



**Sent via e-mail lavera.wilkins@presbysinspiredlife.org
August 5, 2020**

Ms. Bethany Ghassemi
Legal Counsel
HumanGood Pennsylvania
2002 Joshua Road
Lafayette Hill, Pennsylvania 19444

RE: Rosemont Presbyterian Village
404 Cheswick Place
Rosemont, Pennsylvania 19010
License #: 176630

Dear Ms. Wilkins:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on March 4, 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: ROSEMONT PRESBYTERIAN VILLAGE
Address: 404 CHESWICK PLACE,, ROSEMONT, PA 19010
County: DELAWARE Region: SOUTHEAST

License Number: 17663

Administrator

Name: Lavera Wilkins Phone: 6105276500 Email: lavera.wilkins@presbysinspiredlife.ORG

Legal Entity

Name: PHILADELPHIA PRESBYTERY HOMES INC
Address: 2000 JOSHUA ROAD, LAFAYETTE HILL, PA, 19444

Certificate(s) of Occupancy

Type: Other Date: 10/12/2007 Issued By: Radnor Township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 82 Waking Staff: 62

Inspection

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

Inspection Dates and Department Representative

03/04/2020 - On-Site: Sabrina Freeman, Michele Swisher

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 221 Residents Served: 71

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 71
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 11 Have Physical Disability: 0

16c - Written Incident Report

Regulations

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted] 9, resident #1 passed away The home did not report this incident to the department until 11/25/19.

On 2/27/20, a COSA representative was onsite to interview resident #2 regarding an allegation of financial abuse from a friend. The home did not report this incident to the department until 3/3/20.

On 4/2/19, resident #3 left the home without informing staff. As a result, resident #3 did not receive their medications. The home did not report this incident to the department until 4/30/19.

On 7/12/19, resident #4 had a fall resulting in a serious injury. The home did not report this incident to the department until 7/15/19.

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.)

Personal Care Manager/Designee will read nursing notes and reportable incidents in risk watch where our reports are entered, within 24hrs and report to Personal Care Administrator/Designee any reportable incidents to ensure timely reporting within 24hrs to DHS. Personal Care Administrator/Designee will in service nursing department on reportable incidents regulations to ensure timely reporting to DHS. Personal Care Administrator/Designee will audit records weekly for compliance and report findings at the monthly QAPI meeting

Legal Entity Representative

Dawn Wilkins PCA/LPN
Signature

Lavera Wilkins PCA/LPN
Printed Name and Title

8-3-2020
Date

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The above plan of correction is approved as of 8/5/2020 (Date)

Plan of correction implementation status as of 8/5/2020 (Date)

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

Implemented
 Not Implemented

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

There are cameras present in the hallways of the home that video record. There is no sign posted indicating that images are being recorded.

Additionally, the representative of the Department viewed the camera feed on the video monitor at the front desk, and at least 3 camera angles are angled in the direction of resident rooms such that the door to these rooms are visible on screen. The lobby level - East camera feed, Resident room 63 - entirety of door is visible on screen & the room directly across the hall (room number was not visible on screen).

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.)

Residents are aware that we have cameras on premises, they sign a handbook where it states cameras on premises. As an added layer of notification a sign is placed at the entrance to The Mansion at Rosemont indicating that we are under video surveillance. Cameras in hallways will be repositioned so that no resident doors are visible.

DPOC:

- 1. The administrator or designee will remove any cameras directed at any resident rooms, immediately.
- 2. The administrator will conduct monthly walk throughs to ensure the cameras are not facing any resident rooms, starting immediately.

SLW 8/5/2020

Legal Entity Representative

Jason Wilson PEA/LAW
Signature

Lavera Wilkins UPN/PEA
Printed Name and Title

8/3/2020
Date

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65f - Training Topics

Regulations

2600.

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

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
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 did not receive training in instruction on meeting the needs of the residents or personal care service needs of the residents during the 2019 training year.

Direct care staff person B did not receive training in instruction on meeting the needs of the residents or personal care service needs of the residents during the 2019 training year.

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.)

Direct care staff person A recieved training in instruction on meeting the needs of the residents or personal care services needs of the residents. Direct care staff person B recieved training in instruction on meeting the needs of the residents or personal care service needs of the residents. Personal care Administrator / Designee will provide above training to nursing staff annually. Audits of the training will be performed quarterly and presented at the monthly QAPI meeting for further follow up & compliance

Legal Entity Representative

Daven Williams PCA/LPN
Signature

Lavera Wilkins PCA/LPN
Printed Name and Title

8/3/2020
Date

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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:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Direct care staff person B did not receive Older Adult Protective Services Act (OAPSA) training during the 2019 training year.

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.)

