



Sent via e-mail [lputzier@integracare.com; hpastick@integracare.com]

MAILING DATE: June 1, 2020

Ms. Loriann Putzier,
President & COO
VS Woods LLC
IntegraCare Corporation
6600 Brooktree Court, Suite 1000
Wexford, Pennsylvania 15090

RE: The Woods at Cedar Run
824 Lisburn Road
Camp Hill, Pennsylvania 17011
Certificate #: 331320

Dear Ms. Putzier:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Office of Long-term Living) review on February 26, 2020, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Gloria Emick

Gloria Emick
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *THE WOODS AT CEDAR RUN*

License Number: *33132*

Address: *824 LISBURN ROAD,, CAMP HILL, PA 17011*

County: *CUMBERLAND*

Region: *CENTRAL*

Administrator

Name: *Heather Pastick*

Phone: *7177373373*

Email: *LPUTZIER@INTEGRACARE.COM*

Legal Entity

Name: *VS WOODS LLC*

Address: *6600 BROOKTREE COURT,SUITE 1000, INTEGRACARE CORPORATION, WEXFORD, PA, 15090*

Certificate(s) of Occupancy

Type: *C-2 LP*

Date:

Issued By:

Staffing Hours

Resident Support Staff: *NM*

Total Daily Staff: *NaN*

Waking Staff: *NaN*

Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*

Reason: *Incident*

Inspection Dates and Department Representative

02/26/2020 - On-Site: Hope O'Pake

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *79*

Residents Served: *63*

Secured Dementia Care Unit

In Home: *Yes*

Area: *SDCU*

Capacity: *19*

Residents Served: *13*

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *63*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *26*

Have Physical Disability: *2*

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

Resident #1 reported to staff an allegation of abuse on 2/1/20. It was not reported to The Department until 2/5/20.

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.)

Please see the attached documentation Pages 2A & 2B of 2

Legal Entity Representative

Heather Pastick

Heather Pastick PCHA LPN 5/29/2020

Signature

Printed Name and Title

Date

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

The above plan of correction is approved as of 6/1/20
(Date)

Plan of correction implementation status as of 6/1/20
(Date)

Implemented

Not Implemented

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

PLAN OF CORRECTION

Community Name: The Woods at Cedar Run

License Number: 331320

Date of Visit: 2/26/2020

Date of Submission: 5/29/2020

1. Violation Review:

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.

2. Violation Interpretative Statement:

Reporting of abuse or suspected abuse needs to occur immediately according to regulations and policy guidelines.

3. Review the benefit of the Regulation, per RCG:

Ensures that abuse or suspected abuse is appropriately reported and investigated.

4. Description of the Repair of the Immediate Problem:

Two Medication Technicians were aware of the complaint, one was the recipient of the information from the resident. Both employees were provided with re-education at the time of report regarding policy and procedure, when to report and to whom.

5. Determine / document the Root Cause of the Violation:

Due to resident cognition which was known at the time by staff to be impaired due to dementia-related diagnosis Medication Technicians did not report based on this fact at the time. Education provided to staff members to report concerns or suspected or reported abuse regardless of resident status and cognition.

Page 2A of 2

Authorized Signature _____

Date: _____

PLAN OF CORRECTION

6. Detail Action Steps / System Developed to prevent future occurrence:

Review practices of types of abuse and reporting procedures with staff members at monthly and quarterly meetings beginning 5/2020.

a. Changing practice?

Review at each monthly and quarterly meeting regardless of any concerns or recent allegations as a refresher and reinforcement of policy and procedure for all staff.

b. Teaching or Training?

Reinforcement of policies and procedures. Review of abuse and reporting policy with each staff member.

c. On-going Monitoring?

During end of/beginning of each shift huddle to review any concerns that may have transpired. Ensuring the staff can communicate concerns by utilizing phrasing asking if anyone has seen, heard, or experienced anything that could be considered to be abuse, or anything that needs to be reported. Executive Operations Officer and Director of Resident Wellness will monitor staff shift reports daily to monitor for potential circumstances requiring follow up or investigation. Beginning 5/31/2020.

7. Designated position responsible and specify target date for correction.

Executive Operations Officer/Director of Resident Wellness. Memo provided to all staff for review and acknowledge understanding by 5/31/2020.

Authorized Signature _____

Date: _____