

Department of Human Services  
Bureau of Human Service Licensing

November 9, 2022

[REDACTED]  
WYNCOTE AID II OPCO LLC  
[REDACTED]  
[REDACTED]

RE: WYNCOTE PLACE  
240 BARKER ROAD  
WYNCOTE, PA, 19095  
LICENSE/COC#: 14254

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/15/2022, 04/16/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY - PUBLIC

**Facility Information**

Name: WYNCOTE PLACE License #: 14254 License Expiration: 04/05/2023  
Address: 240 BARKER ROAD, WYNCOTE, PA 19095  
County: MONTGOMERY Region: SOUTHEAST

**Administrator**

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

**Legal Entity**

Name: WYNCOTE AID II OPCO LLC  
Address: [REDACTED]  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-2 LP Date: 04/30/1999 Issued By: L&I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 92 Waking Staff: 69

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
Reason: Renewal, Complaint, Incident Exit Conference Date: 08/16/2022

**Inspection Dates and Department Representative**

08/15/2022 - On-Site: [REDACTED]  
04/16/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: 60 Residents Served: 46

**Secured Dementia Care Unit**

In Home: Yes Area: Entire Facility Capacity: 60 Residents Served: 46

**Hospice**

Current Residents: 9

**Number of Residents Who:**

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 46  
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
Have Mobility Need: 46 Have Physical Disability: 1

**Inspections / Reviews**

**08/15/2022 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/08/2022

09/07/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/09/2022

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 09/12/2022

09/14/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/09/2022

Reviewer: [REDACTED]

Follow-Up Type: Document Submission

Follow-Up Date: 10/15/2022

11/09/2022 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/09/2022

Reviewer: [REDACTED]

Follow-Up Type: Not Required

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [REDACTED]/2022, staff member A observed an open wound on resident #1's [REDACTED]. The wounds were documented on the nurses notes and a phone call was made to staff member B. Staff member B never responded. Per staff member B statement about resident#1's wounds "this week I have not made a priority". Staff member C contacted the resident's physician and made arrangement for a wound specialist. Per the wound care notes, resident#1 was not evaluated until [REDACTED] 2022. Resident#1 developed stage II pressure ulcer on [REDACTED]

POC Submission

Accept ([REDACTED] - 09/14/2022)

- Staff member B is no longer employed by the community (Exhibit A1- Ultipro termination)
- Resident #1 no longer resides at the community.
- On 9/2/22, the ED reeducated the ACSM and current direct care staff as to the requirements set within regulation 2600.42b and Enlivant Policy and Procedures titled, Abuse, Neglect and Exploitation – Pennsylvania, Change of Condition, Skin and Wound Care and Incidents and Accidents (Exhibit A-1 In-Service)
- On 9/2/22, The ACSM and designee conducted a skin integrity audit for all current residents. No newly identified wounds were noted. Previously identified wounds were noted with appropriate nursing interventions (Exhibit A-2 Audit Tool)
- Beginning 9/12/22, the ED will audit internal incident reports to ensure appropriate nursing intervention is rendered upon discovery of a wound. Appropriate nursing intervention will include: evaluation and or assessment of the wound, notification to the family, physician, and responsible party of the wound and timely implementation of physician orders for wound treatment. This audit will occur weekly x 4 weeks, then bi weekly x 4 weeks, and then monthly x 1 month to monitor and validate sustained compliance. (Exhibit A-3- Audit Tool)
- Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance. (completion date for this audit 12/22.)
- Completion date: 9/2/2022

Licensee's Plan Completion Date: 09/13/2022

Implemented ([REDACTED] - 11/09/2022)

107d - Procedure Emergency Management Agency Submission

2. Requirements

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures have not been submitted to the municipal emergency management agency.

POC Submission

Accept ([REDACTED] - 09/14/2022)

On 8/16/22, The Executive Director submitted the home's written emergency management plan to the emergency management agency, Cheltenham Township ( Exhibit B -1)

107d - Procedure Emergency Management Agency Submission (continued)

- On 8/16/22, The Ed educated the Maintenance Manger as to the requirements set within regulation 2600. 107 d (Exhibit B-2 In- service)
- On 8/16/2022 the home received confirmation from Cheltenham Township of receipt of Emergency Management Plan. (Exhibit- B-3)
- On 8/16/2022, the ED notated a written prompt within the QI meeting binder to submit the homes written emergency management procedures to Cheltenham Township following the completion of July 2023 QI meeting.

Completion Date: 8/16/2022

Licensee's Plan Completion Date: 09/13/2022

Implemented ( [REDACTED] - 11/09/2022)

132b - Safety Inspection/Fire Drill

3. 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 home has not completed a fire safety inspection observed by a fire safety expert.

