

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

April 13, 2023

[REDACTED]
GDL FARMS CORPORATION
[REDACTED]
[REDACTED]

RE: PERSONAL CARE/MEMORY CARE @
THE PARK
3455 DAVISVILLE ROAD
HATBORO, PA, 19040
LICENSE/COC#: 12790

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/17/2022, 10/18/2022 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: *PERSONAL CARE/MEMORY CARE @ THE PARK* License #: 12790 License Expiration: 07/26/2023
 Address: 3455 DAVISVILLE ROAD, HATBORO, PA 19040
 County: MONTGOMERY Region: SOUTHEAST

Administrator

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

Legal Entity

Name: *GDL FARMS CORPORATION*
 Address: 3455 DAVISVILLE ROAD, ATTN: PCH ADMINISTRATOR, HATBORO, PA, 19040
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *06/06/2009* Issued By: *CWOPA Upper Moreland Township Co.*

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 79 Waking Staff: 59

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *10/18/2022*

Inspection Dates and Department Representative

10/17/2022 - On-Site: [REDACTED]
 10/18/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 113 Residents Served: 47

Secured Dementia Care Unit

In Home: *Yes* Area: *Memory Care* Capacity: 42 Residents Served: 21

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 47
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 32 Have Physical Disability: 0

Inspections / Reviews

10/17/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/10/2022*

Inspections / Reviews (*continued*)

11/09/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: 11/09/2022
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/14/2022

04/13/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 11/09/2022
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 04/13/2023

04/13/2023 - Document Submission

Submitted By: [REDACTED] Date Submitted: 04/13/2023
Reviewer: [REDACTED] Follow-Up Type: Not Required

65d - Initial Direct Care Training

1. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
3. Initial direct care staff person training to include the following:
 - i. Safe management techniques.
 - ii. ADLs and IADLs
 - iii. Personal hygiene.
 - iv. Care of residents with dementia, mental illness, cognitive impairments, an intellectual disability and other mental disabilities.
 - v. The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - vi. Implementation of the initial assessment, annual assessment and support plan.
 - vii. Nutrition, food handling and sanitation.
 - viii. Recreation, socialization, community resources, social services and activities in the community.
 - ix. Gerontology.
 - x. Staff person supervision, if applicable.
 - xi. Care and needs of residents with special emphasis on the residents being served in the home.
 - xii. Safety management and hazard prevention.
 - xiii. Universal precautions.
 - xiv. The requirements of this chapter.
 - xv. Infection control.
 - xvi. Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

Description of Violation

Direct care staff person A, hired on [REDACTED], began providing unsupervised ADL services. However, as of 10/17/2022 the staff person had not completed and passed the Department-approved direct care training course or the competency test.

Plan of Correction

Accept (MJ - 11/09/2022)

Staff member A, a per diem employee, completed the direct care training on [REDACTED].

The Director of Nursing will ensure all new direct care staff complete the online training through the Department of Human Services prior to providing care, per regulation. The Nursing Assistant Checklist includes an option for the Direct Care Training that will be completed on the employee's first day of employment starting November 2022.

Licensee's Proposed Overall Completion Date: 11/09/2022

Implemented (SW - 04/13/2023)

103c - Food Protected

2. Requirements

2600.

103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

On 10/18/2022, at 10:00 am, there was an uncovered cake stored in the main kitchen refrigerator.

103c - Food Protected (*continued*)**Plan of Correction****Accept (MJ - 11/09/2022)**

The cake stored in the refrigerator was covered immediately.

The Director of Dietary Services reviewed the food storage guidelines with dietary staff on October 28, 2022.

The Director of Dietary Services and / or the Assistant Director of Dietary Services will be responsible to ensure all foods are properly covered and stored, per the guidelines.

Licensee's Proposed Overall Completion Date: 11/09/2022

Implemented (SW - 04/13/2023)

132f - Alternate Exit Routes

3. Requirements

2600.

132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

The Personal Care Unit back stairwells, lobby entrance, and activities were the only exit routes used during the fire drills held from January 2022 to June 2022.

The Memory Care Unit lobby and parking lot doors were the only exit routes used during the fire drills held from January 2022 to September 2022.

Plan of Correction**Accept (MJ - 11/09/2022)**

The October fire drill log reflects that alternate fire exit routes were utilized on each unit, siting specific egresses that coordinate with the facility floor plan.

The Administrator, Administrative Assistant and / or the fire safety representative will ensure alternate routes are used, per regulation with a monthly review of the fire drill log beginning November 2022.

Licensee's Proposed Overall Completion Date: 11/09/2022

Implemented (SW - 04/13/2023)

183e - Storing Medications

4. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 10/18/2022, the Oxycodone HCL 5 MG Tablet prescribed for Resident 1 was in a blister card. The foil on the back of the blister card had a piece of tape covering the ripped foil on back of two of the pills.

On 10/18/2022, the Lorazepam 0.5 MG Tablet prescribed for Resident 2 was in a blister card. The foil on the back of the blister card had a piece of tape covering the ripped foil on the back of one of the pills.

