

Department of Human Services
Bureau of Human Service Licensing

April 14, 2021

██████████ ADMINISTRATOR
HUMANGOOD PENNSYLVANIA
2000 JOSHUA ROAD
LAFAYETTE HILL, PA 19444

RE: RYDAL PARK PERSONAL CARE
1515 THE FAIRWAY
RYDAL, PA, 19046
LICENSE/COC#: 13812

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/30/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Shawn Parker

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: RYDAL PARK PERSONAL CARE **License #:** 13812 **License Expiration Date:** 02/19/2022
Address: 1515 THE FAIRWAY, RYDAL, PA 19046
County: MONTGOMERY **Region:** SOUTHEAST

Administrator

Name: [REDACTED] **Phone:** 2153766278 **Email:** [REDACTED]

Legal Entity

Name: HUMANGOOD PENNSYLVANIA
Address: 2000 JOSHUA ROAD, LAFAYETTE HILL, PA, 19444
Phone: 2153766278 **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 09/11/2012 **Issued By:** Abington Twp

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 74 **Working Staff:** 56

Inspection

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 03/30/2021

Inspection Dates and Department Representative

03/30/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 72 **Residents Served:** 50

Secured Dementia Care Unit

In Home: Yes **Area:** 4th Floor **Capacity:** 23 **Residents Served:** 18

Hospice

Current Residents: 3

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 50
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 24 **Have Physical Disability:** 0

Inspections / Reviews

03/30/2021 Full

Lead Inspector: Christina Eberhart **Follow-Up Type:** POC Submission **Follow-Up Date:** 04/10/2021

Inspections / Reviews (*continued*)

4/8/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow Up Type: *Document Submission*Follow-Up Date: *04/15/2021*

4/14/2021 Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

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 2/1/21, for resident #1 was not signed by the resident.

The resident home contract, dated 1/25/21, for resident #2 was not signed by the resident.

Plan of Correction

Accept

The contract was reviewed with resident and signature obtained. Going forward, Personal Care Administrator or designee will review and audit contracts within 24 hours after admission to ensure compliance. The home Quality Management program will include continuous review to ensure compliance of this regulation.

Completion Date: 04/07/2021

Document Submission

Implemented

See attached

41e - Signed Statement

1. Requirements

2600.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

Resident #1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

Resident #2's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

Plan of Correction

Accept

The contract was reviewed with resident and resident refused to sign. Resident stated, "I will not sign, I have lived here for many years". Going forward, Personal Care Administrator or designee will review and audit contracts within 24 hours after admission to ensure compliance. The home Quality Management program will include continuous review to ensure compliance of this regulation.

Completion Date: 04/07/2021

Update - 04/08/2021

SP 04-08-2021 - Home will document attempts to get resident's signatures. In the future home will make every attempt to get residents or designated persons to sign statement in accordance with regulation 2600.413

Document Submission

Implemented

See attached

54a Direct Care Staff

1. Requirements

2600.

54a - Direct Care Staff (continued)

54.a. Direct care staff persons shall have the following qualifications:

1. Be 18 years of age or older, except as permitted in subsection (b).
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

Direct care staff person A, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept

Licensing Regulatory Manager, was contacted on April 7, 2021 to request a waiver. Staff required educational documentation will be reviewed upon hire and audited for compliance by Human Resources or designee. Going forward Personal Care Administrator and Human Resources Director will review employee files and request waiver for staff hired with non-U.S. high school diploma or GED. The home Quality Management program will include continuous review to ensure compliance of this regulation.

Completion Date: 04/07/2021

Document Submission

Implemented

See attached

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 3 was admitted on [REDACTED] Resident #1's medical evaluation was completed on 12/21/20. The medical evaluation was not complete within 60 days prior to admission or within 30 days after admission of the resident.

Plan of Correction

Accept

Nurse Manager reviewed medical evaluations. Going forward Nurse Manager or designee will complete monthly audits to ensure compliance of this regulation. The home Quality Management program will include continuous review to ensure compliance of this regulation.

Completion Date: 04/07/2021

Document Submission

Implemented

See attached

183d - Prescription Current

1. Requirements

2600.

- 183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

183d - Prescription Current *(continued)*

Description of Violation

On 3/30/21, Seroquel 50 mg prescribed for resident #2, was in the home's medication cart; however, the medication was discontinued.

Plan of Correction

Accept

Medication was removed at the time of inspection and destroyed. Medication cart was immediately audited and staff in-serviced. Nurse Manager or designee to complete weekly audits to ensure compliance. The home Quality Management program will include continuous review to ensure compliance of this regulation.

Completion Date: 04/07/2021

Document Submission

Implemented

See attached

231b - Medical Evaluation

1. Requirements

2600.

231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident #2 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]; however, the resident's medical evaluation was completed on 2/26/21.

Plan of Correction

Accept

Medical evaluations were audited for compliance. Going forward Nurse Manager or designee will audit medical evaluations to ensure that medical evaluations are completed within 60 days prior to admission, monthly audits of the medical evaluations will be completed to ensure compliance of the regulation. The Home Quality Management program will include continuous review to ensure compliance of this regulation.

Completion Date: 04/07/2021

Document Submission

Implemented

See attached

236 - Staff Training

1. Requirements

2600.

236. Training - Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation).

Description of Violation

Direct care staff person A, who works in the Secure Dementia Care Unit (SDCU) had only 2 hours of training in dementia care during the January 2019 to December 2019 training year.

236 - Staff Training (continued)

Plan of Correction

Accept

Dementia training were audited for compliance and additional training added to ensure compliance. Identified staff person was immediately trained in dementia care. Human Resources Director or designee will audit training topics related to dementia quarterly to ensure compliance. The Home Quality Management program will include continuous review to ensure compliance of this regulation.

Completion Date: 04/07/2021

Update - 04/08/2021

SP 04-08-2021 - Home will ensure all staff members who work in the SDCU have 6 6 additional hours of annual training related to dementia care services.

Document Submission

Implemented

See attached