



pennsylvania
DEPARTMENT OF HUMAN SERVICES

**Sent via e-mail licensing@sunriseseniorliving.com
Sent via e-mail ellen.michael@sunriseseniorliving.com
August 7, 2020**

Mr. Edward A. Frantz
Vice President and Secretary
Welltower OPCO Group, LLC
Attn: *Menerva Philson*
7902 Westpark Drive
McClellan, Virginia 22102

RE: Sunrise of Newtown Square
333 South Newtown Street Road
Newtown Square, Pennsylvania 19073
License #: 143260

Dear Mr. Frantz:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on March 9 and 10, 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: *SUNRISE OF NEWTOWN SQUARE*

License Number: 14326

Address: *333 SOUTH NEWTOWN STREET ROAD,, NEWTOWN SQUARE, PA 19073*

County: *DELAWARE*

Region: *SOUTHEAST*

Administrator

Name: *Ellen Michael*

Phone: *6103255400*

Email: *ellen.michael@sunriseseniorliving.com*

Legal Entity

Name: *WELLTOWER OPCO GROUP LLC*

Address: *7902 WESTPARK DRIVE, ATTN - MENERVA PHILSON, MCLEAN, VA, 22102*

Certificate(s) of Occupancy

Type: *C-2 LP*

Date: *11/07/2002*

Issued By: *Commonwealth of PA, L&I*

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *106*

Waking Staff: *80*

Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

Inspection Dates and Department Representative

03/09/2020 - On-Site: Dean Gray, Evelyn Perez

03/10/2020 - On-Site: Dean Gray, Evelyn Perez

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *104*

Residents Served: *70*

Secured Dementia Care Unit

In Home: *Yes*

Area: *Reminiscence*

Capacity: *26*

Residents Served: *22*

Hospice

Current Residents: *12/40*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *70*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *1*

Have Mobility Need: *36*

Have Physical Disability: *10*

82c - Locking Poisonous Materials

Regulations

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

A pump bottle of Gold Bond Ultimate Skin Therapy Lotion, with a manufacture's label indicating "If swallowed, get medical help or contact a Poison Control Center immediately", was unlocked, unattended, and accessible in a resident's bathroom in the Reminiscence or secure dementia unit. Not all the residents of the home, including resident #1, have been assessed capable of recognizing and using poisons safely.

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.)

See attached

Legal Entity Representative

Ellen Michael
Signature

Ellen Michael, Executive Director
Printed Name and Title

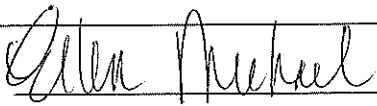
8/19/20
Date

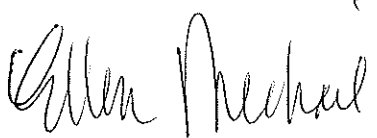
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of	8/4/20 (Date)	Plan of correction implementation status as of	8/4/20 (Date)
The above plan of correction was approved by	<i>EM</i> (Initials)	<input checked="" type="checkbox"/> Implemented	<input type="checkbox"/> Not Implemented

Sunrise Senior Living Plan of Correction

Name of Personal Care Home: Sunrise of Newtown Square
Address of PCH: 333 S. Newtown Street Rd.
License number: 14326
Inspection date(s): March 9 -10, 2020
Name/Title of Legal Entity Representative Signing the Plan of Correction:
Ellen Michael, Executive Director

Signature of Sunrise Representative: 
Date of Submission: 6/19/20

Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.82.c	3.10.20	The Executive Director (ED) immediately secured lotion at the time of inspection.
	3.10.20	The Reminiscence Coordinator (RC) completed an audit to ensure all other chemicals were locked and inaccessible in the neighborhood. No other chemicals were identified.
	6.16.20	Training was completed by RC with staff on the importance of keeping all chemicals secure due to all resident not being able to safely use or avoid poisonous materials.
	3.10.20 and ongoing	Each resident has a locked cabinet with their name on it in their room. Care Managers retrieve needed items to assist in providing care and then the items are returned to its stored location.
	3.10.20 and ongoing	The RC or designee conducts daily walkthroughs to ensure all chemicals are secure.
	6.25.20	The POC will be discussed and evaluated (for up to 3 months) by the ED and Coordinators at the Quality Management (QAPI) meeting to ensure it is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to ensure the violation does not occur again.
 6/19/20		

Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.

