

Department of Human Services  
Bureau of Human Service Licensing

April 12, 2022

[REDACTED]  
LCS DOYLESTOWN LLC  
[REDACTED]  
[REDACTED]

RE: THE SOLANA DOYLESTOWN  
1621 EASTON ROAD  
WARRINGTON, PA, 18976  
LICENSE/COC#: 14531

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/11/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Shawn Parker

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: *THE SOLANA DOYLESTOWN* License #: *14531* License Expiration: *09/11/2022*  
Address: *1621 EASTON ROAD, WARRINGTON, PA 18976*  
County: *BUCKS* Region: *SOUTHEAST*

**Administrator**

Name: [REDACTED] Phone: *267-282-4168* Email: [REDACTED]

**Legal Entity**

Name: *LCS DOYLESTOWN LLC*  
Address: *400 LOCUST STREET, SUITE 820, Suite 820, DES MOINES, IA, 50309*  
Phone: *2155095401* Email: [REDACTED]

**Certificate(s) of Occupancy**

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *110* Waking Staff: *83*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint* Exit Conference Date: *03/11/2022*

**Inspection Dates and Department Representative**

*03/11/2022 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *129* Residents Served: *78*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Memory Care* Capacity: *30* Residents Served: *28*

**Hospice**

Current Residents: *2*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *78*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *32* Have Physical Disability: *1*

**Inspections / Reviews**

**03/11/2022 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/31/2022*

Inspections / Reviews (*continued*)

04/01/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *04/05/2022*

04/12/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

42s - Privacy

1. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

Residents in the memory care unit are administered medications in the dining room while other residents are present.

Plan of Correction

Accept

Reeducation of all medication aides and nurses on the importance of privacy during medication administration. Medication will be given in the privacy of resident rooms or medication room on the assigned unit. DOHS (Nurse) or designee to audit medication pass weekly to assure privacy. See attached inservice.

Completion Date: 03/31/2022

Document Submission

Implemented

See above

141b1 - Annual Medical Evaluation

1. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #1's most recent medical evaluation was completed on [REDACTED]

Resident #2's most recent medical evaluation was completed on [REDACTED]. The resident's previous medical evaluation was completed on [REDACTED].

Plan of Correction

Directed

The DME for resident # 1 was completed on [REDACTED] and resident # 2 has had the DME completed on [REDACTED] and [REDACTED].

DPOC - SP - 04-01-2022

Within 10 calendar days of receipt of this POC, the administrator shall audit all resident DME's for accuracy and completion. Within 15 calendar days receipt of this POC, administrator will coordinate and schedule with resident physicians to ensure all annual DME's are completed. All DME's will be kept in resident records for Department review. Administrator will develop a DME tracking checklist within 15 calendar days receipt of this POC.

Completion Date:

Document Submission

Implemented

The DME has been added to our electronic medical records system to notify our DOHS (nurse) when it is approaching, the nurse will then collaborate with physician to have completed. All DME's will be reviewed by administrator and DOHS for accuracy. Example of paper tracking attached.

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:

**187a - Medication Record (continued)**

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.

**Description of Violation**

*The Medication Administration Record for resident #1 for January 2022, February 2022, and 2022 does not have medication administration times. The Medication Administration Record lists "AM", "PM", "Evening", "Breakfast", "Lunch", and "Dinner". The specific times medications are administered are not recorded.*

*The Medication Administration Record for resident #3 for January 2022, February 2022, and 2022 does not have medication administration times. The Medication Administration Record lists "AM", "PM", "Evening", "Breakfast", "Lunch", and "Dinner". The specific times medications are administered are not recorded.*

*The Medication Administration Record for resident #4 for January 2022, February 2022, and 2022 does not have medication administration times. The Medication Administration Record lists "AM", "PM", "Evening", "Breakfast", "Lunch", and "Dinner". The specific times medications are administered are not recorded.*

**Plan of Correction**

**Accept**

*DOHS (Nurse) worked with physicians, pharmacy and EHR system to change orders to a specific administration time. The times on the listed three residents will be changed to reflect specific times re: 9AM, 3PM, 8PM etc.*

