

Department of Human Services
Bureau of Human Service Licensing

May 26, 2022

[REDACTED]
DRESHER CARE GROUP LLC
[REDACTED]
[REDACTED]

RE: WOODLAND CREEK ALZHEIMER'S
SPECIAL CARE CENTER
1424 DRESHER TOWN ROAD
DRESHER, PA, 19025
LICENSE/CO# : 14605

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/20/2022, 04/25/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Sandi Wooters

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: *WOODLAND CREEK ALZHEIMER'S SPECIAL CARE CENTER* License #: *14605* License Expiration: *04/27/2023*
Address: *1424 DRESHERTOWN ROAD, DRESHER, PA 19025*
County: *MONTGOMERY* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: *2156463231* Email: [REDACTED]

Legal Entity

Name: *DRESHER CARE GROUP LLC*
Address: *1080 SW MOUNT BACHELOR DRIVE, SUITE 200, BEND, OR, 97702*
Phone: *2156463231* Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: Total Daily Staff: *76* Waking Staff: *57*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *04/20/2022*

Inspection Dates and Department Representative

04/20/2022 - On-Site: [REDACTED]
04/25/2022 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *66* Residents Served: *38*

Secured Dementia Care Unit

In Home: *Yes* Area: *entire home* Capacity: *66* Residents Served: *38*

Hospice

Current Residents: *x*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *38*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *38* Have Physical Disability: *0*

Inspections / Reviews

04/20/2022 - Partial

Lead Inspector: *Youn Hie Chung* Follow-Up Type: *POC Submission* Follow-Up Date: *05/13/2022*

Inspections / Reviews (*continued*)

05/12/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *05/22/2022*

05/26/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

234b - Support Plan Needs Elements

1. Requirements

2600.

234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

Description of Violation

The support plan, dated [REDACTED] for resident #1 does not address Ambulating.

Plan of Correction

Accept

resident #1 is no longer a resident so ambulation needs were not updated for this resident, as current staff are not aware of what those needs were at time of admission

All nursing staff have been educated on requirements of 2600.234B (see attached)

RASP will be completed within 72 hours of admission

Updates to needs will be addressed as needed and recorded on RASP within 24 hours of change

Completed RASP will be reviewed for compliance by HSD/ED within 24 hours of completion

HSD will do 10% chart audit per month for compliance

Audits will be reviewed with ED at quarterly QA

Completion Date: 05/11/2022

Document Submission

Implemented

Second submission of documents

251b - Record Entries Legible

1. Requirements

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

On resident #1's admission support plan, dated [REDACTED], the date assessment finalized and the date support plan finalized were written over without proper notation.

Plan of Correction

Accept

Resident #1 is no longer a resident of the community. Dates for assessment/support plan were provided by previous administration and cannot be signed by current administration.

Therefore, these changed dates will be unable to have proper documentation.

However, moving forward, all additions or changes to regulatory paperwork will be dated and initialed by the staff person making the change.

All nursing staff have been educated on requirements of 2600.251b (see attached)

HSD will audit 10% of charts monthly for compliance

Chart audits will be reviewed with ED at quarterly QA meetings

Completion Date: 05/11/2022

Document Submission

Implemented

second submission of document