POC Submission

Accept ( [REDACTED] 09/14/2022)

- On 8/18/22, The ED contacted Croker Fire Safety Corporation requesting an annual fire safety inspection. The inspection is scheduled for September 9th, 2022 at 9 AM (Exhibit C-1- Confirmation letter)
- On 8/18/22, The ED educated the Maintenance Manager as to the requirements set within regulation 2600.132 b. (Exhibit C-2 In-service)
- On 8/18/22, the ED notated a written prompt within the QI meeting binder to schedule the annual fire safety inspection following the completion of January 2023 QI meeting.
- Completion date: 8/16/2022

Licensee's Plan Completion Date: 09/13/2022

Implemented (CM - 11/09/2022)

183d - Prescription Current

4. 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] /22, [REDACTED] prescribed for resident#2, was in the home's Medication Cart; however, the medication was discontinued on [REDACTED] /22.

183d - Prescription Current (continued)

POC Submission

Accept (CM - 09/14/2022)

- Resident #2 was not adversely impacted
- On 8/17/22 The ACSM removed Resident #2's discontinued meds and returned them to the pharmacy.
- On 9/2/22 The ED educated the ACSM (Assistant Care Services Manager) on the requirements set within PA Code 2600.183 (d). (Exhibit D-1)
- On 9/2/22, The ACSM educated all licensed nurses and medication technicians on the requirements set within regulation 2600.183 (d) (Exhibit D-2)
- On 9/2/2022, The ACSM audited the home's medication carts to ensure only current prescriptions, OTC, sample and CAM for current residents are kept within the home. No additional discontinued meds were noted. (Exhibit D-3 Audit Tool).
- Beginning 9/2/22 The ACSM or designee will audit the medications for five current residents to ensure only current prescriptions, OTC, sample and CAM are kept within the home. This audit will occur weekly x 4 weeks, Bi weekly x 4 weeks, then monthly x 1 to validate and monitor sustained compliance. (Exhibit D-4 Audit Tool)
- Results of the audit will be discussed during monthly QI meetings. The QI committee will determine if continued auditing is necessary based on three consecutive months of compliance. (completion date for this specific audit tool 12/22)
- Completion date: 9/2/2022.

Licensee's Plan Completion Date: 09/13/2022

Implemented (█ - 11/09/2022)

184a - Resident's Meds Labeled

5. Requirements

2600.

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

Description of Violation

The pharmacy label for resident #2's █ does not match medication's bottle instructions.

POC Submission

Accept (█ 09/14/2022)

- Resident #2 did not suffer an adverse effect relating to this finding.
- On 8/16/22, The ACSM removed Resident #2's incorrectly labeled █ and returned it to the pharmacy.
- On 8/16/22 The ASCM notified Resident #2's primary care physician and responsible party of the incorrectly labeled █
- On 8/18/16, ACSM took receipt of correctly labeled █ (Exhibit E – 1)
- On 9/2/22, The ED educated the Assistant Care Services Manager (ASCM) as to the requirements of regulation 1600.184 a. (Exhibit E 2 In-service)
- On 9/2/22, The ED educated the licensed nurses and medication technicians as to the requirements of regulation 2600.184 a (Exhibit E 3 In-service)
- On 9/2/22, The ACSM audited the medications belonging to current residents to ensure the original container for prescription medications are labeled with a pharmacy label that matches the prescriber's instruction. No additional discrepancies were found. (Exhibit E 4 – Audit Tool)
- Beginning 9/12/22, The ED or designee will audit the medications belonging to five current residents to ensure that the medication labels correspond to prescriber instructions. This audit will occur weekly x 4 weeks, bi weekly x 4

**184a - Resident's Meds Labeled (continued)**

weeks then monthly x 1 month to monitor and validate sustained compliance.

(Exhibit E 5- Audit Tool) (Completion date for this specific audit tool is 12/22)

- Results of the audit will be discussed during monthly QI meetings. The QI committee will determine if continued auditing is necessary based on three consecutive months of compliance.
- Completion date: 9/2/2022

Licensee's Plan Completion Date: 09/13/2022

Implemented ( [REDACTED] - 11/09/2022)

**185a Implement Storage Procedures****6. 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 #2 is prescribed [REDACTED]. On 0 [REDACTED] 22 this medication(s) were not available in the home.

Resident #3 is prescribed [REDACTED]. On [REDACTED] 22 this medication(s) were not available in the home.

