

Department of Human Services
Bureau of Human Service Licensing

August 20, 2021

[REDACTED]
DRESHER CARE GROUP LLC
1080 SW MOUNT BACHELOR DRIVE
SUITE 200
BEND, OR 97702

RE: WOODLAND CREEK ALZHEIMER'S
SPECIAL CARE CENTER
1424 DRESHER TOWN ROAD
DRESHER, PA, 19025
LICENSE/COC#: 14605

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/05/2021, 05/07/2021 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: WOODLAND CREEK ALZHEIMER'S SPECIAL CARE CENTER License #: 14605 License Expiration Date: 04/27/2022
Address: 1424 DRESHERTOWN ROAD, DRESHER, PA 19025
County: MONTGOMERY Region: SOUTHEAST

Administrator

Name: [REDACTED] Phone: 2156463231 Email: [REDACTED]

Legal Entity

Name: DRESHER CARE GROUP LLC
Address: 1080 SW MOUNT BACHELOR DRIVE, SUITE 200, BEND, OR, 97702
Phone: 2156463231 Email: [REDACTED]

Certificate(s) of Occupancy

Type: I-2 Date: 12/19/2019 Issued By: Township of Upper Dublin

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 44 Waking Staff: 33

Inspection

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 05/07/2021

Inspection Dates and Department Representative

05/05/2021 - On-Site: [REDACTED]
05/07/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 66 Residents Served: 22

Secured Dementia Care Unit

In Home: Yes Area: Entire Facility Capacity: 66 Residents Served: 22

Hospice

Current Residents: 1/11

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 22
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 22 Have Physical Disability: 0

Inspections / Reviews

05/05/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *06/25/2021*

7/2/2021 - POC Submission

Lead Reviewer: [REDACTED]

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

8/20/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

- 16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 05/07/21, several medication errors were discovered during a resident medication and administration audit. The home's management team was not made aware of these errors and did not submit an incident report to the Department. These errors are listed below.

- Resident #1 is prescribed Artificial Tears OPTH SOLN (Polyvinyl Alcohol) - 2 drops in each eye two times a day. On 05/01/21, this medication was not available for administration at 8:00 AM.
- Resident #1 is prescribed Loratadine Tab 10MG (Claritin) - 1 tablet by mouth one time a day. On 05/01/21, this medication was not available for administration at 8:00 AM.
- Resident #2 is prescribed Donepezil Tab 5MG (Aricept) - 1 tablet by mouth one time a day. On 05/03/21, this medication was not available for administration at 8:00 AM.
- Resident #2 is prescribed Finasteride Tab 5MG (Proscar) - 1 tablet by mouth one time a day. On 05/03/21, this medication was not available for administration at 8:00 AM.
- Resident #2 is prescribed Polyeth Glyc PWD (510GM) (Miralax) - Mix 17 GM in 120 mls of liquid and give by mouth one time a day every two days. On 05/07/21, this medication was not available for administration at 8:00 AM. The resident last received this medication on 05/05/21.

Plan of Correction

Accept

Immediately and moving forward all staff will complete a medication error/omission/refusal report any time a resident medication is not administered as prescribed. This report will be scanned to the HSD and Administrator immediately upon completion for review to ensure timely state reporting to DHS. The administrator will complete and submit the DHS incident report. Additionally, the report will be faxed to the prescribing physician to ensure notification. Staff will keep a copy of the fax transmission sheet and attach to the report for filing in the resident medical file. All staff were notified of this protocol on 5/8/2021 and will be trained again on 6/30/2021 on this protocol and incident reporting procedures. (Please see attached medication error/omission/refusal report)

Completion Date: 06/30/2021

Document Submission

Implemented

Training completed on 6/30/21

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

Several items including Dermasil Moisturizing Body Wash, Colgate Toothpaste and Polident Antibacterial Denture cleaner, with a manufacture's label indicating "If swallowed, get medical help or contact a Poison Control Center right away" were unlocked, unattended, and accessible to residents in a toiletry drawer in room 45. The residents of the home are assessed as not being capable of recognizing and using poisons safely.

82c - Locking Poisonous Materials *(continued)***Plan of Correction****Accept**

Immediately and moving forward staff assignment sheets will include checking the toiletry drawer lock of each resident on their assignment. This was communicated to staff and implemented on 5/8/2021. Additionally, the lock mechanisms for all resident toiletry drawers were replaced and new keys were distributed to facility staff key rings. This information will be reviewed again in training on 6/30/2021.

Completion Date: 06/30/2021

Document Submission**Implemented**

Training was completed on 6/30/21

100a - Exterior - Free of Hazards

1. Requirements

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

The North Courtyard has three storm drains to prevent flooding. However, these storm drains present a tripping hazard as the drains are not level with the ground and the covers to the drains are not secured.