85e - Trash Outside Home

Regulations

2600.
85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

The external trash dumpster does not have a lid that can be closed to prevent insect and rodent penetration. The lid to the recycle dumpster is broken and could not be fully closed.

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.)

See attached

Legal Entity Representative

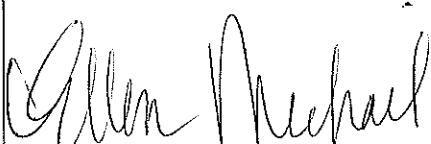
Ellen Michael
Signature

Ellen Michael, Executive Director
Printed Name and Title

Date 8/19/20

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

The above plan of correction is approved as of	8/4/20 (Date)	Plan of correction implementation status as of	8/4/20 (Date)
		<input checked="" type="checkbox"/> Implemented	
		<input type="checkbox"/> Not Implemented	
The above plan of correction was approved by	<i>EM</i> (Initials)		

Regulation 55 Pa. Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.85.e	3.10.20	The Maintenance Coordinator (MC) called the trash company to have the dumpster lid replaced and recycle lid repaired.
	3.17.20	Dumpster lid replaced and the recycle lid was repaired.
	6.18.20	Staff was informed of the replacement of the external dumpster lid, the repair of the recycle dumpster lid, the process for reporting problems with the dumpsters and need to close dumpsters lids when not in use.
	6.18.20	Staff will put a ticket in Tels so the MC knows it needs to be fixed.
	3.17.20	The MC or designee completes weekly audits of the dumpster enclosure to verify the lid is operable and being closed after use.
	6.25.20	The POC will be discussed and evaluated (for up to 3 months) by the ED and Coordinators at the Quality Management (QAPI) meeting to ensure it is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to ensure the violation does not occur again.
 Glenn Michael 6/19/20		

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 room 122.

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.)

See attached

Legal Entity Representative

Allen Michael
Signature


Allen Michael, Executive Director 6/19/20
Printed Name and Title Date

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

The above plan of correction is approved as of 8/4/20 (Date) Plan of correction implementation status as of 8/4/20 (Date)

- Implemented
- Not Implemented

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

Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.91	3.10.20	The MC placed emergency numbers in room 122.
	3.10.20	The MC, the Personal Care Coordinator (PCC), and the Reminiscence Coordinator (RC) audited remaining rooms and no other telephones were identified as needing emergency numbers.
	6.16.20 and ongoing	At the time of move in Care Coordinator confirms the new resident has received emergency telephone numbers and place on their phone.
	3.10.20 and ongoing	During routine cleaning of resident rooms and common areas the housekeeper or designee will verify the required emergency telephone numbers are on or by each telephone with an outside line.
	6.25.20	The POC will be discussed and evaluated (for up to 3 months) by the ED and Coordinators at the Quality Management (QAPI) meeting to ensure it is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to ensure the violation does not occur again.
		

103i - Outdated Food

Regulations

2600.
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

There was unlabeled, undated chicken salad, tuna salad, egg salad, pasta salad and potato salad in the Deli Cooler.
There was an unlabeled, undated jar of Maraschino Cherries and an unlabeled, undated bag of greens (salad) in the walk-in refrigerator.

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.)

