

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

March 28, 2023

[REDACTED]  
STATESMAN WOODS AID OPCO LLC  
2619 TRENTON ROAD  
LEVITTOWN, PA, 19056

RE: WOODBOURNE PLACE  
2619 TRENTON ROAD  
LEVITOWN, PA, 19056  
LICENSE/COC#: 13955

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/08/2023 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: *WOODBOURNE PLACE* License #: *13955* License Expiration: *07/11/2023*  
 Address: *2619 TRENTON ROAD, LEVITOWN, PA 19056*  
 County: *BUCKS* Region: *SOUTHEAST*

**Administrator**

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

**Legal Entity**

Name: *STATESMAN WOODS AID OPCO LLC*  
 Address: *2619 TRENTON ROAD, LEVITTOWN, PA, 19056*  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C 2 LP* Date: *05/06/1997* Issued By: *Township of Middletown*

**Staffing Hours**

Resident Support Staff: *88* Total Daily Staff: *137* Waking Staff: *103*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *02/08/2023*

**Inspection Dates and Department Representative**

*02/08/2023* On Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *48* Residents Served: *40*

**Secured Dementia Care Unit**  
 In Home: *No* Area: Capacity: Residents Served:

**Hospice**  
 Current Residents: *4*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *39*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *9* Have Physical Disability: *3*

**Inspections / Reviews**

**02/08/2023 - Full**  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/25/2023*

**02/27/2023 - POC Submission**  
 Submitted By: [REDACTED] Date Submitted: *03/27/2023*  
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *03/27/2023*

Inspections / Reviews *(continued)*

03/28/2023 - Document Submission

Submitted By [REDACTED]

Date Submitted: 03/27/2023

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] 22, for resident 1 was not signed by the resident.

## Plan of Correction

Accept [REDACTED] - 02/27/2023)

## Plan of Correction:

- On [REDACTED]/2023, The Executive Director (ED) presented Resident #1 with their residency contract. Upon receipt, Resident #1 signed their contract. (Exhibit A1- Copy of signed contract)
- On 02/15/2023, the Regional Executive Director (RED) educated the ED on the requirements set within regulation 2600.26b. (Exhibit A2- Signed in-service)
- On 02/15/2023, the ED audited current resident files to validate appropriate signatures were on their contracts. No additional contracts were identified with omitted signatures. (Exhibit A3- Audit Tool)
- Beginning 02/16/2023, The ED or designee will audit new resident contract signatures weekly x 4 weeks, then bi-weekly x 4 weeks, the monthly x 1 to validate sustained compliance. (Exhibit A4- Audit Tool)
- Results of these audits will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance.
- Completion date 02/15/2023.

Licensee's Proposed Overall Completion Date: 06/01/2023

Implemented [REDACTED] - 03/28/2023)

## 101j7 - Lighting/Operable Lamp

## 2. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

## Description of Violation

Resident 2 does not have access to a source of light that can be turned on/off at bedside.

## Plan of Correction

Accept [REDACTED] - 02/27/2023)

## Plan of Correction:

- On 02/08/2023, the Maintenance Director plugged Resident #2s bedside lamp into an electrical outlet and noted the lamp was in working order. (Exhibit B1- Picture of light fixture)
- On 02/09/2023, the ED in-serviced the Maintenance Director on the requirements stated within 2600.101.j. (Exhibit B2 – In-service)
- On 02/09/2023, the Maintenance Tech audited resident rooms to ensure an operable lamp/light source can be turned on at bedside. (Exhibit B3- Audit Tool)
- Beginning 02/15/2023, the Maintenance Director or designee will audit 5 resident rooms weekly x 4 weeks, then bi-weekly x 4 weeks, the monthly x 1 to validate sustained compliance with operable lamp at bedside. (Exhibit B4- Audit Tool)
- Results of these audits will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance.

101j7 - Lighting/Operable Lamp (continued)

- Completion date 02/9/2023

Licensee's Proposed Overall Completion Date: 06/01/2023

Implemented [redacted] - 03/28/2023)

103c - Food Protected

3. Requirements

2600.

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

Description of Violation

On 2/8/23 at 9:45 am there was an uncovered tub of butter pecan ice cream stored in the freezer.

