

Department of Human Services  
Bureau of Human Service Licensing

June 17, 2021

[REDACTED], EXECUTIVE DIRECTOR  
STATESMAN WOODS AID OPCO LLC  
2619 TRENTON ROAD  
LEVITTOWN, PA 19056

RE: WOODBOURNE PLACE  
2619 TRENTON ROAD  
LEVITOWN, PA, 19056  
LICENSE/COC#: 13955

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 05/05/2021, 05/19/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,  
Claire Mendez

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing



Inspections / Reviews

05/05/2021 - Partial

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*

Follow-Up Date: *06/17/2021*

6/17/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *06/21/2021*

54a - Direct Care Staff

1. Requirements

2600.

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

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

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. The education provided shows a course of study completed out of the country. No waiver was found for this individual.

Plan of Correction

Accept

Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.

Plan of Correction:

- On 06/15/2021, Direct care Staff Person A was reassigned by the Executive Director (ED) to a non-direct care position within the community. (Exhibit A- Ulitipro position print out)
- On 06/14/2021, the ED in-serviced the Administrative Specialist on the requirements stated within 2600.54.a. (Exhibit B- In-Service sign in sheet)
- On 06/15/2021, the ED and/or designee, audited current personnel files of direct care staff to validate each employee has at minimum a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry. If applicable, Department of Human Service waivers will be validated for employees who attended educational institutions abroad. (Exhibit C- Audit tool)
- Beginning 6/11/2021, for the duration of 90 days, the Executive Director and/or designee will audit newly hired employee personnel files on an employee's first day of employment to validate each employee has at minimum a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry. (Exhibit D- Audit Tool)
- Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be on-going.
- Completion Date: 06/17/2021.

Completion Date: 06/17/2021

227c - Support Plan Revision

1. Requirements

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident 1's most recent assessment was completed on 12/07/20. The assessment indicates that the resident is independent with ambulating but uses an assistive device. Through documented observation and interviews, the resident has is no longer independent in this area and occasionally needs to be prompted to use the assistive device to ambulate.

227c - Support Plan Revision (*continued*)**Plan of Correction****Accept***Plan of Correction:*

- *Resident #1 did not suffer a negative effect related to this finding.*
- *On 06/14/2021, the ED in-serviced the Care Services Manager (CSM) on the requirements stated within 2600.227.c. (Exhibit E – In-service)*
- *On 06/14/2021, the CSM revised Resident #1's RASP to accurately reflect the resident's mobility assistance needs. (Exhibit F- Updated RASP - mobility section only).*
- *On 06/14/2021, the CSM conducted an audit of current resident RASPs, validating that resident's mobility assistance needs were reflected accurately. (Exhibit G- Audit tool)*
- *The CSM and/or designee will audit five current resident RASPs weekly x 4 weeks, then bi-weekly x 2 weeks, then monthly x 1, to ensure each resident's mobility needs are accurately reflected. (Exhibit H- Audit Tool)*
- *Results of the audit will be discussed during Monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be on-going.*
- *Completion date: 06/17/2021.*

**Completion Date:** 06/17/2021