Department of Human Services
Bureau of Human Service Licensing

August 26, 2020

NORTH WALES 1089 MC BG OPCO LLC
330 N WABASH AVENUE,SUITE 3700
CHICAGO, IL, 60611

RE: PARK CREEK PLACE - MEMORY CARE
1089 HORSHAM ROAD
NORTH WALES, PA, 19454
LICENSE/COC#: 14256

Dear Mr. Coleman ,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/11/2020, 06/12/2020, 06/15/2020, 06/18/2020, 06/22/2020, 06/23/2020, 06/29/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Mia Johnson

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY

Facility Information

Name: *PARK CREEK PLACE - MEMORY CARE* **License #**: *14256* **License Expiration Date**: *05/07/2020*
Address: *1089 HORSHAM ROAD, NORTH WALES, PA 19454*
County: *MONTGOMERY* **Region**: *SOUTHEAST*

Administrator

Name: *Jason McDowell* **Phone**: *2155400520* **Email**: *JMcDowell@enlivant.com, miajohnson@pa.gov*

Legal Entity

Name: *NORTH WALES 1089 MC BG OPCO LLC*
Address: *330 N WABASH AVENUE,SUITE 3700, CHICAGO, IL, 60611*
Phone: *2155400520* **Email**: *LEGALHELP@ENLIVANT.COM*

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *07/19/1996* **Issued By**: *LABOR & INDUSTRY*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *47* **Waking Staff**: *35*

Inspection

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:
Reason: *Complaint* **Exit Conference Date**: *06/29/2020*

Inspection Dates and Department Representative

06/11/2020 - Off-Site: Natasha Braswell

06/12/2020 - Off-Site: Natasha Braswell

06/15/2020 - Off-Site: Natasha Braswell

06/18/2020 - Off-Site: Natasha Braswell

06/22/2020 - Off-Site: Natasha Braswell

06/23/2020 - Off-Site: Natasha Braswell

06/29/2020 - Off-Site: Natasha Braswell

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *48* **Residents Served**: *47*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Memory Care* **Capacity**: *47* **Residents Served**: *19*

Hospice

Current Residents: *0*

Resident Demographic Data as of Inspection Dates *(continued)*

Number of Residents Who:

Receive Supplemental Security Income: *0*
Are 60 Years of Age or Older: *19*
Diagnosed with Mental Illness: *0*
Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0*
Have Physical Disability: *0*

Inspections / Reviews

06/11/2020 - Partial

Lead Inspector: *Natasha Braswell* **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/08/2020*

8/19/2020 - POC Submission

Lead Reviewer: *Mia Johnson* **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *08/22/2020*

8/26/2020 - Document Submission

Lead Reviewer: *Mia Johnson* **Follow-Up Type**: *Not Required*

16c - Written Incident Report

1. Requirements

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 4/16/2020, resident #1 did not receive their 8:00 am, 2 mg tablet of Diazepam. The home did not report this incident to the department.

Plan of Correction - 08/19/2020 **Accept**

Resident #1 did not suffer negative effects from these findings.

On August 6, 2020, the Executive Director ("ED") and/or designee completed an audit of residents receiving medications. The audit examined the preceding thirty (30) days and was conducted to ensure no other medication errors were present. As a result of the audit, no other errors were discovered. (See attachment #1)

On August 3, 2020, the Care Services Manager ("CSM") and ED were re-educated by the Regional Director of Care Services on 55 PA Code 2600.16(c). (See attachment #2)

On August 3, 2020, the medication technicians were re-educated by the CSM and ED on 55 PA Code 2600.16(c). (See attachment #3)

The ED and CSM will audit current resident records to ensure medication errors are properly reported weekly x4 weeks. Audit results will be discussed at monthly QI meetings. If no errors are discovered during the first 4 weeks, the ED and CSM will then audit current resident records to ensure medication errors are properly reported monthly x2 months. The QI committee will determine whether continued auditing is necessary based on three (3) consecutive months of compliance. Monitoring will be ongoing.