See attached

Legal Entity Representative

Elton Michael

Signature

Elton Michael Executive Director

Printed Name and Title

6/19/20
Date

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

The above plan of correction is approved as of

8/4/20
(Date)

Plan of correction implementation status as of


8/4/20
(Date)

Implemented

Not Implemented

The above plan of correction was approved by

EM
(Initials)

Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.103.i	3.10.20	The Dining Services Coordinator (DSC) immediately disposed of the chicken salad, tuna salad, egg salad, pasta salad, potato salad, Maraschino cherries, and bag of salad.
	3.10.20	The refrigerator and freezer were audited by the DSC for items that were not labeled or dated. No other food items were identified during this audit.
	6.18.20	Training was conducted by DSC with dietary staff to reinforce that all food needs to be labeled and dated.
	6.18.20 and ongoing	The process for labeling includes food item, current date, use by date, and staff initials and time that item is labeled. Any staff other than a cook must ask cook for dating directions.
	3.10.20 and ongoing	The DSC and/or designee conduct a daily walk through of kitchen to ensure all food is labeled and dated.
	6.25.20	The POC will be discussed and evaluated (for up to 3 months) by the ED and Coordinators at the Quality Management (QAPI) meeting to ensure it is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to ensure the violation does not occur again.
 6/19/20		

105g - Lint Removal and Duct Cleaning

Regulations

2600.
105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 03/09/2020, there was an accumulation of lint in the lint trap of the first floor laundry room. There were no clothes in the dryer at the time.

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.)

See attached

Legal Entity Representative

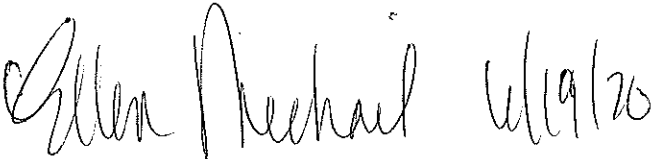
Allen Michael
Signature

Allen Michael, Executive Director 6/19/20
Printed Name and Title Date

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

The above plan of correction is approved as of 8/4/20 (Date) Plan of correction implementation status as of 8/4/20 (Date)

The above plan of correction was approved by *MM* (Initials) Implemented Not Implemented

Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.105.g	3.9.20	The ED removed the accumulation of lint in the lint trap of the first-floor laundry room immediately after identification.
	3.9.20	The MC, PCC, and RC completed an audit of the remaining dryers and no other lint was identified.
	6.18.20	The ED re-educated the leadership team on the requirement of lint shall be removed from the lint trap and drum of clothes dryers after each use. The Leadership team provided training to frontline team members.
	6.18.20	As team members retrieve a dry load of laundry from the dryer, they remove and dispose of the lint from the lint trap.
	3.10.20 and ongoing	The MC or designee are checking dryers daily during walkthroughs.
	6.25.20	The POC will be discussed and evaluated (for up to 3 months) by the ED and Coordinators at the Quality Management (QAPI) meeting to ensure it is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to ensure the violation does not occur again.
		

107c - Food/Water 3 Day Supply

Regulations

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

On 03/10/2020, the home served 70 residents, requiring 70 gallons of emergency drinking water due to the home's emergency water program with Quench that states their response will be within 24 hours. However, the home does not have any emergency water. Also, the home does not have a current food supply set aside in the case of an emergency.

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.)

See attached

Legal Entity Representative

Ellen Michael

Signature

Ellen Michael, Executive Director

Printed Name and Title

6/19/20

Date

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

The above plan of correction is approved as of

8/4/20
(Date)

Plan of correction implementation status as of

8/4/20
(Date)

Implemented

Not Implemented

The above plan of correction was approved by

EM
(Initials)

Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.107.c	3.19.20 3.23.20 3.23.20 and ongoing 6.25.20	<p>The DSC obtained a 3-day supply of non-perishable food.</p> <p>The DSC obtained a 3-day supply of emergency water drinking water.</p> <p>The DSC manages and monitors dates on both water and food supply in order to know by when the water needs to be replaced.</p> <p>The POC will be discussed and evaluated (for up to 3 months) by the ED and Coordinators at the Quality Management (QAPI) meeting to ensure it is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to ensure the violation does not occur again.</p> <p style="text-align: right;"><i>Eden Michael 6/19/20</i></p>

107d - Procedure Emergency Management Agency Submission

Regulations

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

On 3/10/20, the home did not have documentation that their written emergency procedures have not been reviewed, updated and submitted to the local emergency management agency since June 15, 2017.