Plan of Correction**Accept**

The home's professional landscaping company has designed a plan to correct the drain hazard and level the ground. The plan is attached and scheduled to be completed by 7/30/2021. (Please see attached plan from Brightview Landscaping)

Completion Date: 07/30/2021

Document Submission**Implemented**

Correction repairs completed. Please see photos attached.

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

On 05/07/21, at 12:51 P.M., resident #2's glucometer read the time as 9:32 AM. The date was correct. The glucometer readings on 5/5/21 at 1:45 pm and 5/7/21 at 5:45 am for resident #2 were not documented on the MAR or the glucometer log.

185a - Implement Storage Procedures (*continued*)**Plan of Correction****Accept**

Immediately and ongoing the date and time on each glucometer will be checked daily for accuracy. This will be documented on the weekly medication audit form which will be completed by the nurse on duty and submitted to the HSD for final review. The HSD will keep 6 months of audits on file in the HSD office. An audit of glucometer readings and MAR documentation will also be completed weekly and noted on the weekly medication audit form. All audits will be reviewed in monthly QAPI/Safety Committee and be reviewed for ongoing compliance and improvements.

All glucometers will be labeled with resident information and kept locked in the medication cart at all times when not in use. All staff will be trained on this form and the procedure moving forward on 6/30/2021 by the administrator. (Please see attached weekly medication audit form)

Completion Date: 06/30/2021

Document Submission**Implemented**

Training completed on 6/30/21

187b - Date/Time of Medication Admin.

1. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #2 is prescribed Polyeth Glyc PWD (510GM) (Miralax) - Mix 17 GM in 120 mls of liquid and give by mouth one time a day every two days. On 05/07/21, this medication was not available for administration at 8:00 AM. However, staff member A marked resident #2's MAR as being administered.

Plan of Correction**Accept**

All staff handling medications will be retrained on proper medication administration documentation on 6/30/2021. This will include omission reporting and reordering medications in a timely manner to avoid such incidents in the future. Weekly medication audits will be conducted by nursing staff to ensure adequate medication stock is in the facility for timely administration. These audits will be submitted to the HSD weekly and kept on file for 6 months. All audits will be reviewed in monthly QAPI/Safety Committee and be reviewed for ongoing compliance and improvements.

Completion Date: 06/30/2021

Document Submission**Implemented**

Training completed on 6/30/2021. Sign in sheet attached.

187d - Follow Prescriber's Orders

1. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

187d - Follow Prescriber's Orders *(continued)***Description of Violation**

- Resident #1 is prescribed Artificial Tears OPTH SOLN (Polyvinyl Alcohol) - 2 drops in each eye two times a day. However, this medication was not administered to resident #1 on 05/01/21 because the medication was not available in the home.
- Resident #1 is prescribed Loratadine Tab 10MG (Claritin) - 1 tablet by mouth one time a day. However, this medication was not administered to resident #1 on 05/01/21 because this medication was not available for administration at 8:00 AM.
- Resident #2 is prescribed Donepezil Tab 5MG (Aricept) - 1 tablet by mouth one time a day. However, this medication was not administered to resident #2 on 05/03/21, because this medication was not available for administration at 8:00 AM.
- Resident #2 is prescribed Finasteride Tab 5MG (Proscar) - 1 tablet by mouth one time a day. However, this medication was not administered to resident #2 on 05/03/21, because this medication was not available for administration at 8:00 AM.
- Resident #2 is prescribed Polyeth Glyc PWD (510GM) (Miralax) - Mix 17 GM in 120 mls of liquid and give by mouth one time a day every two days. On 05/07/21, this medication was not available for administration at 8:00 AM. The resident last received this medication on 05/05/21.

Plan of Correction**Accept**

Immediately and ongoing the home has implemented a medication error/omission/refusal report form that is to be completed immediately when a medication is not administered as prescribed. This form will then be faxed to the prescriber and scanned to the HSD and Administrator for review and state reporting purposes. Fax transmission sheets will be kept with the medication error/omission/refusal report in the resident's medical file. This was implemented on 5/8/2021 and will be reviewed with all staff again on 6/30/2021.

Completion Date: 06/30/2021

Document Submission**Implemented**

Training completed on 6/30/21

188b - Medication Error Reporting

1. Requirements

2600.

