

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

January 12, 2023

[REDACTED]
DUNWOODY VILLAGE INC
3500 WEST CHESTER PIKE
ATTN:PERSONAL CARE SERVICES
NEWTOWN SQUARE, PA, 19073

RE: DUNWOODY VILLAGE
3500 WEST CHESTER PIKE
NEWTOWN SQUARE, PA, 19073
LICENSE/COC#: 14525

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/27/2022 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: *DUNWOODY VILLAGE* License #: *14525* License Expiration: *12/22/2022*
Address: *3500 WEST CHESTER PIKE, NEWTOWN SQUARE, PA 19073*
County: *DELAWARE* Region: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *DUNWOODY VILLAGE INC*
Address: *3500 WEST CHESTER PIKE, ATTN:PERSONAL CARE SERVICES, NEWTOWN SQUARE, PA, 19073*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-1* Date: *01/30/2002* Issued By: *Labor and Industry*

Staffing Hours

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

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *09/27/2022*

Inspection Dates and Department Representative

09/27/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity:	<i>81</i>	Residents Served:	<i>74</i>
Secured Dementia Care Unit			
In Home:	<i>Yes</i>	Area:	<i>Cedars West</i>
Capacity:	<i>20</i>	Residents Served:	<i>17</i>
Hospice			
Current Residents:	<i>1</i>		
Number of Residents Who:			
Receive Supplemental Security Income:	<i>0</i>	Are 60 Years of Age or Older:	<i>74</i>
Diagnosed with Mental Illness:	<i>2</i>	Diagnosed with Intellectual Disability:	<i>2</i>
Have Mobility Need:	<i>18</i>	Have Physical Disability:	<i>0</i>

Inspections / Reviews

09/27/2022 - Full
Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/24/2022*

Inspections / Reviews (*continued*)

11/28/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/10/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 12/06/2022

12/06/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/10/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 12/13/2022

01/12/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/10/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

According to NFPA 96, Standards for Ventilation Control and Fire Protection of Commercial Cooking Operations, Chapter 12 Procedures for the Use, Inspection, Testing and Maintenance of Equipment: Maintenance of the fire-extinguishing systems and listed exhaust hoods containing a constant or fire-activated water system that is listed to extinguish a fire in the grease removal devices, hood exhaust plenums, and exhaust ducts shall be made by properly trained, qualified, and certified persons acceptable to the authority having jurisdiction at least every 6 months.

The ANSUL fire extinguisher/suppression system in kitchen area of Cedars East and Cedars West has not been inspected by a fire safety expert or otherwise qualified person since 7/2020.

POC Submission

Accept [redacted] - 11/28/2022)

The reason that the inspection on this fire suppression system was overdue is due to a change in our Dining Services Director. A representative from Uni-Pro Inc. was contacted right away and was scheduled to inspect the system. This was completed by a company representative on 10-13-22.

Until this was completed the system was checked daily and was functioning correctly. A representative from our facilities department along with the Personal Care Administrator will inspect all inspection tags monthly and schedule re-inspections ahead of their expiration date. Education of Personal Care Staff about this violation will occur during October, 2022 (10/13, 10/17, 10/19, 10/24, 10/26, 10/27, 10/29 and 10/31). The education instruction will be available to staff on all shifts. Attendance at these required educations session will be tracked.

Licensee's Plan Completion Date: 10/31/2022

Implemented [redacted] - 01/12/2023)

91 - Telephone Numbers

2. 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 the Cedars West dining area.

POC Submission

Accept [redacted] - 11/28/2022)

The emergency numbers alert sheet was re-posted next to the telephone immediately after our inspection concluded 9/27/22. Cedars West staff will check all phones daily and report to the Memory Care Nurse Manager if one of the emergency numbers alert sheets has been removed. We will instruct all Personal Care Staff about this violation during October, 2022 (10/13, 10/17, 10/19, 10/24, 10/26, 10/27 and 10/29). The education instruction is required and will be available to staff on all shifts.

Licensee's Plan Completion Date: 10/31/2022

Implemented [redacted] - 01/12/2023)

183b - Meds and Syringes Locked

3. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On 9/27/22, a bottle of [redacted] was unlocked, unattended, and accessible in resident [redacted] bedroom.

Plan of Correction

Accept ([redacted] 12/06/2022)

Personal Care Administrator talked to [redacted] and the violation was RE [redacted] [redacted] 2600.183decided to be removed.

[redacted] email 10-13-22.pdf

Residents cannot keep any medications in a drawer in their room, unless they have had an assessment done that indicates that they are physical able to mange the medication procedure. Residents will be notified of this regulation. The drawer must be able to be locked by the resident and kept locked at all times.

Although we were told that this is no longer a violation we provided education to all staff about residents not having any medications stored in their rooms.

Family members are reminded at care plan meetings that residents are not permitted to store any medications in their rooms unless they are self-administering for medications.

Staff will check rooms when they are providing care and bring any medications found to the nurse for locked storage.

Residents are reminded about keeping medication in their rooms at resident council meetings.

[redacted] our staff educator provided education to all personal care staff. Education sessions were held on (10/13, 10/17, 10/19, 10/24, 10/26, 10/27 and 10/29). Times of sessions were across shifts to ensure complete instruction to all PC staff members.

Licensee's Proposed Overall Completion Date: 12/05/2022

Implemented [redacted] - 01/12/2023)

231b - Medical Evaluation

4. 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 #1 was admitted to [redacted]

231b - Medical Evaluation (continued)

; however, the resident's medical evaluation was completed on 6/23/22.

POC Submission

██████████ - 11/28/2022)

Our Personal Care Administrator, SMCU Nurse Manager and Social Worker will ensure that DME's on SMCU are completed prior to moving to Cedars West (our SMCU). We have developed a new Pre-Move-In Checklist and this is clearly indicated. Education of Personal Care Staff is required. The education (including SDCU) will occur during October, 2022 (10/13, 10/17, 10/19, 10/24, 10/26, 10/27, 10/29 and 10/31). The education instruction will be available to staff on all shifts regarding this violation. Attendance will be recorded.

Licensee's Plan Completion Date: 10/31/2022

Implemented ██████████ - 01/12/2023)

251b - Record Entries Legible

5. 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 #2's document of medical evaluation ██████████.

POC Submission

Accepted ██████████ - 11/28/2022)

The Personal Care Administrator has made certain that no white-out correction products are available on any of the Personal Care Units. Education of Personal Care Staff will occur during October, 2022 (10/13, 10/17, 10/19, 10/24, 10/26, 10/27, 10/29 and 10/31). The education instruction about white out not being permitted or used is required and will be available to staff on all shifts.

Licensee's Plan Completion Date: 10/31/2022

Implemented ██████████ - 01/12/2023)