

Department of Human Services  
Bureau of Human Service Licensing

May 25, 2022

[REDACTED], REGIONAL EXECUTIVE DIRECTOR

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/29/2022, 05/02/2022 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: *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: [REDACTED] Email: [REDACTED]

**Legal Entity**

[REDACTED]

**Certificate(s) of Occupancy**

Type: *I-2* Date: *12/19/2019* Issued By: *Township of Upper Dublin*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *74* Waking Staff: *56*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *05/02/2022*

**Inspection Dates and Department Representative**

04/29/2022 - On-Site: [REDACTED]  
05/02/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *66* Residents Served: *37*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Entire Home* Capacity: *66* Residents Served: *37*

**Hospice**

Current Residents: *4*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *37*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *37* Have Physical Disability: *0*

**Inspections / Reviews**

**04/29/2022 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/21/2022*

Inspections / Reviews (*continued*)

05/20/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *06/10/2022*

## 25b - Contract Signatures

## 1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

## Description of Violation

The resident-home contract, dated [REDACTED] for resident #1 was not signed by the resident. There was no notation indicating the resident was given the opportunity to sign.

## Plan of Correction

Accept

Resident contract has been signed by resident #1

All new admissions will be provided opportunity to sign contract

Residents unable to sign will have documentation of attempts made

BOM/Marketing manager will audit 100% of current resident files for compliance.

Any missing documentation will be corrected.

BOM will audit all new admission contracts for signatures and keep documentation of audits on attached sheet (see attached)

10% audit of all resident contracts will be done by BOM monthly

Audits will be reviewed at quarterly QA meetings

Completion Date: 05/31/2022

## 41e - Signed Statement

## 1. Requirements

2600.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

## Description of Violation

Resident #1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

## Plan of Correction

Accept

Resident #1 has signed the resident rights information (see attached)

All new admissions will be provided opportunity to sign contract

Residents unable to sign will have documentation of attempts made

BOM/Marketing manager will audit 100% of current resident files for compliance.

Any missing documentation will be corrected.

BOM will audit all new admission contracts for signatures and keep documentation of audits on attached sheet (see attached)

10% audit of all resident contracts will be done by BOM monthly

Audits will be reviewed at quarterly QA meetings

Completion Date: 05/31/2022

## 51 - Criminal Background Check

**1. Requirements**

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

**Description of Violation**

The home did not obtain a criminal background check for Staff A, hired on [REDACTED].

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

Criminal background check completed for staff member A (see attached)

100% employee records audit has been completed

Criminal background checks will be completed by HR/BOM at time of offer of employment

BOM will review all background checks with ED prior to employees attending Day 1 community orientation

BOM will audit 10% employee charts monthly for compliance

Audits will be reviewed t quarterly QA meetings

**Completion Date:** 04/30/2022

**95 - Furniture and Equipment****1. Requirements**

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

**Description of Violation**

Resident #2's bed was equipped with an enabler, which was not covered.

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

Enabler was immediately removed from bed and family was educated on not implementing equipment without notification to DON for compliance.

Nursing staff have been educated on 2600.95 requirements (see attached)

Enablers will be documented on RASP as needed

Audits for equipment will be done monthly by DON/designee

Interdisciplinary team(nursing, PT/OT, MD) will review equipment needs and discuss at quarterly QA meetings

**Completion Date:** 05/16/2022

**132a - Monthly Fire Drill****1. Requirements**

2600.

- 132.a. An unannounced fire drill shall be held at least once a month.

**Description of Violation**

An unannounced fire drill was not held during the month of December 2021. The home had an in-service on 12/14/2021 instead of the monthly fire drill due to a Covid outbreak. The fire drill record does not include contact with the Regional Director or why the drill was not completed or modified.