Completion Date: *08/07/2020*

Document Submission - 08/26/2020 **Implemented**

See attachment

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

42b - Abuse *(continued)*

Description of Violation

On 5/2/20, resident #2 was observed on the floor by staff person A from an unwitnessed fall. The resident sustained a skin tear on right hip and a laceration on the right side of face. Staff person A called staff person B for assistance to help the resident off the floor. Staff person B stated she cleaned the residents injuries and completed a internal report that was sent to staff person C. Resident #2 was not assessed by a nurse. On 5/9/20, staff person A notified staff person B, that resident #2's bandage was falling off and a foul smelling discharge was coming from the wound. Staff person B, who is not trained in wound care proceeded to changed the bandage. Staff person B did not document changing of the wound. On 5/22/20, the resident was transferred to the ER due to the condition of her wound. The home neglected to monitor the status of the wound. The home did not document the residents injuries after the initial fall on 5/2/20 until the resident was sent to the ER on 5/22/20. The residents record does not document the progression of the injuries.

Plan of Correction - 08/19/2020 **Accept**

Resident #2 no longer resides at the community.
On May 23, 2020, the CSM and ED conducted skin assessments on current residents to ensure any skin impairments were noted and addressed. As a result of this skin assessment, any issues that were discovered were noted. No other residents noted to be affected. (See attachment #4)
On May 24, 2020 staff were re-educated by the CSM and ED on the following topics: (i) Reporting of Abuse and Neglect; (ii) Enlivant's Policy on Reporting a Change in Condition; (iii) First Aid Delivery – Standing Treatment, licensed staff only; (iv) Enlivant's Policy on Skin and Wound Care Service Delivery and (v) Physicians Orders Policy and Procedure. (See attachment #5)
The ED and CSM will audit all incident reports weekly x4 weeks to ensure all procedural steps in the applicable policy(cies) are followed. Audit results will be discussed at monthly QI meetings. If no errors are discovered during the first 4 weeks, the ED and CSM will then audit all incident reports monthly x2 months. The QI committee will determine whether continued auditing is necessary based on three (3) months of compliance. Monitoring will be ongoing.

Completion Date: *08/07/2020*

Document Submission - 08/26/2020 **Implemented**

See attachment

187d - Follow Prescriber's Orders

1. **Requirements**

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

Description of Violation

On 4/16/20, the home failed to follow the prescriber's orders that were written for resident #1, to receive Diazepam 2 mg at 8:00 am and 5:00 pm. Staff persons C and D wasted the 8:00 am dose and no documentation was provided for the reason; which resulted in resident #1 missing the morning dosage of medication.

187d - Follow Prescriber's Orders *(continued)*

Plan of Correction - 08/19/2020 **Accept**

On August 6, 2020, the ED and/or designee completed an audit of residents receiving medications. The audit examined the preceding thirty (30) days and was conducted to ensure any medication errors were appropriately reported. As a result of the audit, no other errors were discovered. (See attachment #1)
On August 3, 2020, the CSM and ED were re-educated by the Regional Director of Care Services on 55 PA Code 2600.187(d). (See attachment #2)
On August 3, 2020, the medication technicians were re-educated by the CSM and ED on 55 PA Code 2600.187(d). (See attachment #6)
The ED and CSM will audit current resident Medication Administration Records to ensure prescriber's orders are being followed weekly x4 weeks. Audit results will be discussed at monthly QI meetings. If no errors are discovered during the first 4 weeks, the ED and CSM will then audit current resident Medication Administration Records to ensure prescriber's orders are being followed monthly x2 months. The QI committee will determine whether continued auditing is necessary based on three (3) consecutive months of compliance. Monitoring will be ongoing.

Completion Date: *08/07/2020*

Document Submission - 08/26/2020 **Implemented**

See attachment

188b - Medication Error Reporting

1. **Requirements**

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 #1 is prescribed Diazepam 2 mg tablet, at 8:00 am and 5:00 pm. However, resident #1 was not administered Diazepam on 4/16/20 at 8:00 am. The medication error was not reported to the Department.

