

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

March 9, 2023

[REDACTED]
DRESHER CARE GROUP LLC
[REDACTED]
[REDACTED]

RE: WOODLAND CREEK ALZHEIMER'S
SPECIAL CARE CENTER
1424 DRESHER TOWN ROAD
DRESHER, PA, 19025
LICENSE/COC#: 14605

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/12/2023 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: WOODLAND CREEK ALZHEIMER'S SPECIAL CARE CENTER License #: 14605 License Expiration: 04/27/2023
 Address: 1424 DRESHER TOWN ROAD, DRESHER, PA 19025
 County: MONTGOMERY Region: SOUTHEAST

Administrator

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

Legal Entity

Name: DRESHER CARE GROUP LLC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: - Total Daily Staff: NaN Waking Staff: NaN

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Incident Exit Conference Date: 01/12/2023

Inspection Dates and Department Representative

01/12/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 66 Residents Served: 46
 Secured Dementia Care Unit
 In Home: Yes Area: Entire home Capacity: 66 Residents Served: 46
 Hospice
 Current Residents: 4
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 46
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 46 Have Physical Disability: 0

Inspections / Reviews

01/12/2023 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/29/2023

01/31/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 03/08/2023
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/05/2023

Inspections / Reviews (*continued*)

02/01/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/08/2023

Reviewer: [REDACTED] [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 03/01/2023

03/01/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/08/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 03/08/2023

03/09/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/08/2023

Reviewer: [REDACTED] [REDACTED]

Follow-Up Type: Not Required

60a - Staff/Support Plan

1. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

Resident 1 is prescribed Lorazepam and Acetaminophen as needed. On the following dates there was not a Med Tech or Nurse in the home from 10PM to 6AM to administer PRN medications: 12/2/22, 12/9/22, 12/18/22, 1/1/23, 1/3/23, 1/5/23, 1/6/23, 1/9/23, 1/10/23, 1/11/23.

Plan of Correction**Accept** [REDACTED] - 01/31/2023)

1/12 schedule audited

1/12 HSD working with staff to ensure a med tech or nurse is scheduled overnight and on all shifts

1/12 and ongoing HSD is always on call. Schedule is monitored daily by HSD or designee to ensure there is always medication coverage

Licensee's Proposed Overall Completion Date: 01/28/2023

Update: 01/31/2023

Please indicate any in-service training that was/will be provided, including dates, person(s) trained, who provided training and topics covered.

Evidence of Completion**Implemented** [REDACTED] - 03/01/2023)

See attached.

63a - First Aid/CPR Training

2. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

From 10PM to 6AM on the following dates, there were residents present in the home but there were no staff members certified in first aid and certified in obstructed airway techniques and CPR: 12/1/22, 12/3/22, 12/7/22, 12/9/22, 12/12/22, 12/15/22, 12/16/22, 12/20/22, 12/26/22, 12/28/22, 1/4/23, 1/11/23

Plan of Correction**Accept** [REDACTED] - 01/31/2023)

1/12 audited all staff charts

1/12 and ongoing collected staff certifications

1/27 CPR certified person present on all shifts

2/5/23 CPR class scheduled to certify additional staff

2/5/23 HSD to put audit in order quarterly to manage current certifications and remain compliant

Licensee's Proposed Overall Completion Date: 01/28/2023

63a - First Aid/CPR Training (*continued*)**Evidence of Completion****Not Implemented** [REDACTED] - 03/01/2023)*See attached.***Update:** 03/01/2023*Please provide documents of completed audits, updated CPR certs, specific CPR Training documentation.***Evidence of Completion****Implemented** [REDACTED] - 03/09/2023)*See attached.*

