

Department of Human Services
Bureau of Human Service Licensing

November 30, 2020

TOM ATKINS, CHIEF OPERATING OFFICER
PENNSWOOD VILLAGE
1382 NEWTOWN-LANGHORNE ROAD
NEWTOWN, PA 18940

RE: PENNSWOOD VILLAGE PERSONAL
CARE HOME
1382 NEWTOWN-LANGHORNE
ROAD
NEWTOWN, PA, 18940
LICENSE/COC#: 12675

Dear Mr. Atkins,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/26/2020 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 - PUBLIC**

Facility Information

Name: *PENNSWOOD VILLAGE PERSONAL CARE HOME* License #: *12675* License Expiration Date: *01/20/2021*
 Address: *1382 NEWTOWN-LANGHORNE ROAD, NEWTOWN, PA 18940*
 County: *BUCKS* Region: *SOUTHEAST*

Administrator

Name: *Atkins, Tom* Phone: *2159689110* Email: *Atkins@pennswood.org,*

Legal Entity

Name: *PENNSWOOD VILLAGE*
 Address: *1382 NEWTOWN-LANGHORNE ROAD, NEWTOWN, PA, 18940*
 Phone: *2159689110* Email: *atkins@PENNSWOOD.ORG*

Certificate(s) of Occupancy

Type: *I-2* Date: *10/27/2010* Issued By: *Township of Middletown*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *42* Waking Staff: *32*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Monitoring* Exit Conference Date: *10/26/2020*

Inspection Dates and Department Representative

10/26/2020 - On-Site: Charlotte Wiley, Michelle Swisher

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *41* Residents Served: *36*

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: *36*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *6* Have Physical Disability: *0*

Inspections / Reviews

10/26/2020 - Partial

Lead Inspector: *Charlotte Wiley* Follow-Up Type: *POC Submission* Follow-Up Date: *11/13/2020*

Inspections / Reviews (*continued*)

11/17/2020 - POC Submission

Lead Reviewer: *Mia Johnson*Follow-Up Type: *Document Submission*Follow-Up Date: *11/20/2020*

11/30/2020 - Document Submission

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

185a - Implement Storage Procedures

1. Requirements

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

Resident #1 is prescribed Milk of Magnesia 400 mg/5ml oral suspension, give 30 ml by mouth every 2 days as needed for constipation. On 10/26/20, this medication was not available in the home.

On 10/3/20, at 11:30 am, resident #2's glucometer reading was 191; however it was documented on the MAR as 129.

On 10/8/20, at 4:30 pm, resident #2's glucometer reading was documented as 308 on the residents MAR. There is no matching reading in the residents glucometer.

On 10/18/20, at 7:30 am, resident #2's glucometer reading was 142; however it was documented on the MAR as 148.

On 10/24/20, at 9:00 pm, resident #2's glucometer reading was 94; however it was documented on the MAR as 96.

Plan of Correction

Accept

Resident #1 order for Milk of Magnesia was faxed to pharmacy and received on the date of survey. Nursing staff reviewed all resident medications within 5 days of survey date and confirmed accuracy with orders written on MAR. Staff disposed of expired medications as appropriate and will ensure all medications listed on MAR are in the home and available to be administered to the resident. Audit completed by 10/30/20 and all medications are accurate and are in the home as of this time. Nursing staff will complete monthly audits to ensure accuracy on an ongoing basis. Nursing staff will review and compare glucometer readings on both MAR and device weekly for 4 weeks to ensure accuracy of documentation. Administrator will complete random audits monthly for 6 months to ensure ongoing compliance.

Completion Date: 11/12/2020

Document Submission

Implemented

Audit of all resident medications completed between the dates of 10/27/20-10/30/20. All medications are accounted for in the home and available for administration per physician orders. Audit signature page from staff attached to this document for verification. Monthly audits to be ongoing at this time.

Weekly audit began for residents with glucometers in the home. One discrepancy found which was made in error and corrected by nurse on MAR. Audit signature page from staff attached to this document for verification. Random audits to be completed by PCHA at this time.

227g -Support Plan Signatures

1. Requirements

2600.

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

227g -Support Plan Signatures (continued)

Description of Violation

Resident #3 participated in the development of her support plan on 10/20/20. However, neither the resident or the Assessor signed the support plan.

Plan of Correction**Accept**

Care conference was held for this resident with staff and resident POA on 10/27/20. Resident was invited and encouraged to attend, however she declined to participate. The resident was offered a copy of her RASP and was asked to sign, however she declined both. This was noted on the RASP, which was then signed by the Assessor and other facility staff.

Administrator completed an audit of all other RASPs for the home on 10/30/20. All signature areas on the RASPs are within compliance of regulations at this time. Follow-up audits will be completed monthly to ensure ongoing compliance.

Completion Date: 11/12/2020

Document Submission**Implemented**

Resident #3 support plan is completed, signed, and filed in resident's chart and may be viewed upon request.

Audit completed of all resident charts by PCHA on 10/30/20. Audit signature page from PCHA attached to this document for verification. Monthly compliance will be maintained by medical records personnel in the home. Future audits available on request.