

Department of Human Services
Bureau of Human Service Licensing

October 13, 2021

[REDACTED], EXECUTIVE DIRECTOR
FOULKEWAYS AT GWYNEDD
1120 MEETING HOUSE ROAD
GWYNEDD, PA 19436

RE: FOULKEWAYS AT GWYNEDD
1120 MEETING HOUSE 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 08/26/2021, 08/27/2021 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: *FOULKWAYS AT GWYNEDD* License #: *12774* License Expiration Date: *08/27/2022*
Address: *1120 MEETING HOUSE ROAD, GWYNEDD, PA 19436*
County: *MONTGOMERY* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: *2156432200* Email: [REDACTED]

Legal Entity

Name: *FOULKWAYS AT GWYNEDD*
Address: *1120 MEETING HOUSE ROAD, GWYNEDD, PA, 19436*
Phone: *2156432200* Email: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *78* Waking Staff: *59*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *08/27/2021*

Inspection Dates and Department Representative

08/26/2021 - On-Site: [REDACTED]
08/27/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *112* Residents Served: *76*

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 Years of Age or Older: *76*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *2* Have Physical Disability: *1*

Inspections / Reviews

08/26/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/17/2021*

9/17/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *09/30/2021*

10/13/2021 - 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 #11 was discharged on [REDACTED]. The home did not issue a refund to resident #11's estate until [REDACTED]

Plan of Correction

Accept

The finance staff have been re-educated on this regulation. The CFO will audit future refund deadlines to insure the deadlines are met.

Completion Date: 09/16/2021

Document Submission

Implemented

Staff were re-educated.

65d - Initial Direct Care Training

1. Requirements

2600.

- 65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:
1. Training that includes a demonstration of job duties, followed by supervised practice.
 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
 3. Initial direct care staff person training to include the following:
 - i. Safe management techniques.
 - ii. ADLs and IADLs
 - iii. Personal hygiene.

Description of Violation

Direct care staff person A, was hired on [REDACTED]. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test.

Plan of Correction

Accept

The staff person did complete and pass a direct care training course and passed the competency test, in addition to being a respiratory therapist by academic training. However, we were unaware the course was not DHS approved. The Human Resources staff and the Personal Care Manager will audit all new hires to insure the course that was taken by the direct care worker is DHS approved.

Completion Date: 09/16/2021

Document Submission

Implemented

We have not hired any direct care workers during this time period. The staff person involved has resigned. We have access to the DHS approved course

66b - Training Plan Content

1. Requirements

2600.

- 66.b. The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

66b - Training Plan Content (continued)

1. The name, position and duties of each direct care staff person.
2. The required training courses for each staff person.
3. The dates, times and locations of the scheduled training for each staff person for the upcoming year.

Description of Violation

The home's staff training plan does not include the following:

1. *The name, position and duties of each direct care staff person.*
3. *The dates, times and locations of the scheduled training for each staff person for the upcoming year.*

Plan of Correction**Accept**

The training plan is in the process of being revisited to include:

1. *The name, position and duties of each direct care staff person.*
2. *The required training courses for each staff person.*
3. *The dates, times and locations of the scheduled training for each staff person for the upcoming year.*

The revised plan will be completed in 12/2021 for Training Year 2022

Completion Date: 12/01/2021

Document Submission**Implemented**

2022 Training plan is attached

103e - Left Overs**1. Requirements**

2600.

- 103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Repeat Violation

On 8/27/21 at 10:30am there was a left over piece of cake undated and unlabeled in the [REDACTED] Room Fridge in Abington house west.

Plan of Correction**Accept**

We believe the cake was placed in the refrigerator by a Resident. We will re-inform all Residents they may not take food and place it in the community refrigerator, they must keep it in the refrigerator in their apartment. The Personal Care Food Manager will have dining service staff monitor all refrigerators daily and remove and discard unlabeled food. The Personal Care Manager will perform weekly spot audits to insure food is being removed.

Completion Date: 09/16/2021

Document Submission**Implemented**

Staff notification attached

103i - Outdated Food**1. Requirements**

2600.

- 103.i. Outdated or spoiled food or dented cans may not be used.

Description of Repeat Violation

On 8/27/21 at 11:15am, there was a large black bag of 4 squash zucchinis unlabeled and undated in the Wharton Room Kitchen.

103i - Outdated Food (continued)

Plan of Correction

Accept

The bag of squash zucchinis was removed immediately once observed by the surveyor.. A full investigation revealed, the bag of 4 squash zucchinis was placed in the refrigerator temporarily that day to be taken out by the end of the shift. The squash zucchinis were not outdated or spoiled. There was no can of zucchini so there were no dented cans. Zucchinis from one's garden do not come with an expiration label. The zucchinis were in a Resident centered kitchen/lounge area that is meant to create a homelike environment. We dispute this violation as the squash zucchini was clearly fresh, not spoiled and not dented.