Direct care staff person B has completed OAPSA. Staff will receive annual training on Older Adult Protective Services Act by Social Services manager / Designee. Monthly Audits will be performed for the staff to ensure compliance by Personal Care Administrator/Designee. Audits will be presented at the monthly QAPI meeting for compliance and follow-up

Legal Entity Representative

Debra Williams PCA/LPN
Signature

Debra Williams PCA/LPN
Printed Name and Title

8/3/2020
Date

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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:

Description of Violation

Resident #5 is prescribed 2.5mg Warfarin daily. This medication was not on the med-cart or available in the home. The home was not able to account for the medication. However, the medication administration record was initial and dated on 3/1/2020, 3/2/2020 and 3/3/2020 that the medication was administered to the resident at 21:00.

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.)

Resident had an order for 5mg of Warfarin until 3/6/20, which was available on the cart. Order for 2.5mg of Warfarin was received on 3/2/20. to start on 3/6/20. We did not have the 2.5mg dose of Warfarin in the community on 3/4/20 (Date of survey) but it was not to be administered until 3/6/20. At that time Warfarin was available. We therefore respectfully call to withdraw this violation and violation #187d

DPOC:

1. The administrator or designee will conduct monthly audits of all medications available with the monthly MAR's for all residents, starting immediately, to ensure medications prescribed are available for administration.
2. The administrator will discuss the monthly audit at staff meetings each month for the next 3 months, starting immediately.
3. The administrator or designee will conduct a training on the importance of monthly recap audits, within 15 days of receipt of this plan of correction.
4. Documentation of the training will be maintained for the Departments review. SLW 8/5/2020

Legal Entity Representative

Janet Welles LPN/PCA
Signature

Lavera Wilkins LPN/PCA
Printed Name and Title

8/3/2020
Date

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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 #5 is prescribed 2.5mg Warfarin daily. However, this medication was not on the med-cart or available in the home.

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 previous Plan of Correction for #1872

DPOC:

1. The administrator or designee will conduct monthly audits of all medications available with the monthly MAR's for all residents, starting immediately, to ensure medications prescribed are available for administration.
2. The administrator will discuss the monthly audit at staff meetings each month for the next 3 months, starting immediately.
3. The administrator or designee will conduct a training on the importance of monthly recap audits, within 15 days of receipt of this plan of correction.
4. Documentation of the training will be maintained for the Departments review. SLW 8/5/2020

Legal Entity Representative

Laura Wilkins PCA/UPN
Signature

Laura Wilkins PCA/UPN
Printed Name and Title

8/5/2020
Date

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188b - Medication Error Reporting

Regulations

2600.

188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Description of Violation

Resident #5 was administered another residents medication, 10ml/325mg of Oxycodene-Acetaminophen.

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 medication error for resident #5 was reported to the resident, physician and the POA. There were no adverse effects to the residents. The professional nursing staff will be re-instructed on proper medication administration and documentation. Person Care Manager/Designer will perform medication audit bi-weekly to ensure compliance and report at the monthly QAPI meeting for discussion and follow-up.

Legal Entity Representative

Lavera Wilkins LPN/PCA
Signature

Lavera Wilkins LPN/PCA
Printed Name and Title

8/3/2020
Date

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225a - Assessment 15 Days

Regulations

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

An assessment was not completed for resident #6, who was admitted to the home on 2/12/20.

Regulations

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #7 was admitted on 10/9/19; however, the resident's assessment was not completed until 10/31/19.

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.)

Social Services/Designee will ensure new residents have an admission assessment within the first 15 days of the admission. The staff responsible for the written assessment will be re-inspected on completion within the first 15 days. Social Services/Designee will audit bi-weekly to ensure the new resident assessment is completed within 15 days of admission. The audit will be presented at the monthly QAPI meeting for discussion and further follow-up

DPOC: The administrator or designee will complete a RASP for resident #6, within 10 days of receipt of this plan of correction.

SLW 8/5/2020

Legal Entity Representative

Dawn Wilkins PCA/LAN

Signature

Lavera Wilkins PCA/LAN

Printed Name and Title

8/3/2020

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252 - Record Content

Regulations

2600.

252. Content of Resident Records - Each resident's record must include the following information:

- 10. A record of incident reports for the individual resident.
- 11. A list of allergies.
- 12. The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.

Description of Violation

Resident #5's record does not include a copy of the 12/22/19 reportable incident.

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.)

Resident #5 has a copy of the reportable incident of 12/22/19 in the record. Personal care manager/designee will audit monthly incident reports to ensure that copies of incident reports are placed in resident record. Personal care manager will report audits at monthly QAPI for further discussion and follow up as necessary.

Legal Entity Representative

Oliver Williams LPN/PCA
Signature

Lavera Williams LPN/PCA 8/3/2020
Printed Name and Title Date

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