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.)

See attached

Legal Entity Representative

Elton Michael
Signature

Elton Michael

Elton Michael, Executive Director

6/19/20
Date

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


The above plan of correction is approved as of 8/4/20 (Date)

Plan of correction implementation status as of 8/4/20 (Date)

Implemented

Not Implemented

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

Regulation 55 Pa. Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.107.d	3.17.20	The ED discovered the written emergency procedures and confirmed they had been submitted to the local emergency management agency and accepted on March 25, 2019.
	3.17.20	The ED and designees have placed an annual reminder in 2020 to review, update, and submit emergency procedures to local emergency management agency.
	6.25.20	The POC will be discussed and evaluated (for up to 3 months) by the ED and Coordinators at the Quality Management (QAPI) meeting to ensure it is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to ensure the violation does not occur again.
 Allen Michael 6/19/20		

121a - Unobstructed Egress

Regulations

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 03/09/2020, two tables blocked the egress from the home's smoking room.

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.)

See attached

Legal Entity Representative

Allen Michael
Signature

Allen Michael, Executive Director
Printed Name and Title

6/19/20
Date

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

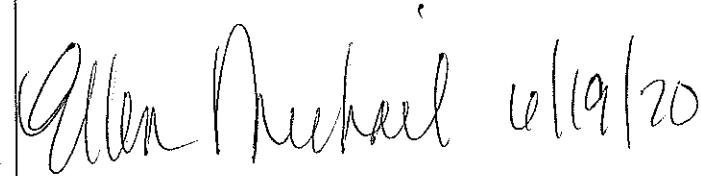
The above plan of correction is approved as of 8/4/20 (Date)

Plan of correction implementation status as of 8/4/20 (Date)

Implemented

Not Implemented

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

Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.121.a	3.9.20	The DSC immediately removed the two tables that were blocking the egress from the smoking room.
	3.9.20	The MC checked all other egresses none of which were obstructed.
	6.18.20	The Leadership team educated front-line team to re-enforce the requirement that stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.
	3.10.20 and ongoing	The MC or designee conduct daily walkthrough to ensure all egresses are unobstructed.
	6.25.20	The POC will be discussed and evaluated (for up to 3 months) by the ED and Coordinators at the Quality Management (QAPI) meeting to ensure it is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to ensure the violation does not occur again.
		

132c - Fire Drill Records

Regulations

2600. 132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drill conducted on 01/14/2020 does not include the correct amount of resident's evacuated.
The fire drill record for the drill conducted on 10/29/2019 includes multiple strike throughs and lists multiple evacuation times.

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.)

See attached

Legal Entity Representative

Elton Michael
Signature

Elton Michael, Executive Director 8/19/20
Printed Name and Title Date

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

The above plan of correction is approved as of 8/4/20 (Date) Plan of correction implementation status as of 8/4/20 (Date)

- Implemented
- Not Implemented

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

Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.132.c	<p>3.10.20</p> <p>3.10.20 and ongoing</p> <p>6.17.20</p> <p>6.25.20</p>	<p>Subsequent unannounced fire drills were completed 1.22.20 and 2.21.20 in the facility. The fire drill record was completed for both 1.22.20 and 2.21.20 and includes the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative. The ED reviewed the fire drill record to verify completeness and accuracy.</p> <p>The MC or qualified designee develops a non-disclosed fire drill schedule. The MC or qualified designee conducts the fire drills and documents the fire drill in the fire drill record. The record includes the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.</p> <p>The ED reviewed what must be recorded on the fire drill record with the MC.</p> <p>The POC will be discussed and evaluated (for up to 3 months) by the ED and Coordinators at the Quality Management (QAPI) meeting to ensure it is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to ensure the violation does not occur again.</p> <p style="text-align: right;"><i>Allen Michael 6/19/20</i></p>

132d - Evacuation

Regulations

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

During the fire drill on 01/14/2020, at 5:39 am, 4 residents did not evacuate to a public thoroughfare or a fire safe area. The evacuation time listed for this drill was 32 minutes and 11 seconds. The maximum evacuation time, as determined by a fire safety expert in a letter dated 09/24/2019, is 15 minutes.

