

Department of Human Services  
Bureau of Human Service Licensing

June 28, 2021

[REDACTED]  
FOULKEWAYS AT GWYNEDD  
1120 MEETING HOUSE ROAD  
GWYNEDD, PA 19436

RE: FOULKEWAYS AT GWYNEDD  
1120 MEETING HOUSE ROAD  
GWYNEDD, PA, 19436  
LICENSE/COC#: 12774

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/17/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Claire Mendez

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:** FOULKEWAYS AT GWYNEDD      **License #:** 12774      **License Expiration Date:** 08/27/2021  
**Address:** 1120 MEETING HOUSE ROAD, GWYNEDD, PA 19436  
**County:** MONTGOMERY      **Region:** SOUTHEAST

**Administrator**

**Name:** [REDACTED]      **Phone:** 2156432200      **Email:** [REDACTED]

**Legal Entity**

**Name:** FOULKEWAYS AT GWYNEDD  
**Address:** 1120 MEETING HOUSE ROAD, GWYNEDD, PA, 19436  
**Phone:** 2156432200      **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** C-2 LP      **Date:** 06/14/2004      **Issued By:** CWOPA L & I

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 76      **Working Staff:** 57

**Inspection**

**Type:** Full      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Renewal      **Exit Conference Date:** 11/17/2020

**Inspection Dates and Department Representative**

11/17/2020 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 112      **Residents Served:** 76

**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:** 76  
**Diagnosed with Mental Illness:** 0      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 0      **Have Physical Disability:** 1

**Inspections / Reviews**

11/17/2020 Full

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 12/13/2020

Inspections / Reviews *(continued)*

12/16/2020 - POC Submission

Lead Reviewer: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *12/18/2020*

12/29/2020 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *01/08/2021*

6/28/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 3c - Post Current License

## 1. Requirements

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

## Description of Violation

On 11/17/2020 the home's license inspection summary, dated 5/13/19, was not posted in a conspicuous and public place in the home.

## Plan of Correction

Accept

The license was posted on November 17, 2020, the DHS survey date. The Personal Care Manager will insure the license is posted in a conspicuous and public place.

Completion Date: 11/17/2020

## Document Submission

Implemented

See attached for all violations

Photos to follow

## 25a - Written Contract and Review

## 1. Requirements

2600.

- 25.a. Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

## Description of Violation

Resident #1, admitted [REDACTED], did not have a resident-home contract completed until 11/17/2020.

## Plan of Correction

Accept

2600 25a

Actions to Correct the Violation/Specific Changes: Resident #1 had a contract signed on admission. Our investigation found it was misplaced during a new chart transfer. The contract was signed during our Personal care survey on 11/17/2020.

Who will make the changes: Foulkeways at Gwynedd Personal Care Manager [redacted] will be responsible to train staff during clerical chart processes to make sure clinical documents are kept with the chart through the use of a chart checklist designed for the project.

Changes will be completed by: November 17, 2020

System to prevent future violations:

Monitoring and audits of changes through 2020 by the Personal Care Manager

Training of Staff:

All staff involved with special chart projects will be trained by Personal Care Manger.

Completion Date: 12/10/2020

25a - Written Contract and Review (*continued*)**Document Submission****Implemented***Please see previously submitted document attachments in 3c*

## 25b - Contract Signatures

**1. Requirements**

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

**Description of Violation**

*The resident-home contract, dated 9/27/18, for Resident # 2 was not signed by the resident.*

*The resident-home contract, dated 11/26/18, for Resident # 3 was not signed by the resident.*

*Repeat Violation 5/13/2019 and 5/14/2019*

**Plan of Correction****Do Not Accept**

2600 25.b

*We dispute this violation*

*The official resident-home contract was signed by the Foulkeways at Gwynedd administrator and the Resident's POA who was acting on each Residents' legal behalf to sign legal documents. The Resident selected the POA prior to entering the Personal Care Home to act on ■■■ behalf if unable to make decisions. The contracts were signed by each Residents' designated person who each Resident approved.*