- 188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

188b - Medication Error Reporting (continued)

Description of Violation

- Resident #1 is prescribed Artificial Tears OPTH SOLN (Polyvinyl Alcohol) - 2 drops in each eye two times a day. However, this medication was not available for administration on 05/01/21 at 8:00 AM. The medication error was not reported to the resident, resident's designated person or the prescriber.
- Resident #1 is prescribed Loratadine Tab 10MG (Claritin) - 1 tablet by mouth one time a day. However, this medication was not available for administration on 05/01/21 at 8:00 AM. The medication error was not reported to the resident, resident's designated person or the prescriber.
- Resident #2 is prescribed Donepezil Tab 5MG (Aricept) - 1 tablet by mouth one time a day. However, this medication was not available for administration on 05/03/21 at 8:00 AM. The medication error was not reported to the resident, resident's designated person or the prescriber.
- Resident #2 is prescribed Finasteride Tab 5MG (Proscar) - 1 tablet by mouth one time a day. However, this medication was not available for administration on 05/03/21 at 8:00 AM. The medication error was not reported to the resident, resident's designated person or the prescriber.
- Resident #2 is prescribed Polyeth Glyc PWD (510GM) (Miralax) - Mix 17 GM in 120 mls of liquid and give by mouth one time a day every two days. However, this medication was not available for administration on 05/07/21 at 8:00 AM. The medication error was not reported to the resident, resident's designated person or the prescriber.

Plan of Correction**Accept**

Immediately and ongoing the home has implemented a medication error/omission/refusal report form that is to be completed immediately when a medication is not administered as prescribed. This form will then be faxed to the prescriber followed by a phone call for notification and further direction. The report will then be scanned to the HSD and Administrator for review and state reporting in a timely manner. Fax transmission sheets will be kept with the medication error/omission/refusal report in the resident's medical file, as well as with the DHS incident report binder. Resident and their responsible party will be notified by the nurse on shift after the report is submitted. This was implemented on 5/8/2021 and will be reviewed with all staff again on 6/30/2021.

Completion Date: 06/30/2021

Document Submission**Implemented**

Training completed on 6/30/21

188c - Medication Error Documentation

1. Requirements

2600.

188.c. Documentation of medication errors and the prescriber's response shall be kept in the resident's record.

Description of Violation

Resident #2 is prescribed Polyeth Glyc PWD (510GM) (Miralax) - Mix 17 GM in 120 mls of liquid and give by mouth one time a day every two days. However, on 05/07/21, this medication was not available for administration at 8:00 AM. There is no documentation of the error in the resident's record.

188c - Medication Error Documentation (*continued*)**Plan of Correction****Accept**

Immediately and ongoing the home has implemented a medication error/omission/refusal report form that is to be completed immediately when a medication is not administered as prescribed. This form will then be faxed to the prescriber followed by a phone call for notification and further direction. The report will then be scanned to the HSD and Administrator for review and state reporting in a timely manner. Fax transmission sheets will be kept with the medication error/omission/refusal report in the resident's medical file, as well as with the DHS incident report binder. This was implemented on 5/8/2021 and will be reviewed with all staff again on 6/30/2021.

Completion Date: 06/30/2021

Document Submission**Implemented**

Training completed on 6/30/21

188d - System to Document Medication Errors

1. Requirements

2600.

188.d. There shall be a system in place to identify and document medication errors and the home's pattern of error.

Description of Violation

The home does not have a system to identify and document medication errors and patterns of errors. On 05/07/21, several medication errors were discovered during a resident medication and administration audit. The home's management team was not made aware of these errors.

Plan of Correction**Accept**

Immediately and ongoing the home has implemented a medication error/omission/refusal report form that is to be completed immediately when a medication is not administered as prescribed. This form will then be faxed to the prescriber followed by a phone call for notification and further direction. The report will then be scanned to the HSD and Administrator for review and state reporting in a timely manner. Fax transmission sheets will be kept with the medication error/omission/refusal report in the resident's medical file, as well as with the DHS incident report binder. All incidents and audits will be reviewed in the home's monthly QAPI/Safety Committee and be reviewed for ongoing compliance and improvements. This was implemented on 5/8/2021 and will be reviewed with all staff again on 6/30/2021.

Completion Date: 06/30/2021

Document Submission**Implemented**

Training completed on 6/30/21

231c - Preadmission Screening

1. Requirements

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

231c - Preadmission Screening (*continued*)**Description of Violation**

- Resident #2 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]/20. However, the resident's written cognitive preadmission screening was completed on [REDACTED]/20.
- Resident #3 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]/21. However, the resident's written cognitive preadmission screening was completed on [REDACTED]/21.

Plan of Correction**Accept**

Immediately and on going all preadmission screenings will be conducted within 72 hours of resident admission to the SDCU by the home's geriatric assessment team. The preadmission screening will be checked for compliance again on the date of admission to the home by the HSD and/or administrator.

Completion Date: 05/08/2021

Document Submission**Implemented**

Double checks on dates put in place on 5/8/21