During the fire drill on 10/29/2019, at 06:00 am, three evacuation times were listed with the "final" recorded evacuation time as 49 minutes and 50 seconds. The maximum evacuation time, as determined by a fire safety expert in a letter dated 09/24/2019, is 15 minutes.

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.)

See attached

Legal Entity Representative

Elton Michael
Signature

Elton Michael Executive Director 8/19/20
Printed Name and Title Date

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

The above plan of correction is approved as of 8/4/20 (Date) Plan of correction implementation status as of 8/4/20 (Date)

- Implemented
- Not Implemented

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

Regulation 55 Pa. Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.132.d	3.10.20	Executive Director followed up with residents and/or responsible party following the residents' refusal to participate in fire drill on 1.14.20. Subsequent unannounced fire drills were completed 1.22.20 and 2.21.20 in the facility. The fire drill record was completed for both 1.22.20 and 2.21.20.
	3.10.20 and ongoing	The MC or qualified designee develops a non-disclosed fire drill schedule. The MC or qualified designee conducts the fire drills and documents the fire drill in the fire drill record. Any drills that results in exceeding the maximum evacuation time is reviewed to determine why the drill exceeded the maximum evacuation time and training will be provided to residents and staff as appropriate. A repeat drill is conducted following the training.
	6.17.20	ED reviewed process for documenting a fire drill with MC.
	6.25.20	The POC will be discussed and evaluated (for up to 3 months) by the ED and Coordinators at the Quality Management (QAPI) meeting to ensure it is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to ensure the violation does not occur again.

Allen Michael 11/19/20

144c1 - Smoking Area Guidelines

Regulations

- 2600.
- 144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:
 1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

The home's designated outside smoking area has furniture that is not fire-resistant.

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.)

See attached

Legal Entity Representative

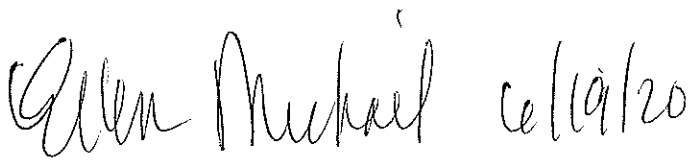
Ellen Michael
Signature

Ellen Michael, Executive Director 6/19/20
Printed Name and Title Date

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

The above plan of correction is approved as of 8/4/20 Plan of correction implementation status as of 8/4/20
 (Date) (Date)

The above plan of correction was approved by EM Implemented
 (Initials) Not Implemented

Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.144.c	3.11.20	The MC moved the designated smoking area away from the furniture that is not fire-resistant.
	3.11.20	Staff informed of the new designated smoking area.
	3.11.20 and ongoing	The MC or designee monitors the designated smoking area on daily walkthroughs to verify that the furniture that is not fire-resistant has not been moved and placed in the designated smoking area.
	7.1.20	Town Hall Meeting is scheduled with staff members and includes a review of the smoking policy and training on need to ensure smoking area remains free of non-fire-resistant furniture will be on the agenda.
	6.25.20	The POC will be discussed and evaluated (for up to 3 months) by the ED and Coordinators at the Quality Management (QAPI) meeting to ensure it is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to ensure the violation does not occur again.
		

183e - Storing Medications

Regulations

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 03/10/2020, a NovoLog FlexPen with a date of 02/09/2020, was found on the third floor medication cart. According to the manufacturer's instructions this medication should be discarded after 28 days.

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.)

