

Department of Human Services  
Bureau of Human Service Licensing

September 30, 2021

[REDACTED], ADMINISTRATOR  
227 EVERGREEN ROAD OPERATIONS LLC  
227 EVERGREEN ROAD  
POTTSTOWN, PA 19464

RE: SANATOGA COURT  
227 EVERGREEN ROAD  
POTTSTOWN, PA, 19464  
LICENSE/COC#: 13614

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/12/2021, 07/13/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
[REDACTED]

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: *SANATOGA COURT* License #: *13614* License Expiration Date: *06/20/2022*  
Address: *227 EVERGREEN ROAD, POTTSTOWN, PA 19464*  
County: *MONTGOMERY* Region: *SOUTHEAST*

**Administrator**

Name: [REDACTED] Phone: *6107180900* Email: [REDACTED]

**Legal Entity**

Name: *227 EVERGREEN ROAD OPERATIONS LLC*  
Address: *227 EVERGREEN ROAD, POTTSTOWN, PA, 19464*  
Phone: *6107180900* Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *03/10/1998* Issued By: *L & I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *73* Waking Staff: *55*

**Inspection**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *07/13/2021*

**Inspection Dates and Department Representative**

07/12/2021 - On-Site: [REDACTED]  
07/13/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *72* Residents Served: *59*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Memory Care* Capacity: *14* Residents Served: *13*

**Hospice**

Current Residents: *8*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *57*  
Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *14* Have Physical Disability: *1*

Inspections / Reviews

07/12/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *08/20/2021*

8/25/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *08/28/2021*

9/30/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

28f - Resident's Funds and 30-day Refund

1. Requirements

2600.

- 28.f. Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home. Refunds shall be made within 30 days of discharge.

Description of Violation

Resident 1 was discharged on [REDACTED]. The home did not send the refund check until [REDACTED]

Plan of Correction

Accept

Going forward when a resident is discharged a refund will be started with 72 hrs. of discharge. The business office manager will conduct weekly audits to insure the refunds are being done timely. This is also being placed on our QAPI improvement log for the next three months. Education has been done with the business office manager.

Completion Date: 08/18/2021

Document Submission

Implemented

Audit in progress

51 - Criminal Background Check

1. Requirements

2600.

- 51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Criminal background check for staff person A was not documented on the PA State Police Request for Criminal Record Check form, or via the e-patch system.

Plan of Correction

Accept

Since this Employee A was a transfer from two different centers a new criminal record check form was done since the original one was not able to be printed. upon Hire an audit will be done to be insure all necessary paperwork is in the file.

Completion Date: 08/19/2021

Document Submission

Implemented

In progress

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:
  - 1. Evacuation procedures.
  - 2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.

65a - FS Orientation 1st Day (continued)

3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home’s smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

**Description of Violation**

Staff person B, whose first day of work was [REDACTED] did not receive orientation on the following topics:

- Evacuation procedures
- Staff duties & responsibilities- fire drills
- Designated meeting place outside/interior fire safe area
- Smoking safety procedures/policy
- Location & use of fire extinguishers
- Smoke detectors & fire alarms
- Telephone use and notification of emergency services

**Plan of Correction**

**Accept**

Employee B was a transfer from another center and [REDACTED] orientation checklist was not sent over with [REDACTED] file. The administrator was able to call [REDACTED] previous center and a copy was emailed over. All new hires are checked for all orientation documents. Document will be uploaded

Completion Date: 07/19/2021

**Document Submission**

**Implemented**

In Progress

65b - Rights/Abuse 40 Hours

**1. Requirements**

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

**Description of Violation**

Staff person B completed [REDACTED]r 40th scheduled work hour. However, this staff person did not complete training in the following topics: resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), reporting of reportable incidents and conditions.

65b - Rights/Abuse 40 Hours (continued)

Plan of Correction

Accept

Employee B was a transfer from another center and orientation checklist was not sent over with file. The administrator was able to call previous center and a copy was emailed over. All new hires are checked for all orientation documents. Document will be uploaded.

Completion Date: 07/19/2021

Document Submission

Implemented

In progress

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

On 7/13/21, Colgate Max Fresh Cool Mint with whitening NET WIT 6.0 oz. (170g) toothpaste with a manufacture's label indicating if more than used for brushing is accidentally swallowed, get medical help or contact a Poison Control Center right away, was unlocked, unattended, and accessible to resident 2. Not all the residents of the home, including resident 2 have been assessed capable of recognizing and using poisons safely.