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

Fire drill record has been updated with reason for in-service and not drill (see attached)

Contact with the Southeastern Regional office has been made through a reportable incident form (see attached)

**132a - Monthly Fire Drill (continued)****Completion Date:** 05/18/2022**132b - Safety Inspection/Fire Drill****1. Requirements**

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

**Description of Violation**

*The last fire drill observed by a fire safety expert was conducted on 03/16/2022. No fire drill was observed by a fire safety expert in 2021.*

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

*Reg 2600.132 was waived by DHS during 2021. Reinstatement wasn't until late December 2021, giving very little time for inspections to be scheduled and completed by end of year. Multiple attempts were made by community to schedule inspection (see attached documentation), but due to the limited time and multiple buildings needing inspection, we were unable to be inspected until 3/22 (see attached).  
Fire drill and fire safety inspections will be done yearly as per regulation  
Facility OPs manager will schedule for compliance  
Documentation will be kept of all inspections and drills on DHS forms  
Inspections will be reviewed at quarterly QA meetings*

**Completion Date:** 05/18/2022**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.

**Description of Violation**

*Resident #3's medical evaluation dated [REDACTED] indicates None for (4) special health and dietary needs while the resident needs secured dementia care.*

*Resident #4's medical evaluation dated [REDACTED] does not indicate whether the resident can self-administer medications.*

141a 1-10 Medical Evaluation Information *(continued)***Plan of Correction****Accept**

*Resident #3 and resident #4 DMEs have been corrected (see attached)*  
*DON will review all DMEs for compliance after physician completes forms.*  
*10% chart audit will be completed by DON monthly for regulatory compliance*  
*Chart audits will be reviewed at quarterly QA meetings*  
**Completion Date:** 05/16/2022

## 183d - Prescription Current

**1. Requirements**

2600.  
 183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

**Description of Violation**

On [REDACTED], [REDACTED] prescribed for resident #3 was in the home's medication cart; however, the medication expired on 03/31/2022.

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

*Medication was immediately removed from cart and reordered from pharmacy (see attached)*  
*Nurse/med tech will complete monthly med cart audits on the attached sheet*  
*Pharmacy nurse liaison completed med cart audit 5/18/22*  
*Pharmacy nurse liaison completed med cart audit education (see attached)*  
*Pharmacy nurse liaison will complete monthly med cart audits for compliance*  
*DON will review med cart audit sheets for completion*  
*DON will complete 10% audit of resident medications monthly for compliance*  
*Audits will be reviewed at quarterly QA meetings*  
**Completion Date:** 05/18/2022

## 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.

**Description of Violation**

*Resident #4 is prescribed [REDACTED] as needed. On 05/02/2022, this medication was not available in the home.*

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

*Physician discontinued order for [REDACTED] prn due to non use. (see attached)*  
*Nurse/med tech will complete monthly med cart audits on the attached sheet*  
*Pharmacy nurse liaison completed med cart audit 5/18/22*  
*Pharmacy nurse liaison completed med cart audit education (see attached)*  
*Pharmacy nurse liaison will complete monthly med cart audits for compliance*  
*DON will review med cart audit sheets for completion*  
*DON will complete 10% audit of resident medications monthly for compliance*  
*Audits will be reviewed at quarterly QA meetings*  
**Completion Date:** 05/18/2022

## 185b - Medication Procedures

## 1. Requirements

2600.

185.b. At a minimum, the procedures must include:

2. A process to investigate and account for missing medications and medication errors.

**Description of Violation**

Resident #4 refused 09:00 AM dose of [REDACTED] 04/23/2022 and 05:00 PM dose on 04/25/2022. On both occasions, this med was already signed out from the resident's controlled medication log but there is no notation regarding what the staff did with the refused pill, which was supposed to be disposed/wasted by two staff members.

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

Documentation was updated to show wasted medication (see attached)

Pharmacy nurse liaison completed med cart audit education (see attached)

2 Staff members will review narcotic sheets together and sign off that all signatures and destructions are documented accurately after each shift on attached sheet

DON will review narcotic sheets weekly for compliance

Spot audits will be done throughout the month by DON

Audits will be reviewed at quarterly QA meeting

**Completion Date:** 05/18/2022

## 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**

Resident #1 is prescribed [REDACTED] every 8 hours as needed. The resident's April medication administration record (MAR) does not include the initials of the staff person who administered it on 04/08 at 09:00 AM and 04/29 at 07:23 AM.