*See attached.*

**Completion Date:** 12/10/2020

**Update - 12/16/2020**

*Please enter a plan to correct the violation.*

25b - Contract Signatures (continued)

Plan of Correction

Directed

2600 25.b

We dispute this violation

The official resident-home contract was signed by the Foulkeways at Gwynedd administrator and the Resident's POA who was acting on each Residents' legal behalf to sign legal documents. The Resident selected the POA prior to entering the Personal Care Home to act on [redacted] behalf if unable to make decisions. The contracts were signed by each Residents' designated person who each Resident approved.

See attached.

How do we correct a violation that was not a violation as the contracts were signed by designated persons approved by the Residents?

DPOC 12/29/20 CM: Within 10 days of the receipt of the Plan of Correction, the administrator or designee will review all resident contracts to ensure that the resident has signed or that attempts are documented with the resident's inability or refusal to sign. Audit will be maintained for Department review.

Completion Date: 12/17/2020

Update - 12/29/2020

Please include a plan to correct the violation. The regulation states that the resident must sign the document. All attempts resulting in refusals or inability to sign should be documented.

Document Submission

Implemented

Please see previously submitted document attachments in 3c

65a - FS Orientation 1st Day

1. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

Description of Violation

Staff Person A, whose first day of work was [redacted], did not receive orientation until [redacted]

65a - FS Orientation 1st Day (continued)

Plan of Correction

Do Not Accept

2600 65a

We dispute this violation

Staff Person A changed [redacted] hire date. [redacted] recieved [redacted] training received orientation on [redacted] first day of work. This nformation was sent via email after our 11/17/2020 DHS survey to [redacted], Surveyor

Attached are the corrected PAF and the additional PAF that were filled out once we realized we had the wrong start date. [redacted] was supposed to originally start in June 24th which is what the PAF originally said but wasn't able to start that day so [redacted] started on [redacted] but the original PAF wasn't changed. We have also attached the screen shot of our payroll information sheet that show [redacted] as the start date.

See attached

Completion Date: 11/17/2020

Update - 12/16/2020

Please enter a plan to correct the violation. We cannot accept documentation presented after the inspection is completed.

Plan of Correction

Accept

2600 65a

We dispute this violation

Staff Person A changed [redacted] hire date. [redacted] recieved [redacted] training received orientation on [redacted] first day of work. This nformation was sent via email after our 11/17/2020 DHS survey to [redacted], Surveyor

Attached are the corrected PAF and the additional PAF that were filled out once we realized we had the wrong start date. [redacted] was supposed to originally start in June 24th which is what the PAF originally said but wasn't able to start that day so [redacted] started on [redacted] but the original PAF wasn't changed. We have also attached the screen shot of our payroll information sheet that show [redacted] as the start date.

See attached

We will check and provide the accurate hire date for all staff during survey

Completion Date: 12/17/2020

Document Submission

Implemented

Please see previously submitted document attachments in 3c

## 65f - Training Topics

**1. Requirements**

2600.

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

**Description of Violation**

*Direct care Staff Person B did not receive training in medication self-administration training, instructions on meeting the needs of the resident, and personal care services needs during training year January 1, 2019 to December 31, 2019.*

*Repeat Violation 5/13/2019 and 5/14/2019*

**Plan of Correction****Accept**

2600 65 f

*Actions to Correct the Violation/Specific Changes: Staff Person B will receive medication self-administration training, instructions on meeting the needs of the Resident and personal care services.*

*Who will make the changes: Foulkeways at Gwynedd Personal Care Manager [redacted] will be responsible for the changes noted above.*

*The Manager will be supported by [redacted], Director of Nursing*

*Changes will be completed by: December 15, 2020*

*System to prevent future violations:*

*Monitoring and audits of changes through 2020 by the Personal Care Manager*

*Annual training will be audited by the Personal Care Manger to insure annual training occurs per 2600 65 f*