See attached

Legal Entity Representative

Ellen Michael
Signature

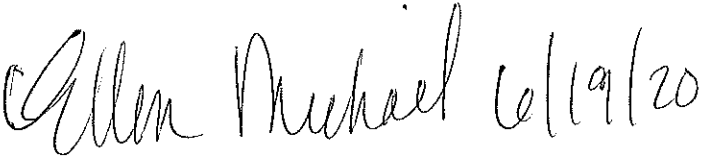
Ellen Michael, Executive Director 6/19/20
Printed Name and Title Date

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

The above plan of correction is approved as of 8/4/20 (Date) Plan of correction implementation status as of 8/4/20 (Date)

Implemented
 Not Implemented

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

Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.183.e	3.10.20	The Senior Resident Care Director (RCD) immediately removed NovoLog Flexpen from the cart and discarded it.
	3.10.20	The RCD audited the remaining medication carts for expired medications. There were no additional issues were identified.
	6.16.20	The RCD re-educated the LPN and the Medication Care Managers on the storage of medication, including insulin pens being discarded in accordance with manufacturer's instructions.
	3.10.20 and ongoing	Weekly cart audits are completed by LPN and MCM. Part of the weekly audit is to check the medication carts for expired medications.
	3.10.20 and ongoing	The RCD oversees the weekly cart audit process and reviews the results to determine procedural changes if any are required.
	6.25.20	The POC will be discussed and evaluated (for up to 3 months) by the ED and Coordinators at the Quality Management (QAPI) meeting to ensure it is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to ensure the violation does not occur again.
		

185a - Implement Storage Procedures

Regulations

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

On 03/10/2020, a loose pill was found in a drawer of the first floor medication cart #7.

On 03/10/2020, resident #2's glucometer was not calibrated with the correct date and time.

Resident #2 is prescribed Accuchecks BID two times a day for DM II. However, based on the history in the resident's glucometer, there is no indication that the readings recorded on the resident's MAR on 03/04/2020 at 08:14 AM and 08:15 AM were actually completed.

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.)

See Attached

Legal Entity Representative

Ellen Michael
Signature

Ellen Michael, Executive Director
Printed Name and Title

6/19/20
Date

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

The above plan of correction is approved as of 8/4/20
(Date)

Plan of correction implementation status as of 8/4/20
(Date)

Implemented

Not Implemented

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

Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.185.a	3.10.20	The RCD immediately removed and disposed of the loose pill found in cart #7.
	3.10.20	The RCD immediately calibrated the glucometer for resident #2 with the correct date and time and acknowledged there were no other glucometer's in the community at that time.
	3.10.20	The RCD conducted an audit of the remaining medication carts for loose pills. There were no additional loose pills were found.
	3.10.20	Weekly cart audits are completed by LPN and MCM. Part of the weekly audit is to check the medication carts for loose pills. Any identified are discarded per procedure.
	3.27.20	RCD ordered new glucometer for resident #2.
	4.3.20	New glucometer is in place that is appropriately calibrated.
	3.10.20	During the monthly cart audits, completed by LPN and MCM, glucometers are checked to verify that they are properly calibrated and that the recorded readings align with what appears on the glucometer.
	3.10.20	The RCD oversees the medication cart audit process and reviews the results to determine procedural changes if any are required.
	6.25.20	The POC will be discussed and evaluated (for up to 3 months) by the ED and Coordinators at the Quality Management (QAPI) meeting to ensure it is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to ensure the violation does not occur again.

186a - Authorized Prescriber

Regulations

2600.

186.a. Each prescription medication must be prescribed in writing by an authorized prescriber. Prescription orders shall be kept current.

Description of Violation

According to an interview with staff member A, the prescription medication; Bactroban Ointment 2%, belonging to resident #2 was discontinued. However, this medication was listed as active on the resident's medication administration record. The medication was not available.

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.)