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

Staff members were brought in to complete MAR signature (see attached)

Pharmacy nurse liaison completed med cart audit education (see attached)

2 Staff members will review narcotic sheets together and sign off that all signatures and destructions are documented accurately after each shift on attached sheet

DON will review narcotic sheets weekly for compliance

Spot audits will be done throughout the month by DON

Audits will be reviewed at quarterly QA meeting

**Completion Date:** 05/19/2022

## 187c - Refusal of Medication

## 1. Requirements

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

**Description of Violation**

On 04/23/2022 at 05:00 PM, resident #4 refused to take a scheduled dose of [REDACTED]. The home did not

**187c - Refusal of Medication (continued)**

notify the prescriber of this refusal.

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

Resident's refusal was actually provided to the physician (see attached)  
 Form had not been removed from physician notebook at time of survey  
 Staff will notify physician of all resident medication refusals using the form provided (see attached)  
 Physician notebook will be reviewed by DON daily to ensure prompt filing in resident charts.  
**Completion Date:** 05/03/2022

**190a - Completion Medication Course****1. Requirements**

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

**Description of Violation**

Staff person B's annual practicum was completed on [REDACTED] Two medication administration record reviews and only one medication administration observation in the year 2021 were completed. This staff person administered medications to residents on 04/29 and 05/02/2022.

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

Staff person B has been provided both observations on [REDACTED] (see attached) by [REDACTED] (see attached)  
 Medication technicians will be trained as per reg 2600.190(a)  
 Community currently has an in house staff member completing the train the trainer course at this time. Face to face section is scheduled for 6/7/22.  
 DON will keep a binder with med tech info  
 Med tech training will be audited monthly by DON for compliance  
 Audits will be reviewed at quarterly QA meetings

**Completion Date:** 06/07/2022

**191 - Resident Right to Refuse****1. Requirements**

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

**Description of Violation**

Resident #1, admitted [REDACTED], has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

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

Resident #1 has signed the resident rights information (see attached)  
 BOM/Marketing manager will audit 100% of current resident files for compliance.  
 Any missing documentation will be corrected.  
 BOM will audit all new admission contracts for signatures and keep documentation of audits on attached sheet

**191 - Resident Right to Refuse (continued)**

(see attached)

10% audit of all resident contracts will be done by BOM monthly

Audits will be reviewed at quarterly QA meetings

**Completion Date:** 05/31/2022

**202 - Prohibitions****1. Requirements**

2600.

202. The following procedures are prohibited:

4. A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited. A chemical restraint does not include a drug ordered by a physician or dentist to treat the symptoms of a specific mental, emotional or behavioral condition, or as pretreatment prior to a medical or dental examination or treatment.

**Description of Violation**

Resident #5 is prescribed [REDACTED] as needed for agitation. According to the resident April MAR, this medication was administered to the resident on 04/23, 24, and 25/2022.

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

Physician changed order to state "for anxiety" instead of for agitation (see attached)

Pharmacy nurse liaison provided education on prohibitions (see attached)

Medication audits will be done by pharmacist quarterly with review of diagnoses and usage.

DON, MD, pharmacist will meet quarterly to review findings.

Med review findings will be discussed at quarterly QA meetings

**Completion Date:** 05/18/2022

**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**

Resident #3's cognitive prescreening date was written over without proper notation.

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

Date on prescreen for resident #3 was changed to be made legible, signed, and dated by staff member making correction. (see attached)

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:** 05/13/2022

**82c - Locking Poisonous Materials**

**1. Requirements**

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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**

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*A bottle of Dial antibacterial soap, with a manufacture's label indicating "if swallowed, get medical help or contact a Poison Control Center right away", was unlocked, unattended, and accessible in resident room #1. Resident room #29 and #50 had Colgate toothpastes, with a manufacture's label indicating "if more than used for brushing is accidentally swallowed, get medical help or contact a Poison Control Center right away" unlocked and unattended in the bathroom. Not all the residents of the home have been assessed capable of recognizing and using poisons safely.*

*Repeat violation: 05/05/2021*

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

*All poisonous materials were immediately removed and placed back in the locked drawers supplied in resident closets*

*Staff were inserviced on reg 2600.82(c) (see attached)*

*Resident rooms will be monitored by housekeeping and DON daily for compliance for 1 month*

*Unannounced room audits will be completed monthly by DON thereafter for compliance*

*Audits will be reviewed at quarterly QA meetings*

**Completion Date:** 05/16/2022