**Completion Date:** 03/29/2022

**Document Submission**

**Implemented**

*see above*

**187b - Date/Time of Medication Admin.**

**1. Requirements**

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

**Description of Violation**

*On 1/16/22 at 8:00 am, resident #1 was administered Janumet. Staff person A did not update the medication administration record until 9:04 am.*

*On 1/20/22 at 8:00 am, resident #1 was administered Janumet. Staff person B did not update the medication administration record until 12:52 pm.*

*On 1/25/22 at 8:00 am, resident #1 was administered Janumet. Staff person C did not update the medication*

**187b - Date/Time of Medication Admin. (continued)**

administration record until 12:39 pm.

On 1/3/22 at 8:00 am, resident #3 was administered Carvedilol. Staff person D did not update the medication administration record until 9:49 am.

On 1/25/22 at 8:00 am, resident #3 was administered Carvedilol. Staff person C did not update the medication administration record until 12:05 pm.

On 1/25/22 at 8:00 am, resident #3 was administered Finasteride. Staff person C did not update the medication administration record until 12:05 pm.

On 1/3/22 at 8:00 am, resident #4 was administered Daily-Vite. Staff person D did not update the medication administration record until 10:16 am.

On 1/3/22 at 8:00 am, resident #4 was administered Divalproex. Staff person D did not update the medication administration record until 10:16 am.

On 1/25/22 at 8:00 am, resident #4 was administered Daily-Vite. Staff person C did not update the medication administration record until 11:29 am.

**Plan of Correction**

**Accept**

Reeducation of signing the administration record in scheduled time for giving medication, late entry documentation needed and removal of agency staff on list from community. DOHS (Nurse) or designee to audit medication administration records for timely entries weekly for 3 months.

**Completion Date:** 03/31/2022

**Document Submission**

**Implemented**

see above

**187d - Follow Prescriber's Orders**

**1. Requirements**

2600.

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

**Description of Violation**

Resident #1 is prescribed Acetaminophen twice daily. However, resident #1 was not administered this medication on 1/11/22-1/13/22 in the morning, 1/12/22 in the evening, and on 2/24/22 in the morning and evening.

Resident #1 is prescribed Aspirin once daily. However, resident #1 was not administered this medication on 1/11/22-1/13/22, and 2/24/22.

Resident #1 is prescribed Atorvastatin once daily. However, resident #1 was not administered this medication on 1/12/22 and 2/24/22.

Resident #1 is prescribed Insulin Aspart FlexPen three times daily. However, resident #1 was not administered this medication all day on 1/8/22, at lunch on 1/9/22, at breakfast and lunch on 1/10/22, 1/11/22, and 1/13/22, at lunch

**187d - Follow Prescriber's Orders (continued)**

on 1/14/22, at lunch on 1/26/22, at breakfast on 2/10/22, all day on 2/24/22, and at breakfast and lunch on 3/4/22 .

Resident #1 is prescribed Lantus Solostar once daily. However, resident 1 was not administered this medication on 1/9/22, 1/12/22, 2/24/22.

Resident #1 is prescribed Metformin twice daily. However, resident #1 was not administered this medication on 2/19/22 and 2/24/22.

Resident #3 is prescribed Carvedilol, Finasteride, Fish Oil, Glipizide 10 MG, Glipizide 2.5 MG, Irbesartan-hydrochlorothiazide, Jardiance, Multi Complete, and Pioglitazone once daily. However, resident #3 was not administered these medications on 1/11/22-1/13/22, 2/24/22, and 3/4/22.

Resident #3 is prescribed Memantine HCl, Rivastigmine Tartrate, Vitamin D3 twice daily. However, resident #3 was not administered this medication on 1/11/22-1/13/22 in the morning, 1/12/22 in the evening, on 2/24/22 in the morning, and on 3/4/22 in the morning.