See attached

Legal Entity Representative

Ellen Michael

Signature

Ellen Michael, Executive Director

Printed Name and Title

6/19/20

Date

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

The above plan of correction is approved as of

8/4/20
(Date)

Plan of correction implementation status as of

8/4/20
(Date)

Implemented

Not Implemented

The above plan of correction was approved by

EM
(Initials)

Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.186.a		<p>We respectfully request that this violation be withdrawn. The medication for resident #2, Bactroban Ointment 2%, was not discontinued. It was ordered by the prescriber on 3.10.20, to begin on 3.11.20. The medication was available and was administered in accordance to prescriber's orders starting on 3.11.20.</p>
	3.10.20	<p>The RCD confirmed Bactroban Ointment 2% was ordered on 3.10.20 with a start date of 3.11.20. The ointment was available on 3.11.20 for application for Resident #2 and administered according to orders.</p>
	3.21.20	<p>Weekly cart audits are completed by LPN and MCM. Part of the weekly audit is to check the medication carts for availability of medication according to prescribed orders.</p>
	3.10.20	<p>The RCD oversees the weekly cart audit process and reviews the results to determine procedural changes if any are required.</p>
	6.25.20	<p>The POC will be discussed and evaluated (for up to 3 months) by the ED and Coordinators at the Quality Management (QAPI) meeting to ensure it is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to ensure the violation does not occur again.</p> <p style="text-align: right;"><i>Allen Michael 2/19/20</i></p>

Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.

231e - No Objection Statement

Regulations

2600.
231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

Description of Violation

Resident #3 was admitted to the Secure Dementia Care Unit (SDCU) on 02/17/2018. The home has no documentation that the resident and the resident's designated person have not objected to the admission.

Repeat Violation: 03/26/2019

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.)

See attached

Legal Entity Representative

Ellen Michael
Signature

Ellen Michael, Executive Director
Printed Name and Title

6/19/20
Date

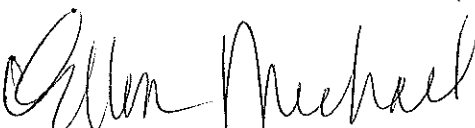
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 8/4/20
(Date)

Plan of correction implementation status as of 8/4/20
(Date)

- Implemented
- Not Implemented

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

Regulation 55 Pa. Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.231.e	3.10.20	The RCD updated resident #3's support plan to reflect no objections to placement in a secured environment after communicating with Responsible Party.
	3.10.20	The RCD conducted an audit of all support plans for residents who reside in the secured dementia care unit to verify there is documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.
	6.16.20	The ED reviewed with the RC the requirement of each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.
	3.10.20	New and transitioning residents to the secured dementia environment are discussed weekly and an audit of their support plan is conducted. Part of the audit is to verify that the support plan indicates that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.
	6.25.20	The POC will be discussed and evaluated (for up to 3 months) by the ED and Coordinators at the Quality Management (QAPI) meeting to ensure it is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to ensure the violation does not occur again.
		 6/19/20

233c - Key-Locking Devices

Regulations

2600.
233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The directions for operating the home's locking mechanism are not conspicuously posted near the doors to the Secure Dementia Care Unit (SDCU).

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.)

See attached

Legal Entity Representative

Allen Michael
Signature

Allen Michael, Executive Director
Printed Name and Title

6/19/20
Date

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

The above plan of correction is approved as of 8/4/20
(Date)

Plan of correction implementation status as of 8/4/20
(Date)

- Implemented
- Not Implemented

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

Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.233.c	3.10.20	The MC immediately posted the code for the secured dementia care unit near the keypads.
	3.10.20	The MC audited all the other exits within the secured environment and sighted no other missing codes.
	3.10.20	The MC or designee monitors the keypads to the secure dementia car unit on daily walkthroughs to verify the codes remain posted.
	6.25.20	The POC will be discussed and evaluated (for up to 3 months) by the ED and Coordinators at the Quality Management (QAPI) meeting to ensure it is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to ensure the violation does not occur again.

Allen Michael 6/19/20