

Department of Human Services
Bureau of Human Service Licensing

October 8, 2021

[REDACTED]
FOULKEWAYS AT GWYNEDD
1120 MEETINGHOUSE ROAD
GWYNEDD, PA 19436

RE: FOULKEWAYS AT GWYNEDD
1120 MEETINGHOUSE ROAD
GWYNEDD, PA, 19436
LICENSE/COC#: 12774

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/10/2021 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: FOULKEWAYS AT GWYNEDD **License #:** 12774 **License Expiration Date:** 08/27/2022
Address: 1120 MEETINGHOUSE ROAD, GWYNEDD, PA 19436
County: MONTGOMERY **Region:** SOUTHEAST

Administrator

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

Legal Entity

Name: FOULKEWAYS AT GWYNEDD
Address: 1120 MEETINGHOUSE ROAD, GWYNEDD, PA, 19436
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 06/14/2004 **Issued By:** CWOPA L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 79 **Working Staff:** 59

Inspection

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Monitoring **Exit Conference Date:** 08/10/2021

Inspection Dates and Department Representative

08/10/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 112 **Residents Served:** 79

Secured Dementia Care Unit

In Home: No **Area:** **Capacity:** **Residents Served:**

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Year of Age or Older:** 79
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 0 **Have Physical Disability:** 0

Inspections / Reviews

08/10/2021 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 09/05/2021

Inspections / Reviews (*continued*)

9/8/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow Up Type: *Document Submission*Follow-Up Date: *10/06/2021*

10/8/2021 Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

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.

Description of Violation

On [REDACTED]/21, Eardrops 6.5% soln. prescribed for resident#1, was in the home's medication cart. However, the medication was discontinued on [REDACTED]/20.

Plan of Correction

Accept

The eardrops were removed on [REDACTED] 2021. Nursing staff were re-educated on importance of removing expired/discontinued medications from Resident medication supply and returning to Pharmacy. Will conduct an audit each shift of all resident medications for one month to secure staff knowledge of existing procedure.

Completion Date: 10/02/2021

Document Submission

Implemented

Medication discarded. Audit attached

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident #2 was prescribed [REDACTED] on [REDACTED]/21 for a period of [REDACTED] days (until [REDACTED]/21). However, resident #2 was administered this medication through [REDACTED]/21.

Plan of Correction

Accept

Staff who complete medication reconciliation each month will re-educated to make sure medications have stop dates on MAR. Will have Pharmacy add stop dates on MAR. Will audit medication reconciliation process for next month change over.

Completion Date: 10/04/2021

Document Submission

Implemented

Stop dates on [REDACTED] unable to add automatic stop dates

224a - Preadmission Screen Form

1. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #3 was admitted to the home on [REDACTED]/21; however, the resident's preadmission screening form was not completed.

Plan of Correction

Accept

The Personal care Manager will audit all potential admissions and insure the Department's preadmission is complete within 30 days prior to admission. Admission staff will be re-educated regarding pre-admission process.

Completion Date: 09/10/2021

224a - Preadmission Screen Form (continued)

Document Submission

Implemented

Staff re-educated. See attached. there were no pre-admissions during this timeframe

225a - Assessment 15 Days

1. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #4 was admitted on [redacted]/20; however, the resident's assessment was not completed until [redacted]/21.

Plan of Correction

Accept

The initial assessment was not complete due to the absence of the Personal Care Manager. We have established a back up person to complete the initial assessment within 15 days of admission.

Completion Date: 09/03/2021

Document Submission

Implemented

See attached education form for back-up admission nurses education.

225c - Additional Assessment

1. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.

Description of Violation

Resident 5's most recent assessment was completed on [redacted]/20.

Plan of Correction

Accept

Resident's current RASP is was completed and placed in clinical record. Personal care manager performed audit of all RASPs to make sure they are current and on all Resident clinical records.

Completion Date: 09/02/2021

Document Submission

Implemented

Documentation was completed