

Department of Human Services
Bureau of Human Service Licensing

September 21, 2022

[REDACTED]

PENNSWOOD VILLAGE
1382 NEWTOWN-LANGHORNE ROAD
NEWTOWN, PA, 18940

RE: PENNSWOOD VILLAGE PERSONAL
CARE HOME
1382 NEWTOWN-LANGHORNE
ROAD
NEWTOWN, PA, 18940
LICENSE/COC#: 12675

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/18/2022 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 - PUBLIC

Facility Information

Name: *PENNSWOOD VILLAGE PERSONAL CARE HOME* License #: *12675* License Expiration: *01/20/2023*
Address: *1382 NEWTOWN-LANGHORNE ROAD, NEWTOWN, PA 18940*
County: *BUCKS* Region: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *PENNSWOOD VILLAGE*
Address: *1382 NEWTOWN-LANGHORNE ROAD, NEWTOWN, PA, 18940*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *1-2* Date: *10/27/2010* Issued By: *Township of Middletown*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *39* Waking Staff: *29*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint, Incident* Exit Conference Date: *08/18/2022*

Inspection Dates and Department Representative

08/18/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *41* Residents Served: *33*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *33*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *6* Have Physical Disability: *0*

Inspections / Reviews

08/18/2022 - Full

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

09/09/2022 - POC Submission

Inspections / Reviews (*continued*)

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/14/2022*

09/09/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *09/20/2022*

09/21/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

66b - Training Plan Content

1. Requirements

2600.

66.b. The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

- 3. The dates, times and locations of the scheduled training for each staff person for the upcoming year.

Description of Violation

The home's 2022 staff training plan does not include the dates, times and locations of the scheduled training for each staff person for the upcoming year.

Plan of Correction

Accept

Staff Training Plan is currently located online through Relias Learning, including pre-scheduled courses for all PC staff. Recommended training plan document from DHS provided to staff educator to update written training plan and ensure all necessary information is included. Staff educator provided updated training plan to PCHA on 8/23/22. Staff educator will update written training plan annually and provide to PCHA to ensure ongoing compliance with this regulation.

Completion Date: 09/08/2022

Document Submission

Implemented

Written training plan updated to include all required information. See attached document for verification.

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

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in resident [REDACTED].

Plan of Correction

Accept

PCHA placed stickers with emergency contact information on the phone in [REDACTED] upon return to the community on 8/22/22. Within 10 days of receipt of this plan of correction, PCHA or designee will complete audit of all phones in resident rooms and common areas to ensure appropriate emergency contact information is posted. Any missing information will be posted at the time the audit is complete. PCHA will review resident admission check list to include requirement to post emergency numbers on phone upon admission.

Completion Date: 09/19/2022

Document Submission

Implemented

Audit completed for all telephones in the home to ensure emergency telephone numbers were posted. Two additional phones found without complete information and stickers were placed on the phones at the time of audit. One new admission arrived during the audit and had stickers placed on day of admission. See attached audit form for verification.

PCHA updated resident admission checklist to include item for emergency numbers on resident telephone. See highlighted area on attached admission checklist for verification.

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

The bed in resident [redacted] equipped with an enabler on both sides. The enablers are more than 8 inches wide but are not covered.

Plan of Correction

Accept

Residents A & B in [redacted] are at [redacted]. Enabler bar on resident A's side of bed was removed on 8/22/22 as resident A is currently out of facility in [redacted] and is not utilizing enabler bar. Upon return to facility, resident will be screened for appropriate use of enabler bar with current functional status. If appropriate, a new enabler bar will be purchased and installed.

PCHA spoke with resident B in [redacted] regarding need to replace current enabler bar. PCHA explained the regulation and why the current enabler did not meet the standards set by DHS. Resident voiced understanding of need to replace enabler bar and a new one was ordered, currently pending delivery with an estimated date of 9/12/22. PCHA to verify enabler bar meets DHS standards on arrival and arrange for installation on Resident B's side of bed within two days of delivery.

Within 10 days of receipt of this plan of correction, PCHA or designee will complete an audit of all resident rooms to ensure that all enabler bars meet the requirements of this regulation per DHS standard. Any enabler bars which fail to comply with the regulation will be replaced within 14 calendar days of completion of the audit.