Completion Date: 08/27/2021

Document Submission

Implemented

Zucchinis were discarded on 8/27/2021

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 Repeat Violation

Resident #1 was admitted into the home on [redacted] however [redacted] initial DME was completed on [redacted] 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

The physicians, nurse practitioners and DME scheduler have been re-educated to complete DMEs in a timely manner. It should be noted other medical care was performed and documented during February and August, it was not n the DME form. A new scheduling system has been established to meet PA Department of Human Services deadlines.

Completion Date: 09/16/2021

Document Submission

Implemented

Training complete see attached

141a 1-10 Medical Evaluation Information

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. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

141a 1-10 Medical Evaluation Information (continued)

Description of Violation

Resident 1's [redacted] medical evaluation did not include dietary needs of the resident

Plan of Correction

Directed

The Resident had no "Special health or dietary needs of the resident", therefore nothing was documented by the physician. We dispute this violation.

DPOC - SP - 09-17-2021

Administrator or designee will ensure every section of DME will be completed in entirety. If a section doesn't apply to a resident it should be completed with "N/A" or "none"

Completion Date:

Document Submission

Implemented

Nurse Practitioners received training

181d -Storing Medication

1. Requirements

2600.

181.d. If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

Description of Repeat Violation

On 8/27/21 at 11:00am, Resident bedroom [redacted] for resident #10 was unlocked and unattended. Resident [redacted] self-administers medications and stores medications in their room. The resident's medications were in an unlocked cabinet.

During Resident interviews, residents #7 and #9 stated they self administer their medications but never lock them up when not using them.

Plan of Correction

Accept

All Residents had their medications in a safe and secure location that protected their medications against contamination and spillage. Each Resident has been previously educated to lock their apartment when they leave it. We are in the process of re-evaluating each Residents' ability to keep their medications in their locked apartment to protect the medications against theft, although there has never been a reported medication theft.

Completion Date: 10/30/2021

Document Submission

Implemented

Residents were re-educated. See attached

183f - Discontinued Medications

1. Requirements

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

183f - Discontinued Medications (continued)

Description of Violation

On 8/26/21 at 3:00pm, [REDACTED] prescribed for Resident #2 was in the 3rd floor medication room, however the medication was discontinued on 4/21/21.

Plan of Correction

Accept

The staff involved with this violation are in the process of being re-educated regarding the PA Department of Human Services requirements and Foulkeways at Gwynedd policies and procedures on a 1:1 basis when they are scheduled to work.

Some staff have and/or will received disciplinary performance counsel which will be documented in the Human Resources/Personnel file. Nursing staff are currently documenting on a log 24/7 that they have specially checked each Resident's medication supply that discontinued or expired Medications have been sent back to the Pharmacy each shift.

Improved practices related to this violation will be audited for compliance with the PA Department of Human Services requirements and Foulkeways at Gwynedd policies and procedures for 30 days to insure ongoing compliance by the nursing staff.

Completion Date: 10/29/2021

Document Submission

Implemented

Audit complete. Disciplinary counselling complete. See 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.

185a - Implement Storage Procedures (continued)**Description of Violation**

The Glucometer reading for resident #1 on 8/25/21 after dinner was 272 but was documented in the Medication Administration Record as 275.

The Glucometer reading for resident #1 on 8/18/21 at fasting was 91 but was documented in the Medication Administration Record as 93.

The Glucometer reading for resident #2 on 8/10/21 before lunch was 168 but was documented in the Medication Administration Record as 165.

The Glucometer reading for resident #2 on 8/11/21 before dinner was 221 but was documented in the Medication Administration Record as 226.

The Glucometer reading for resident #2 on 8/12/21 before dinner was 183 but was documented in the Medication Administration Record as 187.

The Glucometer reading for resident #2 on 8/21/21 at fasting was 128 but was documented in the Medication Administration Record as 126.

The Glucometer reading for resident #2 on 8/11/21 at bedtime was 252 but was documented in the Medication Administration Record as 254.

Plan of Correction**Accept**

The glucometer for Resident #2 was suspected of being defective. It was replaced on 8/27/2021. The staff involved with this violation are in the process of being re-educated regarding the PA Department of Human Services requirements and Foulkeways at Gwynedd policies and procedures on a 1:1 basis when they are scheduled to work. Some staff have and/or will received disciplinary performance counsel which will be documented in the Human Resources/Personnel file.

Resident records have or will be corrected with accurate information where appropriate.

Improved practices related to this violation will be audited for compliance with the PA Department of Human Services requirements and Foulkeways at Gwynedd policies and procedures for 30 days to insure ongoing compliance by staff and Residents.

