

Department of Human Services
Bureau of Human Service Licensing

November 7, 2022

[REDACTED]
LCS DOYLESTOWN LLC
[REDACTED]
[REDACTED]

RE: THE SOLANA DOYLESTOWN
1621 EASTON ROAD
WARRINGTON, PA, 18976
LICENSE/COC#: 14531

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/26/2022, 09/27/2022, 10/05/2022 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: *THE SOLANA DOYLESTOWN* License #: *14531* License Expiration: *09/11/2023*
Address : *1621 EASTON ROAD, WARRINGTON, PA 18976*
County: *BUCKS* Region: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *LCS DOYLESTOWN LLC*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *09/22/2014* Issued By: *Township of Doylestown*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *103* Waking Staff: *77*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Incident* Exit Conference Date: *10/05/2022*

Inspection Dates and Department Representative

09/26/2022 - On-Site: [REDACTED]
09/27/2022 - Off-Site: [REDACTED]
10/05/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *129* Residents Served: *71*

Secured Dementia Care Unit

In Home: *Yes* Area: *Memory Care* Capacity: *34* Residents Served: *19*

Hospice

Current Residents: *n/a*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *71*
Diagnosed with Mental Illness: *27* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *32* Have Physical Disability: *36*

Inspections / Reviews

09/26/2022 - Partial

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow Up Date: *10/22/2022*

10/28/2022 POC Submission

Submitted By: [REDACTED]

Date Submitted: *11/07/2022*

Reviewer: [REDACTED]

Follow Up Type: *POC Submission*Follow Up Date: *11/02/2022*

11/02/2022 POC Submission

Submitted By: [REDACTED]

Date Submitted: *11/07/2022*

Reviewer: [REDACTED]

Follow Up Type: *POC Submission*Follow Up Date: *11/05/2022*

11/04/2022 POC Submission

Submitted By: [REDACTED]

Date Submitted: *11/07/2022*

Reviewer: [REDACTED]

Follow Up Type: *Document Submission* Follow Up Date: *11/07/2022*

11/07/2022 Document Submission

Submitted By: [REDACTED]

Date Submitted: *11/07/2022*

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

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]/21, for resident #1 was not signed by the resident.

The resident-home contract, dated [REDACTED]/21, for resident #2 was not signed by the resident.

Plan of Correction

Accept ([REDACTED] - 11/04/2022)

Resident contract corrected with signature or documentation on 10/13/22. Executive Director and Business Office Manager audited resident contracts 10/17/22

Contracts to be signed by all residents upon physical move in date. Person responsible; Executive Director [REDACTED]
[REDACTED] Business Office Manager [REDACTED], Sales & Marketing Director [REDACTED].

f resident refused to sign contract, three attempts will be made. each attempt will be dated.

Audits to be conducted quarterly. Started 10/2022. Next audit 1/2023.

Licensee's Proposed Overall Completion Date: 11/02/2022

Implemented ([REDACTED] - 11/07/2022)

41e - Signed Statement

2. 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.

Resident #2'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 ([REDACTED] - 11/04/2022)

resident contracts corrected with signature or documentation of resident acknowledging receipt of copy of the resident rights and complaint procedures.

Resident Rights to be signed by all residents upon physical move in date. Person responsible; Executive Director, [REDACTED] Business Office Manager [REDACTED], Sales & Marketing Director, [REDACTED]

New form created with resident rights and a specific form to be signed rather than an initial in contract. If resident refuses, 3 attempts will be made and noted.

41e - Signed Statement (continued)

Audits done quarterly to ensure ongoing compliance with the regulation. . Started in 10/2022 and to continue 1/2023.

Licensee's Proposed Overall Completion Date: 11/02/2022

Implemented [REDACTED] - 11/07/2022)

141a 1-10 Medical Evaluation Information**3. 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 #1's medical evaluation did not include a general physical examination by a physician, physician's assistant or nurse practitioner or a medication regimen.

Resident #2's medical evaluation dated [REDACTED]/22 did not include special health or dietary needs of the resident, medication regimen, body positioning and movement stimulation for residents, and cognitive functioning.

Resident#2's medical evaluation dated [REDACTED]/21 did not include a second page and was also missing a general physical examination by a physician, physician's assistant or nurse practitioner, medical information pertinent to diagnosis and treatment in case of an emergency, special health or dietary needs of the resident, allergy information, immunization history, medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications, body positioning and movement stimulation for residents, and health status.

Plan of Correction

Accept ([REDACTED] 11/04/2022)

Discrepancy; resident 1&2 are referenced but it is in regards to resident 3. DME verified and addendum attached

Director of Health Care Services, [REDACTED], to work with physicians to make sure all forms are filled to their entirety including general physicals examination, special health or dietary needs, medication, cognitive functioning, and body positioning.

Audit to be completed prior to admission by [REDACTED]

Audits to be completed quarterly by Director of Healthcare Services, [REDACTED], and LPN staff to ensure ongoing compliance with the regulation. Started 11/2022 next audit 2/2023. Will have audit book log.