*Training of Staff:*

*All staff will receive annual training on medication self-administration training, instructions on meeting the needs of the Resident and personal care services.*

**Completion Date:** 12/15/2020

**Update - 12/16/2020**

**Document Submission****Implemented**

*Please see previously submitted document attachments in 3c*

## 85d - Trash Receptacles

**1. Requirements**

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

**Description of Violation**

*On 11/17/2020 at 10:10 A.M. there were two, uncovered, unattended trash can in the main kitchen.*

*On 11/17/2020 at 11:15 A.M. there was an uncovered, unattended trash can in the first floor north serving kitchen.*

85d - Trash Receptacles (continued)

Plan of Correction

Accept

2600 85 d

Actions to Correct the Violation/Specific Changes: Both trash cans were replaced with trash cans with lids on the day of survey.

Who will make the changes: Foulkeways at Gwynedd Personal Care Manager [redacted] will be responsible for the changes noted above.

The Manager will be supported by [redacted] Director of Environmental Services

Changes will be completed by: November 17, 2020

System to prevent future violations:

Monitoring and audits of changes through 2020 by the Personal Care Manager

Training of Staff:

All staff have received training on trash cans

Completion Date: 11/17/2020

Document Submission

Implemented

Please see previously submitted document attachments in 3c

91 - Telephone Numbers

1. Requirements

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 the Alice Paul activities room.

91 - Telephone Numbers *(continued)***Plan of Correction****Accept**

2600 91

*Actions to Correct the Violation/Specific Changes: The emergency phone numbers tag was replaced on the day of the DHS survey, November 17, 2020.*

*Who will make the changes: Foulkeways at Gwynedd Personal Care Manager [redacted] will be responsible for the changes noted above including:*

*Orientation of new staff*

*Inspection for presence of emergency phone numbers on all phones*

*Policy and procedure reviews and revisions, if necessary*

*Day to day oversight involved staff regarding changes*

*The Manager will be supported by [redacted] Director of Health Services and [redacted] Director of Nursing.*

*Changes will be completed by: November 30, 2020*

*System to prevent future violations:*

*Monitoring and audits of changes through 2020 by the Personal Care Manager*

*Training of Staff:*

*Staff have been trained to observe presence of emergency phone numbers on all phones*

**Completion Date** 11/30/2020

**Document Submission****Implemented**

*Please see previously submitted document attachments in 3c*

## 103e - Left Overs

**1. Requirements**

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

**Description of Violation**

*There was an unlabeled, undated salad and container of rice in the upstairs country kitchen in the Abington East refrigerator.*

**103e - Left Overs (continued)****Plan of Correction****Accept**

2600 103e

*Actions to Correct the Violation/Specific Changes: All leftover food was discarded on 11/17/2020 during the DHS survey.*

*Who will make the changes: Foulkeways at Gwynedd Personal Care Manager [redacted] will be responsible for the changes noted above including:*

*Orientation of new staff*

*Current staff education/re education regarding the labelling and dating of leftover food.*

*Policy and procedure reviews and revisions, if necessary*

*Day to day oversight of Residents and staff regarding leftovers*

*The Managers will be supported by [redacted] Manager Personal Care Dining Services*

*Changes will be completed by: November 30 2020*

*System to prevent future violations:*

*Monitoring and audits of changes through 2020 by the Personal Care Dining Services Manger*

*Training of Staff:*

*Inservices were be provided with appropriate staff on all three shifts/7 days a week regarding leftover food labelling and dating*

**Completion Date** 11/30/2020

**Document Submission****Implemented**

*Please see previously submitted document attachments in 3c*

**103i - Outdated Food****1. Requirements**

2600.