188b - Medication Error Reporting *(continued)*

Plan of Correction - 08/19/2020 **Accept**

On August 6, 2020, the ED and/or designee completed an audit of residents receiving medications. The audit examined the preceding thirty (30) days and was conducted to ensure any medication errors were reported to the resident, the resident's designated person and the prescriber. As a result of the audit, no other errors were discovered. (See attachment #1)
On August 3, 2020, the CSM and ED were re-educated by the Regional Director of Care Services on 55 PA Code 2600.188(b). (See attachment #2)
On August 3, 2020, the medication technicians were re-educated by the CSM and ED on 55 PA Code 2600.188(b). (See attachment #6)
The ED and CSM will audit current resident Medication Administration Records to ensure any medication errors are being immediately reported to the resident, the resident's designated person and the prescriber weekly x4 weeks. Audit results will be discussed at monthly QI meetings. If no errors are discovered during the first 4 weeks, the ED and CSM will then audit current resident Medication Administration Records to ensure any medication errors are being immediately reported to the resident, the resident's designated person and the prescriber monthly x2 months. The QI committee will determine whether continued auditing is necessary based on three (3) consecutive months of compliance. Monitoring will be ongoing.

Completion Date: *08/07/2020*

Document Submission - 08/26/2020 **Implemented**

See attachment

188c - Medication Error Documentation

1. **Requirements**

2600.
188.c. Documentation of medication errors and the prescriber's response shall be kept in the resident's record.

Description of Violation

Resident #1 is prescribed Diazepam 2 mg tablet, twice a day at 8:00 am and 5:00 pm. However, resident #1 was not administered Diazepam 2 mg at 8:00 am on 4/16/20. There is no documentation of the error in the resident's record.

188c - Medication Error Documentation *(continued)*

Plan of Correction - 08/19/2020 **Accept**

On August 6, 2020, the ED and/or designee completed an audit of residents receiving medications. The audit examined the preceding thirty (30) days and was conducted to ensure any medication errors and the prescriber's response were being documented. As a result of the audit, no other errors were discovered. (See attachment #1)
On August 3, 2020, the CSM and ED were re-educated by the Regional Director of Care Services on 55 PA Code 2600.188(c). (See attachment #2)
On August 3, 2020, the medication technicians were re-educated by the CSM and ED on 55 PA Code 2600.188(c). (See attachment #6)
The ED and CSM will audit current resident Medication Administration Records to ensure any medication errors and the prescriber's response were being documented weekly x4 weeks. Audit results will be discussed at monthly QI meetings. If no errors are discovered during the first 4 weeks, the ED and CSM will then audit current resident Medication Administration Records to ensure any medication errors and the prescriber's response were being documented monthly x2 months. The QI committee will determine whether continued auditing is necessary based on three (3) consecutive months of compliance. Monitoring will be ongoing.

Completion Date: *08/07/2020*

Document Submission - 08/26/2020 **Implemented**

See attachment

188d - System to Document Medication Errors

1. Requirements

2600.
188.d. There shall be a system in place to identify and document medication errors and the home's pattern of error.

Description of Violation

The home does not have a system to identify and document medication errors and patterns of errors. Neither the administrator, or staff person C, who is responsible for medication administration, were able to describe such a system.

Plan of Correction - 08/19/2020 **Accept**

On August 3, 2020, the CSM and ED were re-educated by the Regional Director of Care Services on 55 PA Code 2600.188(d) and Enlivant's Quality Improvement Agenda and Meeting Purpose. The latter includes a system to identify and document medication errors, as well as patterns of errors. (See attachment #2)
The ED and CSM will audit current resident Medication Administration Records to ensure any medication errors are identified and patterns of errors weekly x4 weeks. Audit results will be discussed at monthly QI meetings and an analysis of patterns of error (if any) will be documented. If no errors are discovered during the first 4 weeks, the ED and CSM will then audit current resident Medication Administration Records to ensure any medication errors are identified and patterns of errors monthly x2 months. The QI committee will determine whether continued auditing is necessary based on three (3) consecutive months of compliance. Monitoring will be ongoing.

