 is prescribed Potassium Chloride ER Tablet . However, resident's Februray 2020 medication administration record does not indicate name and initials of the staff person administering the medication on 2-11-20 and 2-13-20.

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.)

To prevent a question of a medication being given, MAR and TARs are being monitored by the QI nurse manager at least weekly and results reviewed with the Personal Care Administrator.
Part of the medication pass procedure is to check the PCC dashboard before the end of every shift and ensure administration record is accurate.
Failure to do this will result in progressive disciplinary action for those involved.
QI nurse manager and/or designee to ensure compliance.
Nursing staff in-serviced on regulation 2600 187.a.
POC completed, 3/5/20. see attachment #3, 5 and 6

Legal Entity Representative

Adrianne Stevens — Adrianne Stevens, PCA — 4/6/2020
Signature — Printed Name and Title — Date

187a - Medication Record *(continued)*

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187d - Follow Prescriber's Orders

Regulations

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #3 is prescribed Potassium Chloride ER tablet. However, resident #3 was not administered Potassium Chloride ER tablet on 2-11-20 and 2-13-20 at 2:00 pm.

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 nurse involved in the violation of 187d was addressed, disciplined and ultimately discharged.
To prevent a question of a medication being given the MAR and TAR are being monitored by the QI nurse manager at least weekly and results reviewed with the Personal Care Administrator.
Part of the medication pass procedure is to check the Point Click Care dashboard before the end of every shift and ensure administration record is accurate.
Failure to do so will result in progressive disciplinary action for those involved.
QI nurse manager and/or designee to ensure compliance
Nursing staff in-serviced on regulation 187.d.
POC completed, 3/5/20. See attachment #3, 5 and 6

Legal Entity Representative

Adrianne Stevens — Signature
Adrianne Stevens, PCR — Printed Name and Title
4/6/2020 — Date

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