Resident #3 is prescribed Repaglinide twice daily. However, resident 3 was not administered this medication on 1/11/22 in the morning, 1/12/22 in the evening, 1/13/22 in the morning, on 2/24/22 in the morning, and on 3/4/22 in the morning.

Resident #3 is prescribed blood glucose checks four times per day at breakfast, lunch, dinner, and bedtime. There is no blood glucose reading on 1/1/22 at lunch, 1/2/22 at lunch, 1/3/22 at lunch, 1/6/22 at dinner, 1/10/22 at lunch, 1/11/22 at breakfast and lunch, 1/12/22 at bedtime, 1/13/22 at breakfast, lunch, and bedtime, 1/14/22 at breakfast and lunch, 1/16/22 at lunch, 1/28/22 at lunch, 2/13/22 at lunch, 2/24/22 at breakfast, lunch, and bedtime, and 2/27/22 at lunch.

Resident #4 is prescribed Daily Vite, Vitamin B-6, and Nortriptyline HCL once daily. However, resident 4 was not administered these medications on 1/11/22-1/13/22, 2/24/22, and 3/4/22.

Resident #4 is prescribed Levemir FlexTouch once daily. However, resident 4 was not administered this medication on 1/12/22 and 2/24/22.

Resident #4 is prescribed Aripiprazole and Atorvastatin once daily. However, resident 4 was not administered these medications on 1/12/22.

Resident #4 is prescribed Divalproex, Furosemide, Metoprolol twice daily. However, resident 4 was not administered this medication on 1/11/22-1/13/22 in the morning, 1/12/22 in the evening, and on 2/24/22 in the morning.

Resident #4 is prescribed blood glucose checks one time per day at breakfast. There is no blood glucose reading on 1/10/22, 1/11/22, 1/13/22, and 2/24/22.

**Plan of Correction****Accept**

Reeducated medication techs and nurses on following prescribers orders, and signing off on medications given per prescribed times. DOHS (Nurse) or designee to audit medication administration records for timely entries weekly for 3 months.

**Completion Date:** 03/31/2022

187d - Follow Prescriber's Orders (continued)

Document Submission

Implemented

see above

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

Plan of Correction

Accept

According to our documents resident # 3 was admitted to the community on [redacted]. See attached residency agreement.

Completion Date: 03/25/2022

Document Submission

Implemented

see above

225c - Additional Assessment

1. Requirements

2600.

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

Description of Violation

Resident #2's current assessment was completed on [redacted]. However, the resident's 2020 assessment was not completed.

Resident #4's current assessment was completed on [redacted]. However, the resident's 2020 assessment was not completed.

Plan of Correction

Directed

Assessments from 2020 were located in the residents paper files, they are attached.

DPOC - SP - 03-23-2022

Within 10 calendar days receipt of this POC, the administrator will review all Resident Assessment Support Plans (RASP). Within 15 calendar days receipt of this POC, the administrator shall ensure RASP are completed in entirety. Administrator will update policy and create a checklist within 15 calendar days receipt of this POC. Policy should include methods to audit compliance on an ongoing basis. Administrator will conduct audits and update checklist at least two times monthly. Staff shall be trained on policy developments/updates within 15 calendar days receipt of POC. and then quarterly thereafter for a year. Documentation of the audit, checklist, and staff training shall be provided to the Department within 15 calendar days receipt of this POC.

Completion Date:

Document Submission

Implemented

All Assessments are tracked in our EMAR system, they are completed semi annual and or change in condition of residents. In addition we have created a checklist for the RASP. 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 #3 was admitted on [redacted] however, the resident's initial support plan was not completed until [redacted].

Plan of Correction

Accept

According to our records resident #3 was admitted to community on [redacted]. See attached.

Completion Date: 03/25/2022

Document Submission

Implemented

see above

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 #2 participated in the development of [redacted] support plan on [redacted]. However, the resident did not sign the support plan.

Plan of Correction

Accept

Retrieved resident #2 signed copy of the [redacted] service plan from the paper file. See attached.

Completion Date: 03/25/2022

Document Submission

Implemented

see above