Completion Date: *08/07/2020*

Document Submission - 08/26/2020 **Implemented**

See attachment

223a - Description of Service

1. Requirements

2600.

223.a. The home shall have a current written description of services and activities that the home provides including the following:

1. The scope and general description of the services and activities that the home provides.
2. The criteria for admission and discharge.
3. Specific services that the home does not provide, but will arrange or coordinate.

Description of Violation

The home's current written description of services and activities at the home does not include the scope and general description of the services and activities that the home provides, specific services that the home does not provide, but will arrange or coordinate.

Plan of Correction - 08/19/2020 **Accept**

The home has developed a written statement / policy to describe the services and activities that the home provides. The written statement / policy describes (i) the scope and general description of services and activities that the home provides; (ii) the criteria for admission and discharge, and (iii) specific services that the home does not provide, but will arrange and coordinate. (See attachment #7)

Completion Date: *08/07/2020*

Document Submission - 08/26/2020 **Implemented**

n/a

225c - Additional Assessment

1. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident #2, with limited mobility, sustained falls on 4/1/20, 4/2/20, 4/16/20 and 5/2/20. The home failed to implement any interventions to modify the resident's room or recommend more support. On 5/2/20, staff person A found resident #2 on the floor with injuries to the right side of face and on right hip. Resident #2's assessment, dated 9/10/19, does not include documentation of the reoccurring falls.

225c - Additional Assessment *(continued)*

Plan of Correction - 08/19/2020 **Accept**

Resident #2 no longer resides at the community.
On August 7, 2020, the CSM and/or designee conducted an assessment audit of current residents who have reoccurring falls to ensure additional assessment was completed for any residents with significant changes prior to the annual assessment. As a result of the audit, no other residents were noted to be affected.
On August 3, 2020, the CSM and ED were re-educated by the Regional Director of Care Services on 55 PA Code 2600.225(c). (See attachment #2)
The CSM and/or designee will audit incident reports weekly x4 weeks to ensure appropriate intervention(s) have been implemented, proper documentation on RASP, and a new assessment is completed for residents with 3 or more falls in 30 days. Audit results will be discussed at monthly QI meetings. If no errors are discovered during the first 4 weeks, the CSM and/or designee will then audit monthly x2 months. The QI committee will determine whether continued auditing is necessary based on three (3) consecutive months of compliance. Monitoring will be ongoing.

Completion Date: *08/07/2020*

Document Submission - 08/26/2020 **Implemented**

See attachment

234d - Support Plan Revision

1. **Requirements**

2600.
234.d. The support plan shall be revised at least annually and as the resident's condition changes.

Description of Violation

A support plan for resident #2 was completed on 9/10/19; however, on 4/1/20, 4/2/20, 4/16/20 and 5/2/20, resident #2 sustained falls. The resident's support plan has not been revised to reflect this change.

Plan of Correction - 08/19/2020 **Accept**

Resident #2 no longer resides at the community.
On August 7, 2020, the CSM and/or designee conducted an assessment audit of current residents who have reoccurring falls to ensure additional assessment was completed for any residents with significant changes prior to the annual assessment. As a result of the audit, no other residents were noted to be affected.
On August 3, 2020, the CSM and ED were re-educated by the Regional Director of Care Services on 55 PA Code 2600.234(d). (See attachment #2)
The CSM and/or designee will audit incident reports weekly x4 weeks to ensure appropriate intervention(s) have been implemented, proper documentation on RASP, and a new assessment is completed for residents with 3 or more falls in 30 days. Audit results will be discussed at monthly QI meetings. If no errors are discovered during the first 4 weeks, the CSM and/or designee will then audit monthly x2 months. The QI committee will determine whether continued auditing is necessary based on three (3) consecutive months of compliance. Monitoring will be ongoing.

Completion Date: *08/07/2020*

Document Submission - 08/26/2020 **Implemented**

See attachment