Completion Date: 09/19/2022

Document Submission

Implemented

[redacted] This resident currently has enabler bar on bed which meets the requirements of this regulation. See attached photo for verification.

Audit of all resident rooms completed with no additional hazards noted. See attached audit tool for verification.

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 and January 2022.

Plan of Correction

Accept

Fire Drills were previously conducted by on site personnel, however due to missed drills an outside company was contracted to provide these services. As of March 2022, Fire and Life Safety Solutions, LLC (FLSS) has conducted all fire drills in the personal care home. FLSS maintains annual schedule of monthly fire drills to ensure varying days of the week, times, and shifts as agreed upon with PCHA.

Completion Date: 09/08/2022

132a - Monthly Fire Drill (continued)

Document Submission

Implemented

See attached fire drill record for all drills conducted in the home since February 2022. Schedule of upcoming drills is maintained by FLSS.

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 home's fire inspection occurred January 2020. The home did not have another fire safety inspection until April 2022. The waiver suspending the regulation was ended and homes were instructed to complete a fire safety inspection by 12/31/2021.

Plan of Correction

Accept

The home had a fire inspection completed in 2021, however documentation was not provided at the time of inspection due to PCHA's absence from the home during the annual survey. Documents were provided to surveyor on 8/30/22 as proof of compliance. PCHA will develop listing of important documents and their location for designee and will provide review of this document to designee within 10 days of receipt of this plan of correction.

Completion Date: 09/19/2022

Document Submission

Implemented

Survey preparedness document created by PCHA which includes details on where designees can find important documents for surveyors. Reviewed document and locations of paperwork in PCHA office with designee. See attached documents survey preparedness form and attestation signature page for verification.

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 #1 is prescribed [redacted] On [redacted] the resident's [redacted] but it was not logged on the resident's [redacted] medication administration record (MAR). The resident's [redacted] but the MAR read [redacted]

Plan of Correction

Accept

Staff educator reviewed with responsible nursing staff the appropriate method for accurately documenting the administration of [redacted]. Within 30 days of receipt of this plan of correction, all nursing staff to be provided education on medication administration and accurate documentation of [redacted] Upon receipt of this plan of correction, PCHA or designee will review and compare [redacted] on both MAR and device weekly for 4 weeks to ensure accuracy of documentation. Immediately following completion of weekly audits, PCHA will complete random audits monthly for 6 months to ensure ongoing compliance.

Completion Date: 10/07/2022

Document Submission

Implemented

Education on best practice to ensure proper documentation for [redacted]

185a - Implement Storage Procedures (continued)

was provided to nurses via in-service. Training is ongoing at this time, to be completed by all nurses by 10/7/22. See attached medication education document and staff signature page for verification.

██████████ audit initiated by PCHA. Over two weeks, PCHA found ██████████ Staff educator to meet with responsible nursing staff individually to provide one-to-one remediation and education on proper documentation of ██████████ See attached ██████████ audit for verification. Audit ongoing weekly at this time through 10/7/22 and then monthly for six months.

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:

6. Dose.

Description of Violation

Resident #1 is prescribed ██████████. However, the resident's ██████████ MAR does not ██████████ to the resident's ██████████ and progress notes, the resident's ██████████ reading was ██████████.

Plan of Correction**Accept**

Staff educator reviewed with responsible nursing staff the appropriate method for accurately documenting the administration of ██████████. Within 30 days of receipt of this plan of correction, all nursing staff to be provided education on medication administration and accurate documentation of ██████████. Upon receipt of this plan of correction, PCHA will review ██████████ on MAR and nursing progress notes weekly for 4 weeks to ensure complete and accurate documentation. Immediately following completion of weekly audits, PCHA will complete random audits monthly for 6 months to ensure ongoing compliance.

Completion Date: 10/07/2022

Document Submission**Implemented**

Education on best practice to ensure proper documentation for ██████████ was provided to nurses via in-service. Training is ongoing at this time, to be completed by all nurses by 10/7/22. See attached medication education document and staff signature page for verification.

MAR & nursing notes audit initiated by PCHA. Over two weeks, PCHA found ██████████ readings and accompanying progress notes. Responsible nurse was provided medication education via in-service. See attached MAR/Notes audit for verification. Audit ongoing weekly at this time through 10/7/22 and then monthly for six months.