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

**Description of Violation**

*There was an unlabeled, undated open bag of hamburgers in the main kitchen.*

*There was an unlabeled, undated open gallon or orange juice in the upstairs country kitchen Abington East refrigerator.*

*There was an unlabeled, undated 2 packages of hamburger rolls, 1 package of hotdog rolls, and 2 bottles of grey poupon Dijon mustard in the dry storage.*

103i - Outdated Food (*continued*)**Plan of Correction****Accept**

2600 103i

*Actions to Correct the Violation/Specific Changes: All unlabeled and undated food was discarded on 11/17/2020 during the DHS survey.*

*Who will make the changes: Foulkeways at Gwynedd Personal Care Manager [redacted] will be responsible for the changes noted above including:*

*Orientation of new staff*

*Current staff education/re-education regarding the labelling and dating of food.*

*Policy and procedure reviews and revisions, if necessary*

*Day to day oversight of dining staff regarding changes*

*The Managers will be supported by [redacted] Manager Personal Care Dining Services*

*Changes will be completed by: November 30, 2020*

*System to prevent future violations:*

*Monitoring and audits of changes through 2020 by the Personal Care Dining Services Manager*

*Training of Staff:*

*Inservices were provided with appropriate staff regarding food labelling and dating*

*Ongoing training regarding food safety will occur in dining and health services*

**Completion Date:** 11/30/2020

**Document Submission****Implemented**

*Please see previously submitted document attachments in 3c*

## 105g - Lint Removal and Duct Cleaning

**1. Requirements**

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 11/17/2020 at 11:25 A.M., there was an approximate 1 inch accumulation of lint in the lint trap of the 1st floor north laundry room. There were no clothes in the dryer at the time.*

105g - Lint Removal and Duct Cleaning (*continued*)**Plan of Correction****Accept***2600 105. g**Actions to Correct the Violation/Specific Changes: The lint was removed from the dryer on November 17, 2020 on the DHS survey date**Who will make the changes: Foulkeways at Gwynedd Personal Care Co-Manager [redacted] will be responsible for the changes noted above including:**Orientation of new staff**Current staff education/re-education staff**The Manager will be supported by [redacted] Director of Environmental Services**Changes will be completed by: November 30, 2020**System to prevent future violations:**Removal of dryer lint will be conducted daily by housekeepers**Training of Staff:**Initially inservices will be provided with appropriate staff on all three shifts/7 days a week regarding removal of dryer lint***Completion Date:** *11/30/2020***Document Submission****Implemented***Please see previously submitted document attachments in 3c*

## 121a - Unobstructed Egress

**1. Requirements***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 11/17/2020 at 10:50 A.M., a table and chairs blocked egress from the home's courtyard east wing exit.*

121a - Unobstructed Egress (continued)

Plan of Correction

Accept

Actions to Correct the Violation/Specific Changes: The furniture was removed from the sidewalk on November 17, 2020 on the DHS survey date

Who will make the changes: Foulkeways at Gwynedd Director of Maintenance will be responsible for the changes noted above including:

Orientation of new staff

Current staff education/re-education staff

The Manager will be supported by [redacted] Personal Care Manager

Changes will be completed by: November 30, 2020

System to prevent future violations:

Audits of exit egress will be conducted by maintenance and paths will be kept clear

Training of Staff:

Maintenance staff will be trained to kept exit egresses clear

Completion Date: 11/30/2020

Document Submission

Implemented

Please see previously submitted document attachments in 3c

133.2 - Exit Signs Direction

1. Requirements

2600.

133.2. Exit Signs - The following requirements apply for a home serving nine or more residents: If the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.

Description of Violation

The exit sign in courtyard east wing points to the left, however the exit is to the right.

