Sent via e-mail
Sent via e-mail
September 2, 2022

Mr.

RE: Wyncote Place
240 Barker Road
Wyncote, Pennsylvania 19095
License #: 14254

Dear :

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on November 15, 2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Bureau of Human Services Licensing/ /Southeast Regional Office
1001 Sterigere Street, Room 161, Building 2 | Norristown, Pennsylvania 19401 | 610-270-1137 | F 610-270-1147 | www.dhs.pa.gov

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: *WYNCOTE PLACE* **License #**: *14254* **License Expiration**:

Addre : *240 BARKER ROAD, WYNCOTE, PA 19095*

County: *MONTGOMERY* **Region**: *SOUTHEAST*

Administrator

Name: **Phone**: **Email**:

Legal Entity

Name:
Address:
Phone: **Email**:

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *90* **Waking Staff**: *68*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Incident* **Exit Conference Date**: *11/15/2021*

Inspection Dates and Department Representative

11/15/2021 - On-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *60* **Residents Served**: *45*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *entire building* **Capacity**: *60* **Residents Served**: *45*

Hospice

Current Residents: *x*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *44*
Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*
Have Mobility Need: *45* **Have Physical Disability**: *1*

Inspections / Reviews

11/15/2021 - Partial

Lead In pector: **Follow Up Type**: *POC Submission* **Follow Up Date**: *12/09/2021*

11/15/2021 POC Submi ion

Reviewer: **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *12/31/2021*

82c - Locking Poisonous Materials

Physical Site

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 [redacted]/2021, Gold Bond Foot Cream, with a manufacture's label indicating "if swallowed, call a doctor or poison control right away", was unlocked, unattended, and accessible to residents in the bathroom sink cabinet in resident room #202. Not all the residents of the home, including resident #1, have been assessed capable of recognizing and using poisons safely.

Plan of Correction ***Accept***

- *No residents, including resident #1, were negatively affected related to this finding.*
- *On [redacted]/2021, the Executive Director (ED) secured the Gold Bond Foot Cream within room #202 locked cabinet.*
- *On [redacted]/2021, the ED and Assistant Care Services Manager (ACSM) audited resident rooms for unsecured poisonous materials. No additional poisonous materials were noted. (Exhibit A – Audit tool)*
- *On [redacted]/2021, the ED educated the Care Services Manager (CSM) and ACSM on the requirements set within regulation 2600.82.c. (Exhibit B- In-service)*
- *On [redacted]/2021, the CSM in-serviced direct care staff on the requirements set within regulation 2600.82.c. (Exhibit C – In- service)*
- *The CSM and/or designee will audit 5 resident rooms weekly for unsecured poisonous material weekly x 4 weeks, bi-weekly x 4 weeks, and monthly x 1 to validate compliance. (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.*
- *Completion date [redacted]/2021.*

Completion Date: *12/07/2021* ***Licensee's Proposed Date of POC Implementation***

Implemented 9/2/22 CM

141a 1-10 Medical Evaluation Information

Resident Health

1. Requirements

Resident Health *(continued)*

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.

Description of Violation

Resident #1's medical evaluation dated [redacted]/2021 and resident #2's medical evaluation dated [redacted]/2021 did not include Body Positioning/Movement Stimulation.

Plan of Correction *Accept*

- *Neither resident #1 nor resident #2 sustained negative effects related to this finding.*
- *On [redacted]/2021, the CSM, in conjunction with Resident 1 and resident #2's physicians completed new Documentation of Medical Evaluations (DMEs), ensuring all sections of the form, including Body Positioning/Movement Stimulation were completed thoroughly. (Exhibit E- new DME)*
- *On [redacted]/2021, the ED educated the CSM and ACSM on the requirements set within regulation 2600.141.a. (Exhibit F- in-service)*
- *By [redacted]/2021, the CSM and/or designee will audit current resident medical evaluations for omitted documentation. Omitted documentation identified will be completed in collaboration with the resident's primary care provider, resulting in a licensed nurse updating a current DME and/or the completion of a new DME. (Exhibit G- audit tool)*
- *The CSM and/or designee will audit 5 resident DMEs weekly for omitted documentation x 4 weeks, then bi-weekly x 4 weeks, then monthly x 1 to validate compliance. (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.*
- *Completion date 12/15/2021.*

Completion Date: *12/07/2021* ***Licensee's Proposed Date of POC Implementation***

Implemented 9/2/22 CM

224a - Preadmission Screen Form

Services

1. Requirements

2600.
224.a. A determination shall be made within 30 days prior to admission and documented on the [redacted] preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #2's preadmission screening dated [redacted]/2021 does not indicate the resident's ability to use and avoid poisonous material safely.

