

Department of Human Services  
Bureau of Human Service Licensing

July 13, 2022

[REDACTED] ADMINISTRATOR  
227 EVERGREEN ROAD OPERATIONS LLC  
227 EVERGREEN ROAD  
POTTSTOWN, PA, 19464

RE: SANATOGA COURT  
227 EVERGREEN ROAD  
POTTSTOWN, PA, 19464  
LICENSE/COC#: 13614

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/27/2022, 06/28/2022 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: *SANATOGA COURT* License #: *13614* License Expiration: *06/20/2023*  
Address: *227 EVERGREEN ROAD, POTTSTOWN, PA 19464*  
County: *MONTGOMERY* Region: *SOUTHEAST*

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: *227 EVERGREEN ROAD OPERATIONS LLC*  
Address: *227 EVERGREEN ROAD, POTTSTOWN, PA, 19464*  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *03/10/1998* Issued By: *Dept of L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *83* Waking Staff: *62*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *06/28/2022*

**Inspection Dates and Department Representative**

06/27/2022 - On-Site: [REDACTED]  
06/28/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *85* Residents Served: *69*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Homestead* Capacity: *28* Residents Served: *14*

**Hospice**

Current Residents: *7*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *67*  
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *14* Have Physical Disability: *0*

**Inspections / Reviews**

**06/27/2022 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/16/2022*

Inspections / Reviews (*continued*)

07/07/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *07/18/2022*

07/13/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 3c - Post Current License

## 1. Requirements

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

## Description of Violation

*On 6/27/22 at 2:00pm the home's a copy of the current license inspection summary issued by the Department and a copy of this chapter, were not posted in a conspicuous and public place in the home.*

## Plan of Correction

**Accept**

*On 6/27/22 I [REDACTED] ED put out three binders one with the current license inspection summary, a copy of Chapter 2600, and our emergency preparedness plan. The ED will ensure that it is updated as needed and kept in the lobby at all times.*

**Completion Date:** 06/27/2022

## Document Submission

**Implemented**

*On 6/27/22 I [REDACTED] ED put out three binders one with the current license inspection summary, a copy of Chapter 2600, and our emergency preparedness plan. The ED will ensure that it is updated as needed and kept in the lobby at all times.*

## 91 - Telephone Numbers

## 1. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

## Description of Violation

*On 6/27/22 at 2:30PM, there were no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in the hallway in Gen 2.*

*On 6/27/22 at 2:40PM, there were no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in resident room 109.*

## Plan of Correction

**Accept**

*I have created an emergency list and placed it inside of a 5x7 frame that I have put on the inside wall next to the front door of the apartments. Going forward before we get a new admission when the room is inspected we will replace any frames as needed.*

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

## Document Submission

**Implemented**

*I have created an emergency list and placed it inside of a 5x7 frame that I have put on the inside wall next to the front door of the apartments. Going forward before we get a new admission when the room is inspected we will replace any frames as needed.*

## 103e - Left Overs

## 1. Requirements

2600.

- 103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

**103e - Left Overs (continued)****Description of Violation**

On 6/28/22 at 9:20AM, there was an unlabeled, undated cup of juice in the homestead ridge.

**Plan of Correction****Directed**

All staff will be educated on labeling and dating all items in the fridge. The Dementia Care Director will conduct an audit for 3 months to ensure no items are in the fridge unlabeled.

DPOC - SP - 07-07-2022

Education to be completed by 07-17-2022 and made available for Department review.

**Completion Date:****Document Submission****Implemented**

All staff will be educated on labeling and dating all items in the fridge. The Dementia Care Director will conduct an audit for 3 months to ensure no items are in the fridge unlabeled.

DPOC - SP - 07-07-2022

Education to be completed by 07-17-2022 and made available for Department review.

**103i - Outdated Food****1. Requirements**

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

**Description of Violation**

On 6/28/22 at 9:45AM there a container of Turkey in the fridge dated 6/4/22-6/27/22 and a tray of dinner rolls dated for expiration on 6/20/22.

**Plan of Correction****Directed**

Dietary staff will be educated on correct labeling of food all of the refrigerators in the kitchen. A flyer with the proper food labeling has been posted on the cork board by the walk in refrigerator for reference. The Dietary Manager will conduct an audit for 3 months to ensure all food is labeled correctly.

DPOC - SP - 07-07-2022

Education to be completed by 07-17-2022 and made available for Department review.

