

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

January 23, 2023

[REDACTED], REGIONAL VICE PRESIDENT
MCAP WILLOW GROVE OPERATOR LLC

RE: COMMONWEALTH SENIOR LIVING
AT WILLOW GROVE
1120 YORK ROAD
WILLOW GROVE, PA, 19090
LICENSE/COC#: 13994

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/30/2022 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

Facility Information

Name: COMMONWEALTH SENIOR LIVING AT WILLOW GROVE **License #:** 13994 **License Expiration:** 10/08/2022

Address: 1120 YORK ROAD, WILLOW GROVE, PA 19090

County: MONTGOMERY **Region:** SOUTHEAST

Administrator

Name: [REDACTED] **Email:** [REDACTED]

Legal Entity

Name: MCAP WILLOW GROVE OPERATOR LLC

Address: [REDACTED]

Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: Other **Date:** 02/15/1990 **Issued By:** CWOPA L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 101 **Waking Staff:** 76

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**

Reason: Complaint **Exit Conference Date:** 08/30/2022

Inspection Dates and Department Representative

08/30/2022 **On Site:** [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 122 **Residents Served:** 61

Secured Dementia Care Unit

In Home: Yes **Area:** Sweet Memories **Capacity:** 52 **Residents Served:** 19

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 1

Diagnosed with Mental Illness: 6 **Diagnosed with Intellectual Disability:** 1

Have Mobility Need: 40 **Have Physical Disability:** 0

Inspections / Reviews

08/30/2022 - Partial

Lead Inspector: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 10/13/2022

Inspections / Reviews (*continued*)

12/19/2022 POC Submission

Submitted By: [REDACTED] Date Submitted: 01/20/2023
Reviewer: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 12/24/2022

12/27/2022 POC Submission

Submitted By: [REDACTED] Date Submitted: 01/20/2023
Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 12/30/2022

01/23/2023 Document Submission

Submitted By: [REDACTED] Date Submitted: 01/20/2023
Reviewer: [REDACTED] Follow Up Type: Not Required

23a Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident’s assessment and support plan.

Description of Violation

The assessment and support plan, dated [redacted], for resident 1 indicates the resident requires assistance with [redacted]. The resident did not receive this assistance as required.

The assessment and support plan, dated [redacted], for resident 2 indicates the resident requires assistance with [redacted]. The resident did not receive this assistance as required.

The assessment and support plan, dated [redacted], for resident 3 indicates the resident requires assistance with [redacted]. The resident did not receive this assistance as required.

The assessment and support plan, dated [redacted], for resident 4 indicates the resident requires assistance with [redacted]. The resident did not receive this assistance as required.

Plan of Correction

Accept [redacted] - 12/27/2022)

Direct care staff in serviced on provision of ADLs as identified in the support plans of residents 1, 2, 3, and 4, and all residents for whom we provide assistance.

Appropriate residents are checked every two hours for toileting and safety during their waking hours. The medication technician randomly checks that incontinence care is provided during each shift. If a random check identifies a resident who is not receiving the assistance indicated in the resident’s assessment and support plan, it is reported to the Director of Resident Care or the Assistant Director of Resident Care for followup.

Residents are educated to use their call pendant if they need assistance. Call bell reports are reviewed daily by the Resident Care Director and Executive Director. This information is used to make scheduling decisions to optimally cover busiest times and review other trends to ascertain who may need more training or assistance.

Completion Date: September 23, 2022

All direct care staff were trained by Director of Resident Care and Assistant Director of Resident Care.

Licensee's Proposed Overall Completion Date: 12/23/2022

Implemented ([redacted] - 01/23/2023)

24 Personal Hygiene

2. Requirements

2600.

24. Personal Hygiene A home shall provide the resident with assistance with personal hygiene as indicated in the resident’s assessment and support plan. Personal hygiene includes one or more of the following:

- 1. Bathing.
- 2. Oral hygiene.
- 3. Hair grooming and shampooing.

24 Personal Hygiene (continued)

4. Dressing, undressing and care of clothes.
5. Shaving.
6. Nail care.
7. Foot care.
8. Skin care.

Description of Violation

The assessment and support plan, dated [REDACTED], for resident 5 indicates the resident requires assistance with bathing, dressing, undressing and care of clothes. On multiple occasions the resident did not receive assistance as required.

Plan of Correction

Accept ([REDACTED] - 12/27/2022)

Direct Care Staff were re educated on Resident 5's support plan and the ADLs with which she requires assistance. They were educated on support plans and following them.

Monitoring daily that care assignments required in support plans are completed and signed off on by the medication technician, Director of Resident Care or Assistant Director of Resident Care. Director or Resident Care reviews the assignment completion at least weekly and reviews with Executive Director monthly or more often if appropriate. Bathing and showering schedules were posted in each resident's apartment. ADL sheets are in a binder accessible to all direct care staff with summaries of each resident's assigned ADLs for easy reference.

Completion Date: September 20, 2022

All direct care staff were trained by Director of Resident Care and Assistant Director of Resident Care.

Licensee's Proposed Overall Completion Date: 12/23/2022

Implemented ([REDACTED] - 01/23/2023)

42b - Abuse**3. 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

Resident 1 rang [REDACTED] call pendant after having a bowel movement and needed to be cleaned up. [REDACTED] reported waiting for hours, in a soiled pull up, for the staff to provide assistance

Resident 2 rings [REDACTED] call pendant when [REDACTED] needs to urinate or has had a bowel movement. [REDACTED] reported that [REDACTED] waits for a long time, sometimes an hour for staff to assist with [REDACTED] bladder and bowel management.

