

Department of Human Services
Bureau of Human Service Licensing

July 1, 2021

██████████ EXECUTIVE DIRECTOR
MCAP WILLOW GROVE OPERATOR LLC
PO BOX 2064 COMMONWEALTH SR LIV
ATTN LADONNA LEWIS
CHARLOTTESVILLE, VA 22902

RE: COMMONWEALTH SENIOR LIVING
AT WILLOW GROVE
1120 YORK ROAD
WILLOW GROVE, PA, 19090
LICENSE/COC#: 13994

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/11/2021, 03/12/2021 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: COMMONWEALTH SENIOR LIVING AT WILLOW GROVE **Licence #:** 13994 **Licence Expiration Date:** 10/08/2021
Address: 1120 YORK ROAD, WILLOW GROVE, PA 19090
County: MONTGOMERY **Region:** SOUTHEAST

Administrator

Name: Melissa Bird **Phone:** 2158300433 **Email:** melissa.bird@commonwealthsl.com

Legal Entity

Name: MCAP WILLOW GROVE OPERATOR LLC
Address: PO BOX 2064 COMMONWEALTH SR LIV, ATTN LADONNA LEWIS, CHARLOTTESVILLE, VA, 22902
Phone: 2158300433 **Email:** Whitney.Lauffer@COMMONWEALTHSL.COM

Certificate(s) of Occupancy

Type: Other **Date:** 02/15/1990 **Issued By:** L & I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 121 **Working Staff:** 91

Inspection

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 03/12/2021

Inspection Dates and Department Representative

03/11/2021 - On-Site: [REDACTED]
03/12/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 122 **Residents Served:** 70

Secured Dementia Care Unit

In Home: Yes **Area:** Sweet Memories Floor 1 & 2 **Capacity:** 55 **Residents Served:** 24

Hospice

Current Resident: 5

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 66
Diagnosed with Mental Illness: 15 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 51 **Have Physical Disability:** 1

Inspections / Reviews

03/11/2021 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *04/09/2021*

4/9/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *04/11/2021*

4/12/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *04/30/2021*

7/1/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

82c - Locking Poisonous Materials

1. Requirements

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

Remedy bodywash and shampoo with manufacturer's label indicating "for external use only, in case of eye contact flush the eyes with water. If irritation persists, contact your physician", was stored in resident bedroom [redacted] where it was unlocked and accessible. Resident # 1 is unable to safely use or avoid poisonous materials.

Plan of Correction

Do Not Accept

Regulation 82c Chapter 2600 will be reviewed with all staff to ensure knowledge of regulation by the Administrator or designee.

The Administrator or designee will conduct rounds frequent of all resident rooms on the Dementia Care unit to ensure all poisonous materials are locked or inaccessible to residents.

All rounding results will be reviewed at the Quality Assurance Committee meeting.

Completion Date: 05/10/2021

Plan of Correction

Accept

Regulation 82c Chapter 2600 will be reviewed with all staff to ensure knowledge of regulation by the Administrator or designee.

The Administrator or designee will conduct rounds weekly of all resident rooms on the Dementia Care unit to ensure all poisonous materials are locked or inaccessible to residents. Starting week of 4/12/21.

All rounding results will be reviewed at the Quality Assurance Committee meeting.

Completion Date: 04/09/2021

Document Submission

Implemented

Attached, please find documented weekly rounds

101j7 Lighting/Operable Lamp

1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #1 does not have access to a source of light that can be turned on/off at bedside.

101j7 - Lighting/Operable Lamp (continued)

Plan of Correction

Accept

Regulation 101.j. Chapter 2600 will be reviewed with all staff to ensure knowledge of regulation by the Administrator or designee.

The Administrator or designee will conduct environmental rounds of all resident's bedrooms on a monthly basis to ensure all residents have an operable lamp at bedside.

Environmental rounding results will be reviewed at the Quality Assurance Committee Meeting.

Completion Date: 05/10/2021

Document Submission

Implemented

Attached, please find documented monthly rounds

132d - Evacuation

1. Requirements

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 10/9/19 at 5:19 A.M., the home evacuated in 14 minutes and 37 seconds. The home has a maximum safe evacuation time of 12 minutes as determined by Fire Inspector on 1/23/2018.

Plan of Correction

Do Not Accept

Regulation 132d is currently suspended due to emergency declaration proclamation by the Office of Long-Term Living. Once the suspension is lifted monthly fire drills will begin again. The Administrator or designee will ensure monthly fire drills are conducted. All residents must be evacuated from the building or relocated to a fire safe location within the evacuation time certified by the fire safety expert.

The Administrator or designee will review fire drill logs to ensure evacuation times are met, if not subsequent fire drills will be conducted until the certified time is met.

Completion Date: 05/10/2021

Plan of Correction

Accept

Regulation 132d is currently suspended due to emergency declaration proclamation by the Office of Long-Term Living. Once the suspension is lifted monthly fire drills will begin again. The Administrator or designee will schedule fire drills to be conducted by a Fire and Safety Consultant company. This company will provide training with the staff on proper evacuation procedures and times. All residents must be evacuated from the building or relocated to a fire safe location within the evacuation time certified by the fire safety expert. A report will be provided by the Fire and Safety Company upon completion of the fire drill and will be reviewed by the Administrator or designee as soon as possible, if the specified time frame is out of compliance another fire drill will be scheduled and conducted.

The Administrator or designee will review fire drill logs on a monthly basis.

Completion Date: 05/10/2021

132d - Evacuation (*continued*)

Document Submission**Implemented**

N/A