**Completion Date:****Document Submission****Implemented**

Dietary staff will be educated on correct labeling of food all of the refrigerators in the kitchen. A flyer with the proper food labeling has been posted on the cork board by the walk in refrigerator for reference. The Dietary Manager will conduct an audit for 3 months to ensure all food is labeled correctly.

DPOC - SP - 07-07-2022

Education to be completed by 07-17-2022 and made available for Department review.

**132h - Designated Meeting Place****1. Requirements**

2600.

132h - Designated Meeting Place (continued)

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

During the fire drill on 1/15/22 at 3:30pm, residents did not evacuate to a designated meeting place away from the building or within the fire-safe area.

Plan of Correction

Accept

During the fire drill on 1/15/22 we had active COVID-19 cases so we did not evacuate all residents. In the future we will evacuate all residents to a fire safe area. If we have active COVID-19 cases we will alert DHS.

Completion Date: 07/07/2022

Document Submission

Implemented

During the fire drill on 1/15/22 we had active COVID-19 cases so we did not evacuate all residents. In the future we will evacuate all residents to a fire safe area. If we have active COVID-19 cases we will alert DHS.

181d - Storing Medication

1. Requirements

2600.

181.d. If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

Description of Violation

Resident #2 self-administers medications and stores medications in his/her room. On 2/27/22 during an interview with resident #2, it was reported that the resident does not lock up the medications or the door when they leave the room.

Plan of Correction

Directed

All Med techs and LPNs will be educated on the importance of educating our residents who self administer to lock up their medications. On 6/27/22 the resident was educated on the importance of locking his door. [redacted] requested a locked drawer and that was provided to [redacted] on 6/28/22.

DPOC - SP - 07-07-2022

Education to be completed by 07-17-2022 and made available for Department review.

Completion Date:

Document Submission

Implemented

All Med techs and LPNs will be educated on the importance of educating our residents who self administer to lock up their medications. On 6/27/22 the resident was educated on the importance of locking [redacted] door. [redacted] requested a locked drawer and that was provided to [redacted] on 6/28/22.

DPOC - SP - 07-07-2022

Education to be completed by 07-17-2022 and made available for Department review.

184a - Labeling OTC/CAM

1. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- 1. The resident's name.

184a - Labeling OTC/CAM (continued)

- 2. The name of the medication.
- 3. The date the prescription was issued.
- 4. The prescribed dosage and instructions for administration.
- 5. The name and title of the prescriber.

**Description of Violation**

Resident #1 is prescribed [REDACTED] give 2 tablets by mouth twice a day. However, the medication label reads give 2 tablets by mouth every day.

**Plan of Correction**

**Directed**

All nursing staff will be educated on the importance of checking all labels on medication as soon as it is received from the pharmacy. The Resident Care Director will conduct an audit for 3 months to ensure that all labels on all medications are correct.

DPOC - SP - 07-07-2022

Education to be completed by 07-17-2022 and made available for Department review.

**Completion Date:**

**Document Submission**

**Implemented**

All nursing staff will be educated on the importance of checking all labels on medication as soon as it is received from the pharmacy. The Resident Care Director will conduct an audit for 3 months to ensure that all labels on all medications are correct.

DPOC - SP - 07-07-2022

Education to be completed by 07-17-2022 and made available for Department review.

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**

Correction fluid was used on resident #3's DME dated [REDACTED].

**Plan of Correction**

**Directed**

All staff will be educated on making record entries legible on residents documentation. Over the next year I the ED will in-service the staff during communication meetings on regulation 251b. I will do this in October 2022 and May 2023.

DPOC - SP - 07-07-2022

Education to be completed by 07-17-2022 and made available for Department review.

**Completion Date:**

**Document Submission**

**Implemented**

All staff will be educated on making record entries legible on residents documentation. Over the next year I the ED will in-service the staff during communication meetings on regulation 251b. I will do this in October 2022 and May 2023.

DPOC - SP - 07-07-2022

**251b - Record Entries Legible (continued)**

*Education to be completed by 07-17-2022 and made available for Department review.*

**103f - Refrigerator/Freezer Temps****1. Requirements**

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

**Description of Violation**

*On 6/28/22 at 9:25am, there was no thermometer in the freezer in the Carrington kitchen.*

*Repeat: at el 7/13/21*

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

*A thermometer has been placed in the freezer and the Dietary Manager will conduct an audit for the next three months to ensure the thermometer stays in the freezer at the correct temperature.*

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

**Document Submission****Implemented**

*A thermometer has been placed in the freezer and the Dietary Manager will conduct an audit for the next three months to ensure the thermometer stays in the freezer at the correct temperature.*