Plan of Correction

Accept

2600 133.2

Actions to Correct the Violation/Specific Changes: The arrow was removed from the exit sign so that it properly identifies direction to the exit

Who will make the changes: Maintenance staff corrected the sign

Changes will be completed by: November 30, 2020

System to prevent future violations:

Signage before and after construction will be checked for accuracy

Completion Date: 11/30/2020

Document Submission

Implemented

Please see previously submitted document attachments in 3c

141a - Medical Evaluation

1. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

Resident # 1 was admitted to the home on [redacted]. The home did not complete the medical evaluation until 7/6/2020.

Repeat Violation 5/13/2019 and 5/14/2019

Plan of Correction

Accept

2600 141 a

Actions to Correct the Violation/Specific Changes: Medical evaluation date cannot be changed

Who will make the changes: Foulkeways at Gwynedd Personal Care Managers, [redacted] will be responsible for the changes noted above including:

Orientation of medical staff

Policy and procedure reviews and revisions, if necessary

Day to day oversight involved staff regarding changes

The Personal Care Manager will be supported by [redacted] Director of Health Services and [redacted] Director of Nursing.

Changes will be completed by: December 31, 2020

System to prevent future violations:

Monitoring and audits of changes through 2020 by the Personal Care Manager for all new admissions

Training of Staff:

Medical and clerical staff will be re-trained to complete Medical Evaluations on time

Completion Date: 12/31/2020

Document Submission

Implemented

Please see previously submitted document attachments in 3c

141b1 - Annual Medical Evaluation

1. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #3's most recent medical evaluation was completed on 11/14/18. The resident's medical evaluation for 2019 was not completed by the home.

Repeat Violation 5/13/2019 and 5/14/2019

141b1 - Annual Medical Evaluation (*continued*)**Plan of Correction****Accept**

2600 141 b 1

*Actions to Correct the Violation/Specific Changes: Medical evaluation date cannot be changed. A DME is scheuled to be completed by 12/31/2020*

*Who will make the changes: Foulkeways at Gwynedd Personal Care Managers,[redacted] will be responsible for the changes noted above including:*

*Orientation of new medical/nurse practitioner staff*

*Policy and procedure reviews and revisions, if necessary*

*Day to day oversight involved staff regarding changes*

*The Personal Care Manager will be supported by [redacted] Director of Health Services and [redacted] Director of Nursing.*

*Changes will be completed by: December 31, 2020*

*System to prevent future violations:*

*Monitoring and audits of changes through 2020 by the Personal Care Manager for all new admissions*

*Training of Staff:*

*Medical and clerical staff will be re-trained to complete Medical Evaluations on time for each admission*

**Completion Date: 12/10/2020**

**Document Submission****Implemented**

*Please see previously submitted document attachments in 3c*

## 171b5 - First Aid Kit

**1. Requirements**

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

**Description of Violation**

*The first aid kit in the blue Subaru, silver Subaru, and white Ford van used to transport residents does not include eye coverings and expired antiseptic.*

171b5 - First Aid Kit (*continued*)**Plan of Correction****Accept**

2600 171 b 5

*Actions to Correct the Violation/Specific Changes: Eye coverings and antiseptic were replaced on 11/17/200 on the DHS survey date.*

*Who will make the changes: Foulkeways at Gwynedd Medical Driver Coordinator [redacted] will be responsible for the changes noted above including:*

*Orientation of new medical driver staff*

*Current staff education/re-education of medical driver staff*

*The Medical Driver Coordinator will be supported by medical drivers who will be responsible to report any use of first aid supplies.*

*Changes will be completed by: November 30, 2020*

*System to prevent future violations:*

*Monitoring and audits of changes through 2020 by the Personal Care Manager*

*Training of Staff:*

*Orientation of new medical driver staff*

*Current staff education/re-education of medical driver staff*

**Completion Date: 11/30/2020**

**Document Submission****Implemented**

*Please see previously submitted document attachments in 3c*

## 181d -Storing Medication

**1. Requirements**

2600.