Plan of Correction

Accept [redacted] - 02/27/2023)

Plan of Correction:

- On 02/08/2023, the Chef discarded the tub of pecan ice cream.
- On 02/09/2023, the ED in-serviced the Chef on the requirements stated within 2600.103.c. food shall be protected from contamination while being stored. (Exhibit C1 – In-service)
- On 2/09/2023, The Chef completed a comprehensive audit of the kitchen's refrigerators and freezers. No additional unprotected food was noted. (Exhibit C2- Audit Tool)
- Beginning 02/15/2023, the Chef or designee will audit the kitchens refrigerators and freezers to ensure food is protected from contamination while being stored weekly x4 weeks, then bi-weekly x 4 weeks, the monthly x 1 to alidate sustained compliance. (Exhibit C3- Audit Tool)
- Results of these audits will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance.
- Completion date 2/9/2023.

Licensee's Proposed Overall Completion Date: 06/01/2023

Implemented [redacted] 03/28/2023)

103e - Left Overs

4. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

On 2/8/23, there was an unlabeled, undated leftover pie in refrigerator #2.

Plan of Correction

Accept [redacted] 02/27/2023)

Plan of Correction:

- On 02/08/2023, the Chef discarded the undated leftover pie.
- On 02/09/2023, the ED in-serviced the Chef on the requirements stated within 2600.103.e. regarding labeling and dating leftover food. (Exhibit D1 – In-service)
- On 02/09/2023, the Chef completed a comprehensive audit of the kitchen's refrigerators and freezers. No additional unlabeled or undated food was noted. (Exhibit D2- Audit Tool)

103e - Left Overs (continued)

- Beginning 02/15/2023, the Chef or designee will audit the kitchens refrigerators and freezers for proper labeling and dating of leftovers weekly x 4 weeks, then bi-weekly x 4 weeks, the monthly x 1 to validate sustained compliance. (Exhibit D3- Audit Tool)
- Results of these audits will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance.
- Completion date 2/9/2023.

Licensee's Proposed Overall Completion Date: 06/08/2023

Implemented [REDACTED] 03/28/2023)

103g - Storing Food

5. Requirements

2600.  
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

On 2/8/23 a tub of butter pecan ice cream in the freezer was opened and unsealed.

Plan of Correction

Accept [REDACTED] - 02/27/2023)

Plan of Correction:

- On 02/08/2023, the Chef discarded the opened and unsealed tub of pecan ice cream into garbage.
- On 02/09/2023, the ED in-serviced the Chef on the requirements stated within 2600.103.g. (Exhibit E1 – In-service)
- On 02/09/2023, the Chef completed a comprehensive audit of the kitchens refrigerators and freezers. No additional unsealed food was noted. (Exhibit E2- Audit Tool)
- Beginning 02/15/2023, the Chef or designee will audit the kitchen's refrigerators and freezers for opened and unsealed containers weekly x 4 weeks, then bi-weekly x 4 weeks, the monthly x 1 to validate sustained compliance. (Exhibit E3- Audit Tool)
- Results of these audits will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance.
- Completion date 2/9/2023.

Licensee's Proposed Overall Completion Date: 06/01/2023

Implemented [REDACTED] 03/28/2023)

141a 1-10 Medical Evaluation Information

6. Requirements

2600.

141a 1-10 Medical Evaluation Information (continued)

- 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 dated [redacted]/22 did not include immunization history.

Plan of Correction

Accept [redacted] - 02/27/2023)

Plan of Correction:

- On 02/09/2023, the Care Services Manager (CSM), validated the accuracy and thoroughness of residents subsequent Documentation of Medical Evaluation (DME) dated, 04/20/22 & 07/05/2022, and ensured section #6, "Immunization History", was completed by the medical provider. (Exhibit F1- Updated DME)
- On 02/09/2023, the ED in-serviced the CSM on the requirements stated within 2600.141.a. (Exhibit F2- In-service)
- On 02/15/2023, the CSM audited current resident DMEs to ensure sections 1-10 on the evaluations were thoroughly completed. No additional missing information was noted. (Exhibit F3- Audit Tool)
- Beginning 02/15/2023, the CSM or designee will audit new DMEs for presence of immunization history weekly x 4 weeks, then bi-weekly x 4 weeks, the monthly x 1 to validate sustained compliance. (Exhibit F4- Audit Tool)
- Results of these audits will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance.
- Completion date 2/15/2023.

