



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

MAILING DATE: July 2, 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 May 18, 19, 20, 21, 26 and 27, 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: *(717) 737-3373*

Email: *hpastick@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: *0*

Total Daily Staff: *81*

Waking Staff: *61*

Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*

Reason: *Incident*

Inspection Dates and Department Representative

05/18/2020 - Off-Site: Douglas Hoover

05/19/2020 - Off-Site: Douglas Hoover

05/20/2020 - Off-Site: Douglas Hoover

05/21/2020 - Off-Site: Douglas Hoover

05/26/2020 - Off-Site: Douglas Hoover

05/27/2020 - Off-Site: Douglas Hoover

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *79*

Residents Served: *58*

Secured Dementia Care Unit

In Home: *Yes*

Area: *Life Stories*

Capacity: *19*

Residents Served: *14*

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *58*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *23*

Have Physical Disability: *3*

227g -Support Plan Signatures

Regulations

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

The support plan for Resident #1, dated 4/22/2020, was not signed by the home and the resident.

Repeated Violation: 9/24/19

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.)

Please see the attached documentation

Pages 2A & 2B

Legal Entity Representative

Heather Pastick PCHA LPN

Signature

Heather Pastick PCHA LPN

Printed Name and Title

6/10/20

Date

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

The above plan of correction is approved as of 7/2/20
(Date)

Plan of correction implementation status as of 7/2/20
(Date)

Implemented

Not Implemented

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

PLAN OF CORRECTION TEMPLATE

Community Name: The Woods at Cedar Run

License Number: 331320

Date of Visit:

Off-Site Inspections 5/18/2020 thru 5/27/2020

Date of Submission: June 10, 2020

1. Violation Review:

2600.227.g Individuals who participate in the development of the support plan shall sign and date the support plan.

2. Violation Interpretative Statement:

The support plan for Resident #1, dated 4/22/2020, was not signed by the home and the resident.

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

Having individuals who participate in the development of the support plan sign and date the support plan provides a record of who participated in the development of the support plan for future reference purposes.

4. Description of the Repair of the Immediate Problem:

Support plan was reviewed with resident and signed as of 6/10/2020.

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

Operations of management to provide a safe environment during global health pandemic has delayed timeliness of support plan signatures.

Authorized Signature _____

Date: _____

PLAN OF CORRECTION TEMPLATE

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

Delegation of support plans will take place from this point forward between Director of Wellness, Executive Operations Officer, and Director of LifeStories. Regarding prevention of future occurrences: delegation of these support plans will continue as listed above to provide accountability to each staff member to ensure completion in a timely manner.

a. Changing practice?

Delegation of tasks between staff members listed above will ease case load of review and plans that need to be completed.

b. Teaching or Training?

Executive Operations Officer will review plan, delegation of resident support plans and will develop audits to ensure timeliness of completion and signature capture.

c. On-going Monitoring?

Executive Operations Officer in conjunction with Director of Wellness will monitor audit system and on-going efforts for timely completion. Meetings to review support plan needs will be conducted weekly.

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

Executive Operations Officer, Director of Wellness, and Lifestories (Memory Care) Director will review support plans to ensure compliance with signatures and reviews with resident/resident representative. Forms of communication to include telephone conference, postal mail, and email to be utilized with resident representative. Completion date July 31, 2020.

Authorized Signature _____

Date: _____