

Department of Human Services
Bureau of Human Service Licensing

March 8, 2022

[REDACTED]
1425 HORSHAM SNF OPERATIONS LLC
[REDACTED]
[REDACTED]

RE: THE INN AT HORSHAM CENTER
FOR JEWISH LIFE
1425 HORSHAM ROAD
NORTH WALES, PA, 19454
LICENSE/COC#: 14706

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/04/2022, 02/07/2022, 02/08/2022, 02/09/2022, 02/14/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Claire Mendez

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: *THE INN AT HORSHAM CENTER FOR JEWISH LIFE* License #: *14706* License Expiration: *10/26/2022*
Address: *1425 HORSHAM ROAD, NORTH WALES, PA 19454*
County: *MONTGOMERY* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: *215-371-3000* Email: [REDACTED]

Legal Entity

Name: *1425 HORSHAM SNF OPERATIONS LLC*
Address: *456 CHESTNUT STREET, SUITE 303, Suite 303, LAKEWOOD, NJ, 8701*
Phone: *2153713000* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *10/22/2001* Issued By: *Commonwealth of Pa. of L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *39* Waking Staff: *29*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *02/14/2022*

Inspection Dates and Department Representative

02/04/2022 - Off-Site: [REDACTED]
02/07/2022 - Off-Site: [REDACTED]
02/08/2022 - Off-Site: [REDACTED]
02/09/2022 - Off-Site: [REDACTED]
02/14/2022 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *58* Residents Served: *31*

Secured Dementia Care Unit

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

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *31*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *8* Have Physical Disability: *0*

Inspections / Reviews

02/04/2022 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *03/07/2022*

03/02/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *03/04/2022*

03/08/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

225c - Additional Assessment

1. Requirements

2600.

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

2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident #1 was medically re-evaluated on [REDACTED] with new diagnoses of anorexia, secondary of senile degeneration of the brain and tertiary of falls and prescribed a mechanical soft diet. Resident #1's assessment was not updated to include a plan to manage the new diagnoses.

Plan of Correction**Accept**

Resident assessment and support plan including details about significant change in condition on [REDACTED] as well as current relevant information was updated, reviewed and finalized upon discovery of this error. Wellness Director or designee will be responsible for ensuring completion of DME and RASP documents in the event of a significant change in resident condition. To ensure current compliance with this regulation, Personal Care Home Administrator completed an audit (see "Exhibit A") of current DME and RASP documents to ensure appropriate completion and reflection of current resident conditions.

Document Submission**Implemented**

submitted

227g -Support Plan Signatures

1. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #1 participated in the development of his/her support plan on [REDACTED]. However, the resident and assessor did not sign the support plan.

Plan of Correction**Accept**

Resident #1 and assessor signed the support plan upon discovery of this error. Wellness Director or designee will be responsible for ensuring all participants in the development of the support plan sign the document. To ensure current compliance with this regulation, Personal Care Home Administrator completed an audit (see "Exhibit A") of current DME and RASP documents to ensure appropriate signatures are included.

Document Submission**Implemented**

submitted

227h - Support Plan Refuse Sign

1. Requirements

2600.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

Resident #2 participated in the development of his/her support plan on [REDACTED]. The resident was unable to sign the support plan. The home did not make a notation regarding the resident's inability to sign.

Resident #3 participated in the development of his/her support plan on [REDACTED]. The resident was unable to sign the

227h - Support Plan Refuse Sign (continued)

support plan. The home did not make a notation regarding the resident's inability to sign.

Plan of Correction

Accept

Upon discovery of this error, the RASP was updated to reflect Resident #2's inability to sign. Wellness Director or designee will be responsible for ensuring that in every case where the resident or responsible party is unable to sign the support plan, a notation of inability to sign is documented. To ensure current compliance with this regulation, Personal Care Home Administrator completed an audit (see "Exhibit A") of current DME and RASP documents to ensure notation of inability to sign was documented when relevant.

Document Submission

Implemented

submitted