181.d. If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

**Description of Violation**

*Resident #4 self administers medications and stores medications in his/her room. On 11/17/2020 at 9:50 A.M., Resident #4 was interviewed and Resident # 4 admitted to not locking up Resident # 4's medication in the provided lockbox. Resident # 4 admitted to not locking resident's bedroom when Resident # 4 leaves the room.*

181d - Storing Medication (*continued*)**Plan of Correction****Accept**

2600 181 d

*Actions to Correct the Violation/Specific Changes: Resident was educated to lock her medications in her bathroom lock box and/or her door when she is not present.*

*Who will make the changes: Foulkeways at Gwynedd Personal Care Managers, [redacted] will be responsible for the changes noted above including:*

*Orientation of new staff*

*Current staff education/re-education regarding the storage of self-administered medications*

*Policy and procedure reviews and revisions, if necessary*

*Day to day oversight involved staff regarding changes*

*The Personal Care Manager will be supported by [redacted] Director of Health Services and [redacted] Director of Nursing.*

*Changes will be completed by: December 31, 2020*

*System to prevent future violations:*

*Monitoring and audits of changes through 2020 by the Personal Care Manager*

*Daily observation by the nursing staff of locked medications*

*Education of all Residents who self-administer their medications to keep medications safe and secure*

*Training of Staff:*

*A review of all Residents who self-medicate will be conducted and their storage of medications will be assessed by the Personal Care Manger to insure the medications are safe and secure*

*Memos will be posted as necessary to remind staff of changes*

**Completion Date:** 12/31/2020

**Document Submission****Implemented**

*Please see previously submitted document attachments in 3c*

## 224a - Preadmission Screen Form

**1. Requirements**

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

**Description of Violation**

*Resident # 2's preadmission screening form, dated [redacted], does not include a determination that the needs of the resident can be met by the services provided by the home.*

*Resident # 3's preadmission screening form, dated [redacted], does not include a determination that the needs of the resident can be met by the services provided by the home.*

*Repeat Violation 5/13/2019 and 5/14/2019*

224a - Preadmission Screen Form *(continued)***Plan of Correction****Accept**

*Actions to Correct the Violation/Specific Changes: Personal Care Manger completed assessment documents  
Who will make the changes: Foulkeways at Gwynedd Personal Care Managers [redacted] will be responsible for the changes noted above including:*

*Orientation of new staff*

*Current staff education/re education regarding assessment form completion*

*Policy and procedure reviews and revisions, if necessary*

*Day to day oversight involved staff regarding changes*

*The Personal Care Manager will be supported by [redacted] Director of Health Services and [redacted] Director of Nursing.*

*Changes will be completed by: December 20, 2020*

*System to prevent future violations:*

*Monitoring and audits of changes through 2020 by the Personal Care Manager*

*Training of Staff:*

*Education of staff completing assessments*

**Completion Date** 12/30/2020

**Document Submission****Implemented**

*Please see previously submitted document attachments in 3c*

## 225c - Additional Assessment

**1. Requirements**

2600.

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

**Description of Violation**

*Resident # 3 s assessment for 2019 was not completed by the home. Resident # 3's most recent assessment was completed 12/10/18.*

225c - Additional Assessment (*continued*)**Plan of Correction****Accept**

2600 225 c

*Actions to Correct the Violation/Specific Changes: Personal Care Manger completed assessment document**Who will make the changes: Foulkeways at Gwynedd Personal Care Managers [redacted] will be responsible for the changes noted above including:**Orientation of new staff**Current staff education/re education regarding assessment form completion**Policy and procedure reviews and revisions, if necessary**Day to day oversight involved staff regarding changes**The Personal Care Manager will be supported by [redacted] Director of Health Services and [redacted] Director of Nursing.**Changes will be completed by: December 20, 2020**System to prevent future violations:**Monitoring and audits of changes through 2020 by the Personal Care Manager**Training of Staff:**Education of staff completing assessments**See attached***Completion Date** 12/10/2020**Document Submission****Implemented***Please see previously submitted document attachments in 3c*