Licensee's Proposed Overall Completion Date: 11/02/2022

141a 1-10 Medical Evaluation Information (continued)

Implemented [redacted] 11/07/2022)

141b1 - Annual Medical Evaluation

4. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #2's most recent medical evaluation was completed on [redacted]/21.

Repeat Violation: 03/11/22

Plan of Correction

Accept [redacted] - 11/04/2022)

DME completed for resident #2 on [redacted]/22

Director of Health Care Services, [redacted], to set reminders in Yardi clinical for the month prior to when a DME is due.

Audits to be completed the end of each month to ensure compliance with the regulations by Director of Healthcare Services, [redacted]. Will have audit log book.

Licensee's Proposed Overall Completion Date: 11/02/2022

Implemented [redacted] 11/07/2022)

141b2 - Medical Evaluation Changes

5. Requirements

2600.

141.b.2. A resident shall have a medical evaluation: If the medical condition of the resident changes prior to the annual medical evaluation.

Description of Violation

Resident #1's initial medical evaluation is dated [redacted] 21). The resident entered into [redacted] on [redacted]/22. A new medical evaluation was not completed at this time.

Plan of Correction

Accept [redacted] 11/04/2022)

DME #1 completed 10/6/22

Director of Health Care Services, [redacted] to reach out to physicians for new DME when change of medical condition occurs, such as transition to memory care, admission to hospice, new medical diagnosis.

Audit completed by [redacted], LPN, October 2022.

Audits to continue monthly by DOHS and LPN staff to ensure ongoing compliance with the regulation. Started October 2022. Next audit January 2023. Will have audit tracking log.

Licensee's Proposed Overall Completion Date: 11/02/2022

Implemented [redacted] - 11/07/2022)

224a - Preadmission Screen Form

6. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #1 was admitted to the home on [redacted]/21; however, the resident's preadmission screening form was not completed.

Resident #4 was admitted to the home on [redacted]/22; however, the resident's preadmission screening form was not completed.

Plan of Correction

Accept ([redacted] - 11/04/2022)

Pre screens completed for Resident #1 and Resident #4.

DOHS, [redacted], to complete all preadmissions prior to move in. Must be completed during assessment prior to admission.

Audits to be done by Executive Director, [redacted] and Business Office Manager, [redacted], prior to each physical move in.

No admissions admitted without prescreen form completed to ensure compliance with regulation.

Licensee's Proposed Overall Completion Date: 11/02/2022

Implemented ([redacted] 11/07/2022)

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

Residents #1, #2, #3 and #4 participated in the development of their support plans. However, none of the residents signed their support plans.

Repeat Violation: 03/11/22

Plan of Correction

Accept ([redacted] - 11/04/2022)

Residents #1, #2, #3, #4 signed support plans [redacted]/2022

DOHS, [redacted], to have all care plans signed following the completion of the new support plan at the care conference meeting with the resident and if responsible is involved.

25% of support plans to be audited monthly by Director of Health Care Services, [redacted] and LPN staff to ensure compliance with regulation. Will have audit book log.

Licensee's Proposed Overall Completion Date: 11/02/2022

Implemented ([redacted] 11/07/2022)

227g -Support Plan Signatures (continued)

231b - Medical Evaluation

8. Requirements

2600.

231.b. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident’s diagnosis of Alzheimer’s disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident #3 was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]/17; however, the resident’s medical evaluation completed on [redacted]/21 and 0 [redacted]/22 do not indicate a need for the resident to be in a secure dementia care unit (SDCU).

Resident #4 was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]/22; however, the resident’s medical evaluation completed on [redacted]/22 does not indicate a need for the resident to be in a secure dementia care unit (SDCU).

Plan of Correction

Accept ([redacted] - 11/04/2022)

DME verified and addendum attached

[redacted], DOHS, and [redacted], SMD, to check DME prior to move in to make sure secured unit is checked prior to moving into secured dementia neighborhood. To work with physicians

if change of condition should occur and transition to secured neighborhood needed, new DME to be completed and checked by [redacted], Director of Health care Services that the DME indicated the need for the resident to be in a secure dementia care unit prior to admission/move. This will be a part of the DME audit log. Audits started November 2022 will continue quarterly.

Licensee's Proposed Overall Completion Date: 11/03/2022

Implemented ([redacted] - 11/07/2022)

231c - Preadmission Screening

9. Requirements

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department’s preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident #4 was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]/22. However, the resident’s written cognitive preadmission screening was not completed.

Plan of Correction

Accept ([redacted] - 11/04/2022)

DME verified and addendum attached

Preadmission screening to be completed within 72 hours of move or transition to secured dementia unit by [redacted] [redacted] Director of Healthcare services. Executive Director, [redacted], to audit before any move. if not completed, admission isn't admitted.

231c - Preadmission Screening (*continued*)

Licensee's Proposed Overall Completion Date: 11/03/2022

Implemented [REDACTED] - 11/07/2022)