Plan of Correction

Accept

The poisonous material was removed immediately from resident #2. All poisonous materials will be kept locked up for all homestead residents in the bathroom locked cabinet. Staff has been educated document will be uploaded.

Completion Date: 07/26/2021

Document Submission

Implemented

In Progress

86b - Bathroom

1. Requirements

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

The bathroom in resident room 130, does not have an operable window or ventilation fan. The ventilation fan is inoperable and there is no window in the bathroom.

Plan of Correction

Accept

This has been addressed a picture will be uploaded as the maintenance director was able to unblock the vent on the same day as the inspection.

Completion Date: 07/19/2021

86b - Bathroom (continued)

Document Submission

Implemented

In progress

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

Plan of Correction

Accept

Administrator spoke to resident #3 [redacted] agreed to have a night stand and lamp by [redacted] bed. Administrator and designee will audit rooms monthly to insure that proper placement of nightstand and lamp. Picture will be uploaded.

Completion Date: 07/26/2021

Document Submission

Implemented

In progress

101o - Walls, Floors, Ceilings

1. Requirements

2600.

101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

- The shower floor in bedroom 130 has a yellow stain, which appears to be an accumulation from hard water.
- The ceiling of the shower in bedroom 130 has a brown stain, which appears to be a water stain.

Plan of Correction

Accept

The shower floor yellow stain is from a coating that was put in the floor shower that turned the floor yellow and when the building does shower renovations the floor will be replaced. The ceiling tile has been replaced a picture will be uploaded.

Completion Date: 07/26/2021

Document Submission

Implemented

In progress

103d - Storing Food Off Floor

1. Requirements

2600.

103.d. Food shall be stored off the floor.

103d - Storing Food Off Floor *(continued)*

**Description of Violation**

- On 07/13/21, a box of Deer Park of water was stored on the floor in the basement storage.
- On 07/13/21, a box of Orchard Splash Cranberry Cocktail Juice was stored on the floor in the basement storage.

**Plan of Correction**

**Accept**

*The water and the juice has been removed from the floor and stored on crates. Education has been given to the Dietary Manager by the administrator. Education and pictures to be uploaded.*

**Completion Date:** 07/26/2021

**Document Submission**

**Implemented**

*In progress education will be uploaded.*

103f - Refrigerator/Freezer Temps

**1. Requirements**

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

**Description of Violation**

*On 07/13/21, at 11:30 am, the temperature in the freezer was 14 degrees Fahrenheit and at 1:30 pm it was 14 degrees Fahrenheit.*

**Plan of Correction**

**Accept**

*Maintenance adjusted the defrost cycle temperature read 0 picture is uploaded.*

**Completion Date:** 07/19/2021

**Document Submission**

**Implemented**

*In progress*

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 07/13/21, there were 2 decorative plants around 5 feet tall each blocking the 2nd floor exit from the home.*

**Plan of Correction**

**Accept**

*The plants were immediately removed . Maintenance director was in-service on making sure stairways, hallways, doorways, passageways and egress routes are unobstructed. Monthly audits will be conducted for the next three months.*

**Completion Date:** 07/19/2021

121a - Unobstructed Egress (continued)

Document Submission

Implemented

In progress audit will be uploaded.

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 [REDACTED], the medication administration record (MAR) for resident 5's glucometer check was not signed by the staff person who performed the check at [REDACTED].

Plan of Correction

Accept

All residents with glucometer checks were audited to insure that the MAR was signed. Nursing staff was in-service on insuring that glucometer checks are signed when performed. Audits will be done for the next three months and will be placed on our QAPI improvement log to be followed for 3 mos.

Completion Date: 07/19/2021

Document Submission

Implemented

In progress audit will be uploaded

234a - Admission Support Plan

1. Requirements

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Repeat Violation

Resident 4 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]. However, the resident's initial support plan was completed on [REDACTED].

Repeated violation: 06/10/2019, et al.

Plan of Correction

Accept

All resident support plans will be completed within 72 hours of the admission, or within 72 hours prior to the resident's admission.

Completion Date: 07/19/2021

Document Submission

Implemented

In progress