On 10/18/2022, the Alprazolam 0.25 MG Tablet and Morphine 15 MG Tablet prescribed for Resident 3 were in blister cards. The foil on the back of the blister card had a piece of tape covering the ripped foil on the back of one of the pills.

183e - Storing Medications (continued)

On 10/18/2022, the Lorazepam 0.5 MG Tablet prescribed for Resident 4 was in a blister card. The foil on the back of the blister cards had a piece of tape covering the ripped foil on the back of three of the pills.

On 10/18/2022, the Lorazepam 1 MG Tablet prescribed for Resident 5 was in a blister card. The foil on the back of the blister cards had a piece of tape covering the ripped foil on the back of one of the pills.

Plan of Correction**Accept (MJ - 11/09/2022)**

Medications that were compromised were discarded and destroyed.

Proper handling, discarding and destroying compromised medications was reviewed with Charge Nurses and Medication Technicians by the Director of Nursing and the Administrator on November 3, 2022.

Monthly medication cart / refrigerator audits will be completed by the Director of Nursing and / or Charge Nurses beginning November 2022.

Licensee's Proposed Overall Completion Date: 11/09/2022

Implemented (SW - 04/13/2023)**183f - Discontinued Medications****5. Requirements**

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

On 10/18/22, the Sureprep rapid dry, belonging to resident 6, was in the Memory Care Unit's med station with an expiration date of 03/2021. According to the Department of Environmental Protection and federal and state regulations, this is not an approved method of destroying medications.

On 10/18/22, the Sureprep protected wipe, belonging to resident 6, was in the Memory Care Unit's med station with an expiration date of 02/2022. According to the Department of Environmental Protection and federal and state regulations, this is not an approved method of destroying medications.

On 10/18/22, the Lorazepam 2 mg, belonging to resident 7, was in the Memory Care Unit's med station fridge with an expiration date of August 10, 2022. According to the Department of Environmental Protection and federal and state regulations, this is not an approved method of destroying medications.

On 10/18/22, the Tramadol 50 MG Tablet, belonging to resident 8, was in the Personal Care Unit's med station with an expiration date of 10/16/2022. According to the Department of Environmental Protection and federal and state regulations, this is not an approved method of destroying medications.

Plan of Correction**Accept (MJ - 11/09/2022)**

Medications that were discontinued were discarded, destroyed or returned to the pharmacy.

183f - Discontinued Medications (continued)

The procedure for removing discontinued medication was reviewed with Charge Nurses and Medication Technicians by the Director of Nursing and Administrator on November 3, 2022.

Monthly medication cart / refrigerator audits will be completed by the Director of Nursing and / or Charge Nurses beginning November 2022.

Licensee's Proposed Overall Completion Date: 11/09/2022

Implemented (SW - 04/13/2023)

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

On 10/18/2022, a narcotic medication, Lorazepam 0.5 mg tablet, was observed in the medication lock box for resident 2. However, the count on the medication log was 26, and the blister card only had 25.

Plan of Correction

Accept (MJ - 11/09/2022)

The Charge Nurse signed in the narcotic binder for the medication given immediately.

The Charge Nurse was counseled by the Director of Nursing and reviewed the facility's Policy and Procedure for distribution of medications on November 2, 2022.

Medications (narcotics) are checked with each change of shift.

Licensee's Proposed Overall Completion Date: 11/09/2022

Implemented (SW - 04/13/2023)

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:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).

187a - Medication Record (continued)

13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

There is a Triple Antibiotic Ointment prescribed for resident 6 on the medication administration record. However, it doesn't include the diagnosis or purpose of the medication.

Plan of Correction**Accept (MJ - 11/09/2022)**

The Director of Nursing completed the diagnosis and / or purpose of the medication in the medication administration record.

The Charge Nurse was counseled on fully completing the medication information in the medication administration record by the Director of Nursing and Administrator on November 1, 2022.

Medication records are checked monthly during the nursing re-cap process beginning November 2022.

Licensee's Proposed Overall Completion Date: 11/09/2022

Implemented (SW - 04/13/2023)**187d - Follow Prescriber's Orders****8. Requirements**

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident 6 is prescribed Triple Antibiotic Ointment. However, this medication was not available in the home.

Plan of Correction**Accept (MJ - 11/09/2022)**

The Charge Nurse ordered the triple antibiotic ointment from the pharmacy immediately.

The Director of Nursing and / or Charge Nurses will be responsible for medications being available as per doctor's orders and checked monthly beginning November 2022.

Licensee's Proposed Overall Completion Date: 11/09/2022

Implemented (SW - 04/13/2023)**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

On [REDACTED], Resident 9 was admitted to the Secure Dementia Care Unit (SDCU). However, the resident's written cognitive preadmission screening was missing the resident's behaviors, and the resident's needs required secured dementia care.

231c - Preadmission Screening (continued)**Plan of Correction****Accept (MJ - 11/09/2022)**

The Director of Nursing and Primary Care Physician completed the resident's behaviors and the resident's need on the cognitive preadmission screening form.

The Director of Nursing and / or Charge Nurses will be responsible to ensure preadmission screening forms are completed fully and checked monthly beginning November 2022.

Licensee's Proposed Overall Completion Date: 11/09/2022

Implemented (SW - 04/13/2023)