**POC Submission**

Accept (CM 09/14/2022)

- Resident # 2 was not adversely impacted as a result of this finding
- Resident # 3 was not adversely impacted as a result of this finding
- On 8/16, 22, The ACSM ordered resident #2 [REDACTED] from the pharmacy
- On 8/16/22, The ACS ordered Resident #3's [REDACTED]
- On 8/30/22, the ACSM took receipt of Resident # 2 [REDACTED] from the pharmacy. (Exhibit F 1)
- On 8/16/22, the ACSM took receipt of Resident #3's [REDACTED] from the pharmacy. (Exhibit F 1 A)
- On 9/2/22, The ED educated the ACSM as to the requirements set within regulation 2600. 185 a (Exhibit F 2 In-service).
- On 9/2/22, The ED educated the licensed nurses and medication technicians as to the requirements within regulation 2600.185 a ( Exhibit F 3 In- service)
- On 9/2/22, The ACSM audited the home's medication carts to ensure current prescriptions, OTC, sample and CAM for current residents are kept within the home. No additional omitted medications were noted. (Exhibit D 4 – Audit Tool )
- On 9/12/22, The ACSM or designee will audit the medications belonging to five current residents to ensure prescriptions, OTC, sample and CAM are kept in the home. This audit will occur weekly x 4 weeks, biweekly x 4 weeks and monthly x 1 month to monitor and validate sustained compliance. (Exhibit D 5 – Audit Tool) (completion date for this specific audit tool is 12/22.)
- Results of the audit will be discussed during monthly QI meetings. The QI committee will determine if continued auditing is necessary based on three consecutive months of compliance.
- Completion date: 9/2/2022

185a - Implement Storage Procedures (continued)

Licensee's Plan Completion Date: 09/13/2022

Implemented ( [REDACTED] - 11/09/2022)

187a Medication Record

7. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident #4 is prescribed [REDACTED] as needed; however, it is not included on resident #4's medication administration record.

POC Submission

Accept ( [REDACTED] 09/14/2022)

- Resident #4 did not suffer an adverse effect related to this finding
- On 8/16/22, The ACSM transcribed resident #4's prescribed [REDACTED] to the Medications Administration Record (MAR). (Exhibit G 1- MAR)
- On 9/2/22, The ED educated the ACSM as to the requirements set within regulation 2600.187 a (Exhibit G 2 – In-service)
- On 9/2/22, The ED educated the licensed nurses and medication technicians as to the requirements set within the regulation 2600.187 a (Exhibit G 3 In-service)
- On 9/2, the ACSM audited the home's MARs corresponding to current residents in attempt to identify transcription omissions, No additional transcription omissions were noted (Exhibit G 4 – Audit Tool)
- Beginning 9/12/22, The ACSM or ED will audit the MARs corresponding to five current residents to ensure prescribed medications are transcribed to the MAR. This audit will occur weekly x 4 , then biweekly x 4 then monthly 1 to validate sustained compliance Exhibit G 5 – Audit Tool) (Completion date for this specific audit tool is 12/22)
- Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance.
- Completion date: 9/2/2022

Licensee's Plan Completion Date: 09/13/2022

Implemented ( [REDACTED] 11/09/2022)

187d - Follow Prescriber's Orders

8. Requirements

2600.

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

Description of Violation

Resident #2 is prescribed [REDACTED] However, this medication was not administered to resident #2 on [REDACTED]/22 because the medication was not available in the home.

POC Submission

Accept ( [REDACTED] 09/14/2022)

- Resident #2 was not adversely impacted.

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

- On 8/18/22, The ACSM took receipt of resident #2 [REDACTED] (Exhibit H – 1)
- On 8/16/22, The ACSM notified Resident #2's PCP and responsible party of [REDACTED] missed administration.
- On 8/17/2022, The ED educated the ACSM on the requirements stated within the regulation 2600. 187 (d). (Exhibit: H-2)
- On 8/17/2022, The ACSM educated the nurses and med technicians on the requirements stated within the regulation 2600. 187 (d). (Exhibit: H-3)
- On 8/17/2022, The ACSM audited all med carts/resident medications to ensure all current prescriptions, OTC, sample and CAM for current residents are kept within the home. No additional omitted medications were noted. (Exhibit: H-4 Audit Tool)
- Beginning 9/12/22 The ACSM or Designee will audit the medications belonging to five current residents to ensure current prescriptions, OTC, sample and CAM are kept within the home. This audit will occur weekly x 4 weeks, bi monthly x 4 weeks and then monthly x 1 month to monitor and validate sustained compliance. (Exhibit H-5 Audit Tool). (Completion date for this specific audit tool is 12/22.)
- Results of the audit will be discussed during monthly QI meetings. The QI committee will determine if continued auditing is necessary based on three consecutive months of compliance.
- Completion date: 9/2/2022.

Licensee's Plan Completion Date: 09/13/2022

Implemented ([REDACTED] - 11/09/2022)