141b1 - Annual Medical Evaluation

3. 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]/22. The resident's previous medical evaluation was completed on [REDACTED]/21.***Plan of Correction****Do Not Accept** [REDACTED] - 01/31/2023)*1/12 all charts audited and updated where needed**1/12 nursing staff educated on reg 141.b.1**2/1 HSD to create audit system to ensure DME is being completed according to regulation**2/1 and ongoing monthly audit to ensure compliance completed by HSD or designee***Licensee's Proposed Overall Completion Date:** 01/28/2023**Update:** 01/31/2023*Please indicate title of person who provided education to nursing staff on the regulation.***Plan of Correction****Accept** [REDACTED] 01/31/2023)*1/12 all charts audited and updated where needed**1/12 Health Services Director (HSD) educated nursing staff on reg 141.b.1**2/1 HSD to create audit system to ensure DME is being completed according to regulation**2/1 and ongoing monthly audit to ensure compliance completed by HSD or designee***Licensee's Proposed Overall Completion Date:** 01/31/2023**Evidence of Completion****Not Implemented** [REDACTED] - 03/01/2023)*See attached.***Update:** 03/01/2023*Please include documentation of completed monthly audits***Evidence of Completion****Implemented** [REDACTED] - 03/09/2023)*See attached.*

187d - Follow Prescriber's Orders

4. Requirements

2600.

187d - Follow Prescriber's Orders (continued)

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

Description of Violation

Resident 1 was prescribed Quetiapine Fumarate 25mg tab take ½ tablet (=12.5mg) by mouth in the morning for 3 days (in addition to 12.5 mg at 12 noon and 8PM for 3 days). This medication is listed as effective [REDACTED]/22 and ended [REDACTED]/22, however it was administered on [REDACTED]/22 and [REDACTED]/22.

Plan of Correction**Do Not Accept** [REDACTED] - 01/31/2023)

1/12 HSD confirmed resident was OK and there was no adverse reaction from administration
 1/12 HSD clarified order and confirmed a data entry error, medication in question was a new standing order
 1/12 nurses educated on 187.d and importance of following prescriber order by verifying MAR to paper order
 1/12 and ongoing nurse will review new orders daily for any discrepancy
 1/12 and ongoing HSD or designee will perform monthly cart audit for any discrepancies

Licensee's Proposed Overall Completion Date: 01/28/2023

Update: 01/31/2023

Please indicate title of person who provided education to nursing staff on the regulation.

Plan of Correction**Accept** [REDACTED] - 01/31/2023)

1/12 HSD confirmed resident was OK and there was no adverse reaction from administration
 1/12 HSD clarified order and confirmed a data entry error, medication in question was a new standing order
 1/12 Health Service Director (HSD) educated nursing staff on 187.d and importance of following prescriber order by verifying MAR to paper order
 1/12 and ongoing nurse will review new orders daily for any discrepancy
 1/12 and ongoing HSD or designee will perform monthly cart audit for any discrepancies

Licensee's Proposed Overall Completion Date: 01/31/2023

Evidence of Completion**Not Implemented** [REDACTED] - 03/01/2023)

See attached.

Update: 03/01/2023

Please provide documentation of completed audits.

Evidence of Completion**Implemented** [REDACTED] - 03/09/2023)

See attached.

252 - Record Content**5. Requirements**

2600.

252. Content of Resident Records - Each resident's record must include the following information:

Description of Violation

Resident 1's record does not include the incident reports dated [REDACTED]/22 and [REDACTED]/23

Resident 2's record does not include the incident report dated [REDACTED]/23.

Resident 3's record does not include the incident report dated [REDACTED]/22.

252 - Record Content (*continued*)**Plan of Correction****Do Not Accept** [REDACTED] - 01/31/2023)*1/12 audit completed, report added where missing**1/12 nursing staff educated on process and regulation 252**1/12 and ongoing ED or designee will ensure 2 copies of report printed and placed in resident chart and reports binder**Ongoing quarterly resident chart audits performed to ensure compliance with regulation 252***Licensee's Proposed Overall Completion Date:** 01/28/2023**Update:** 01/31/2023*Please indicate title of person who provided education to nursing staff on the regulation.**Please indicate the start date for planned quarterly resident chart audits.***Plan of Correction****Accept** [REDACTED] - 01/31/2023)*1/12 audit completed, report added where missing**1/12 Health Services Director (HSD) educated nursing staff on process and regulation 252**1/12 and ongoing ED or designee will ensure 2 copies of report printed and placed in resident chart and reports binder**4/30/23 and ongoing quarterly resident chart audits performed to ensure compliance with regulation 252***Licensee's Proposed Overall Completion Date:** 01/31/2023**Evidence of Completion****Implemented** [REDACTED] - 03/01/2023)*See attached.*