Services *(continued)*

Plan of Correction ***Accept***

- *Resident #2 did not sustain a negative effect related to this finding.*
- *On [redacted]/2021, the CSM updated Resident #2's preadmission screening with a late entry to indicate the resident does not possess the ability to use and avoid poisonous material safely. (Exhibit I- Updated preadmission screening)*
- *On [redacted]/2021 the ED educated the CSM and ACSM on the requirements set forth within regulation 2600.224a (Exhibit J)*
- *By [redacted]/2021, the CSM and/or designee will audit current resident preadmission screenings for omitted documentation. Omitted documentation identified will be completed as a late entry by a licensed nurse. (Exhibit K- audit tool)*
- *The CSM and/or designee will audit new admission preadmission screenings weekly for omitted documentation x 4 weeks, then bi-weekly x 4 weeks, then monthly x 1 to validate compliance. (Exhibit L- 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.*
- *Completion date 12/15/2021.*

Completion Date: *12/07/2021* ***Licensee's Proposed Date of POC Implementation***

Implemented 9/2/22 CM

225a - Assessment 15 Days

Services

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 #1 was admitted on [redacted]/2021; however, the resident's assessment was not completed until [redacted]/2021.

Plan of Correction ***Accept***

- *Resident #1 did not sustain a negative effect related to this finding.*
- *On [redacted]/21 the ED educated the CSM and ACSM on the requirements within regulation 2600.225.a. (Exhibit M- In-service)*
- *By [redacted]/21 the ED and/or designee will audit the Resident Assessment and Support Plans (RASP) of residents admitted within the preceding 90 days to identify RASPs due or past-due for a written initial assessment. Upon identification of a due initial assessment, the ED or licensed nurse will complete the written assessment to meet compliance. If upon identification of a past due initial assessment the ED or licensed nurse will complete the written assessment as a late entry. (Exhibit N – audit tool)*
- *The ED will audit the RASPs of new admissions weekly for omitted initial assessments x 4 weeks, then bi-weekly x 4 weeks, then monthly x 1 to validate compliance. (Exhibit O- 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.*
- *Completion date 12/15/2021.*

Completion Date: *12/07/2021* ***Licensee's Proposed Date of POC Implementation***

Implemented 9/2/22 CM

231c - Preadmission Screening

Secured Dementia Care Units

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.

Description of Violation

Resident #2 was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]/2021. However, the resident's written cognitive preadmission screening, completed on [redacted]/2021, does not indicate whether the needs of the resident require secured care.

Plan of Correction ***Accept***

- *Resident #2 did not sustain a negative effect related to this finding.*
- *On [redacted]/2021, the CSM updated Resident #2's preadmission screening with a late entry to indicate the resident does require the needs of a secured dementia care unit. (Exhibit P- Updated preadmission screening)*
- *On [redacted]/2021 the ED educated the CSM and ACSM on the requirements set within regulation 2600.231.c. (Exhibit Q-in-service)*
- *By [redacted]/2021, the CSM and/or designee will audit current resident preadmission screenings for omitted documentation. Omitted documentation identified will be completed as a late entry by a licensed nurse. (Exhibit R-audit tool)*
- *The CSM and/or designee will audit new admission preadmission screenings weekly for omitted documentation x 4 weeks, then bi-weekly x 4 weeks, then monthly x 1 to validate compliance. (Exhibit S- audit tool- same as 225.a)*
- *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.*
- *Completion date 12/15/2021.*

Completion Date: *12/07/2021* ***Licensee's Proposed Date of POC Implementation*** Implemented 9/2/22 CM