Completion Date: 09/30/2021

Document Submission**Implemented**

See attached audit and training records for diabetic glucose testing and insulin administration. Disciplinary counselling is complete. Sample forms that will improve documentation are attached.

2. 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.

185a - Implement Storage Procedures (*continued*)**Description of Violation**

Resident #3 is prescribed [REDACTED] and [REDACTED] as needed. However, these medications were unavailable in the home at the time of inspection.

Plan of Correction**Accept**

We have an onsite Pharmacy, these medications did follow our procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons. The nursing staff walk to the pharmacy and get medications they do not have or they call the onsite, fulltime Pharmacist who delivers the medication as prescribed. All medications were available and given when needed. There was no violation of this regulation, therefore, we dispute this violation.

Completion Date: 09/16/2021

Document Submission**Implemented**

All medications are available

187a - Medication Record

1. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

187a - Medication Record (continued)

Description of Violation

Resident #1 is prescribed [REDACTED] on sliding scale: If blood glucose is 150-250 give 2 units; 251-300 give 3 units; 301 – 350 give 4 units; 351 – 400 give 4 units; greater than 401 give 6 units. On 8/17/21 after dinner the glucose level was 294 but was not documented on the medication administration record. On 8/2/21 after dinner the glucose level was 296 but was not documented on the medication administration record.

Resident #2 is prescribed the following medications that do not indicate a diagnosis on the medication administration record: [REDACTED]

Resident #2 is prescribed [REDACTED] on sliding scale: If blood glucose is 200-250 give 2 units; 251-300 give 4 units; 301 – 350 give 6 units; 351 – 400 8 units. On 8/13/21 at bedtime the glucose level was 274 but was not documented on glucose and insulin record. On 8/13/21 at fasting the glucose level was 119 but was not documented on glucose and insulin record.

Resident #3 is prescribed [REDACTED], one teaspoon by mouth daily in 8oz of fluid. However, resident #3's medication administration record does not indicate the diagnoses.

Resident #3 is prescribed [REDACTED] caplets 2 tabs by mouth at bedtime. However, resident 3's medication administration record does not indicate the diagnoses.

Plan of Correction**Accept**

The staff involved with this violation are in the process of being re-educated regarding the PA Department of Human Services requirements and Foulkeways at Gwynedd policies and procedures on a 1:1 basis when they are scheduled to work.

Some staff have and/or will received disciplinary performance counsel which will be documented in the Human Resources/Personnel file. Staff have been terminated from employment or placed on probation.

Resident records have or will be corrected with accurate information where appropriate.

One glucometer was discarded and replaced as previously noted.

Improved practices related to this violation will be audited for compliance with the PA Department of Human Services requirements and Foulkeways at Gwynedd policies and procedures for 30 days to insure ongoing compliance by staff and Residents.

All physician and nurse practitioner prescribers have been re-educated to provide a diagnosis for each medication.

The onsite Pharmacy will not deliver medications without a reason for use.

Completion Date: 10/29/2021

Document Submission**Implemented**

See attached audit and training records for diabetic glucose testing and insulin administration. Disciplinary counselling is complete. Sample forms that will improve documentation are 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 [REDACTED] on sliding scale: If blood glucose is 150-250 give 2 units; 251-300 give 3 units; 301 – 350 give 4 units; 351 – 400 give 4 units; greater than 401 give 6 units. On 8/26/21 before lunch the blood glucose level was 312, which translates to 4 units, however it was documented as 149 and 0 units were given.

The following readings for Resident #1 were recorded on the MAR but were not in Resident #1's Glucometer:

8/26/21 fasting	124
8/25/21 fasting	138
8/25/21 fasting	253
8/15/21 fasting	0

Resident #2 is prescribed [REDACTED] on sliding scale: If blood glucose is 200-250 give 2 units; 251-300 give 4 units; 301 – 350 give 6 units; 351 – 400 give 8 units. On 8/14/21 before dinner the blood glucose level was 209, which translates to 2 units, however it was documented as 273 and 4 units were given. On 8/14/21 at bedtime the blood glucose level was 274, which translates to 4 units, however it was documented as 232 and 2 units were given. On 8/17/21 before dinner the blood glucose level was 286, which translates to 4 units, however it was documented as 334 and 6 units were given. On 8/17/21 at bedtime the blood glucose level was 344, which translates to 6 units, however it was documented as 355 and 8 units were given.

Resident #3 is prescribed [REDACTED] by mouth at bedtime. However, this medication is unavailable in the home.

Plan of Correction**Accept**

The staff involved with this violation are in the process of being re-educated regarding the PA Department of Human Services requirements and Foulkeways at Gwynedd policies and procedures on a 1:1 basis when they are scheduled to work.