Resident 3 rang [REDACTED] call pendant when [REDACTED] had a episode of diarrhea. The Resident reported waiting for approximately one hour before the staff responded.

Resident 5 rang [REDACTED] call pendant while [REDACTED] was finishing up in [REDACTED] shower and needed assistance with dressing afterwards. The resident reported [REDACTED] was left in [REDACTED] shower waiting for over 2 hours for a staff person to answer the

42b Abuse (continued)

call pendant.

POC Submission

Accept [REDACTED] - 12/19/2022)

Immediately we conducted an evaluation of our call bell system hardware with our IT experts. Call bell alerts were not appearing consistently on the handheld devices used by our care staff. We discovered some technical issues, including connectivity to Wi Fi that we have rectified.

Executive Director and leadership staff conducted all staff meetings on 9/1/2022 during which staff were retrained on how the call bell system works and how to use their handheld devices to respond and clear alerts promptly and properly.

Resident Care Director, Maintenance Director and Executive Director review alerts daily for response times, trends in time frames that may be addressed, and individual residents who may need to be reviewed to ensure that their support plan reflects their current needs, and individual staff response times. This allows us to address response issues in a timely manner.

Quality Improvement goal is to shorten our response times and we are focusing attention on steps to achieve and maintain timely responses to alerts.

Licensee's Plan Completion Date: 12/19/2022

Implemented [REDACTED] - 01/23/2023)

54a - Direct Care Staff**4. Requirements**

2600.

54.a. Direct care staff persons shall have the following qualifications:

1. Be 18 years of age or older, except as permitted in subsection (b).
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

Direct care staff person A, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept [REDACTED] - 12/27/2022)

Business Office Manager contacted direct care staff person A to request the requisite copy of [REDACTED] high school diploma or copy of his transcript from [REDACTED] school registrar.

Prior to hiring any direct care staff member and scheduling orientation, the Business Office manager will verify they have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry. Executive Director will approve before direct care can be provided to our residents.

Business Office Manager initiated an audit of files of all current direct care staff to verify inclusion of a high school diploma, GED or active registry status on the PA nurse aide registry. Business Office Manager created an audit spreadsheet to track compliance.

Business Office Manager will provide an updated audit spreadsheet monthly to the Executive Director and Resident Services Director to confirm we have a copy of a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry for each direct care staff person.

54a - Direct Care Staff (continued)

Audit was completed by Business Office Manager 12/01/2022

Licensee's Proposed Overall Completion Date: 12/23/2022

Implemented (████) - 01/23/2023)

65a - FS Orientation 1st Day**5. Requirements**

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person A, whose first day of work was █████, did not receive orientation on the following topics until █████: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.

Plan of Correction

Accept (████) - 12/27/2022)

Immediate: All new hires and volunteers have had the requisite first day training.

Ongoing, on the first day of work or volunteering, the Maintenance Director will provide Fire Safety Training and sign off on the Fire Safety Training form to confirm they have gone through the training. The training covers all seven elements noted in the regulation.

The orientations of new staff members following the visit by the Department of Human Resources representative had all orientees complete their Fire Safety Training on day one with the Maintenance Director.

Business Office Manager has undertaken an audit of all files of current employees to verify all employees have had the requisite training. Compliance is being tracked on a spreadsheet and reviewed with the Executive Director monthly.

If the Maintenance Director is unavailable to give this training on the first day of work or volunteering, the Executive Director, Business Office Manager or designee will provide the training.

Audit was completed by Business Office Manager 12/01/2022

Licensee's Proposed Overall Completion Date: 12/23/2022

65a - FS Orientation 1st Day (*continued*)

Implemented ([REDACTED] - 01/23/2023)

65b - Rights/Abuse 40 Hours

6. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person A completed his/her 40th scheduled work hour on [REDACTED]. However, this staff person did not complete training in the following topics: resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), reporting of reportable incidents and conditions until 3/31/22.

Staff person B completed his/her 40th scheduled work hour on [REDACTED]. However, this staff person did not complete training in the following topics: resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), reporting of reportable incidents and conditions.

Plan of Correction

Accept ([REDACTED] - 12/27/2022)

All new staff members are scheduled to complete general orientation within their first 40 scheduled working hours which includes training on Resident Rights, our emergency medical plan, mandatory reporting of abuse and neglect under the OAPSA, and reportable incident reporting. Since the DHS visit, all new staff have met this requirement. The executive director and Business Office Manager sign off on the training form which will be placed in the employee file.

Business Office Manager is auditing files of all current employees to verify all have had training on the following: Emergency medical plan, Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102) and Reporting of reportable incidents and conditions.

Business Office Manager using a spreadsheet to track compliance with training requirements. This is reviewed monthly with the Executive Director.

Audit was completed by Business Office Manager 12/01/2022

Staff person B completed training on 6/29/2022

Licensee's Proposed Overall Completion Date: 12/23/2022

65b - Rights/Abuse 40 Hours (continued)

Implemented ([REDACTED] - 01/23/2023)

227g -Support Plan Signatures

7. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident 6 participated in the development of his/her support plan on [REDACTED]. However, the Assessor did not sign or date the support plan.

Plan of Correction

Accept [REDACTED] - 12/27/2022)

Assessor was reeducated on proper support plan completion, including signature and date.

Director of Resident Care monitors support plan completion, including dates and signatures. Director of Resident Care and Assistant Director of Resident Care are auditing all support plans to ensure they are signed and dated properly and updating the tracker.

Director of Resident Care reviews tracker monthly to ensure compliance.

Completion Date: October 28, 2022

Resident Care Director reeducated staff

Licensee's Proposed Overall Completion Date: 12/23/2022

Implemented [REDACTED] - 01/23/2023)