Some staff have and/or will received disciplinary performance counsel which will be documented in the Human Resources/Personnel file. Staff have been terminated from employment or placed on probation.

Resident records have or will be corrected with accurate information where appropriate.

One glucometer was discarded and replaced as previously noted.

Improved practices related to this violation will be audited for compliance with the PA Department of Human Services requirements and Foulkeways at Gwynedd policies and procedures for 30 days to insure ongoing compliance by staff and Residents.

We have an onsite Pharmacy, these medications did follow our procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons. The nursing staff walk to the pharmacy and get medications they do not have or they call the onsite, fulltime Pharmacist who delivers the medication as prescribed. All medications were available and given when needed.

Completion Date: 10/29/2021

Document Submission**Implemented**

See attached audit and training records for diabetic glucose testing and insulin administration. Disciplinary counselling is complete. Sample forms that will improve documentation are attached.

224a - Preadmission Screen Form

1. Requirements

2600.

224a - Preadmission Screen Form (continued)

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 Repeat Violation

Resident #4 was admitted to the home on [redacted]; however, a preadmission screening form was not completed for resident #4.

Plan of Correction

Accept

The staff involved with this violation are in the process of being re-educated regarding the PA Department of Human Services requirements and Foulkeways at Gwynedd policies and procedures on a 1:1 basis. Improved practices related to this violation will be audited for compliance with the PA Department of Human Services requirements and Foulkeways at Gwynedd policies and procedures for 30 days to insure ongoing compliance by staff and Residents.

Completion Date: 09/16/2021

Document Submission

Implemented

Re-education was completed. We have not had any pre-admissions during this time period. See attached

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 #8 was admitted on [redacted] however, the resident's assessment was not completed until [redacted]

Plan of Correction

Accept

The staff involved with this violation are in the process of being re-educated regarding the PA Department of Human Services requirements and Foulkeways at Gwynedd policies and procedures on a 1:1 basis. Improved practices related to this violation will be audited for compliance with the PA Department of Human Services requirements and Foulkeways at Gwynedd policies and procedures for 30 days to insure ongoing compliance by staff and Residents.

Completion Date: 09/16/2021

Document Submission

Implemented

Training Complete see attached

225c - Additional Assessment

1. Requirements

2600.

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

- 1. Annually.
- 2. If the condition of the resident significantly changes prior to the annual assessment.
- 3. At the request of the Department upon cause to believe that an update is required.

Description of Repeat Violation

Resident #7's initial assessment was completed on [redacted] However, the resident's annual assessment was completed on [redacted].

225c - Additional Assessment (*continued*)**Plan of Correction****Accept**

The Resident had their annual assessment completed one year and 25 days after their initial assessment during the COVID pandemic. Improved practices related to this violation will be audited for compliance with the PA Department of Human Services requirements and Foulkeways at Gwynedd policies and procedures for 30 days to insure ongoing compliance by staff and Residents.

Completion Date: 10/16/2021

Document Submission**Implemented**

Training complete see attached

227a - Support Plan 30 Days

1. Requirements

2600.

- 227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident #8 was admitted on [REDACTED]; however, the resident's initial support plan was not completed until [REDACTED]

Plan of Correction**Accept**

The staff involved with this violation are in the process of being re-educated regarding the PA Department of Human Services requirements and Foulkeways at Gwynedd policies and procedures on a 1:1 basis when they are scheduled to work. Improved practices related to this violation will be audited for compliance with the PA Department of Human Services requirements and Foulkeways at Gwynedd policies and procedures for 30 days to insure ongoing compliance by staff and Residents.

Completion Date: 10/16/2021

Document Submission**Implemented**

Training complete see attached

252 - Record Content

1. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:
1. Name, gender, admission date, birth date and Social Security number.
 2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.

Description of Violation

Resident 2's record does not include color of hair, color of eyes, and identifying marks.

Resident 4's record does not include color of eyes.

Resident 5's record does not include color of eyes.

Resident 6's record does not include color of hair and color of eyes.

Resident 7's record does not include color of eyes.

252 - Record Content (continued)

Plan of Correction

Accept

The staff involved with this violation are in the process of being re-educated regarding the PA Department of Human Services requirements and Foulkeways at Gwynedd policies and procedures on a 1:1 basis when they are scheduled to work.

Some staff have and/or will received disciplinary performance counsel which will be documented in the Human Resources/Personnel file. Improved practices related to this violation will be audited for compliance with the PA Department of Human Services requirements and Foulkeways at Gwynedd policies and procedures for 30 days to insure ongoing compliance by staff and Residents.

Resident records have or will be corrected with accurate information where appropriate.

Completion Date: 10/15/2021

Document Submission

Implemented

Staff have been re-educated regarding assessment information. See attached