Licensee's Proposed Overall Completion Date: 06/08/2023

Implemented [redacted] - 03/28/2023)

183d - Prescription Current

7. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 2/8/23, [redacted] prescribed for resident 3, was in the home's medication cart; however, the medication was discontinued on 2/6/23.

Plan of Correction

Accept [redacted] 02/27/2023)

Plan of Correction:

- On 02/08/2023, the CSM removed Resident #3s previously prescribed [redacted] from the medication cart and disposed of the medication. (Exhibit G1- letter from pharmacy)

183d - Prescription Current (continued)

- On 02/09/2023, the ED in-serviced the CSM and Medication Technicians on the requirements stated within 2600.183.d., removing discontinued medications (Exhibit G2- In-service)
- On 02/15/2023, the CSM audited the homes medication carts to ensure only current prescriptions, OTC, sample, and CAM are kept in the home. (Exhibit G3- Audit Tool)
- Beginning 02/22/2023, the CSM or designee will audit 5 resident medication administration records to ensure only current medications are kept in the home weekly x 4 weeks, then bi-weekly x 4 weeks, the monthly x 1 to validate sustained compliance. (Exhibit G4- Audit Tool)
- Results of these audits will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance.
- Completion date 2/09/2023.

Licensee's Proposed Overall Completion Date: 06/08/2023

Implemented ( ) - 03/28/2023)

185a - Implement Storage Procedures

8. 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 /23 at pm, and were administered to resident 4. The controlled substance log was not updated to reflect the correct number of pills for each medication.

Plan of Correction

Accept ( ) - 02/27/2023)

Plan of Correction:

On 02/08/2023, the CSM updated the controlled substance log for Resident #4's and to reflect the correct number of pills on-hand for each medication. (Exhibit H1, H2-Copy of controlled substance logs)

On 02/08/2023, the ED in-serviced the CSM and Medication Technicians on the requirements stated within 2600.185.a. procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

(Exhibit H3 – In-service)

- On 02/09/2023, the ED, who is also a licensed nurse, audited the current residents-controlled substance logs. No additional discrepancies were identified. (Exhibit H4- Audit Tool)
- Beginning 02/20/2023 the ED or designee will audit controlled substance logs for each medication to ensure count accuracy weekly x 4 weeks, then bi-weekly x 4 weeks, the monthly x 1 to validate sustained compliance. (Exhibit H5- Audit Tool)
- Results of these audits will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance.
- Completion date 2/9/2023.

Licensee's Proposed Overall Completion Date: 06/01/2023

Implemented ( ) - 03/28/2023)

185a - Implement Storage Procedures (continued)

9. 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

Resident 4 is prescribed [redacted] and [redacted] as needed. On 2/8/23 these medications were not available in the home.

Repeat Violation: 1/28/22 et al.

Plan of Correction

Accept [redacted] - 02/27/2023)

Plan of Correction:

- On 02/08/2023, the CSM ordered Resident #4's prescribed [redacted] and [redacted] from the pharmacy. On 02/08/2023, these medications were received by the CSM from the pharmacy. (Exhibit I1-Copy of pharmacy reorder sheet)
- On 02/09/2023, the ED in-serviced the CSM and Medication Technicians on the requirements stated within 2600.185.a. implementation of procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons. (Exhibit I2 – In-service)
- On 02/09/2023, the CSM audited current resident medication orders to ensure prescribed medications were available within the medication carts. No additional unavailable medications were noted. (Exhibit I3- Audit Tool)
- Beginning 02/20/2023, the CSM or designee will audit 5 resident medications to ensure all medications are available in the medication cart weekly x 4 weeks, then bi-weekly x 4 weeks, the monthly x 1 to validate sustained compliance. (Exhibit I4- Audit Tool)
- Results of these audits will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance.
- Completion date 2/9/2023.

Licensee's Proposed Overall Completion Date: 06/08/2023

Implemented [redacted] 03/28/2023)

227d - Support Plan Medical/Dental

10. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for resident 1, dated [redacted]/22, indicates the resident has a need for [redacted], [redacted] and [redacted]. The resident's support plan, dated [redacted]/22 does not document how this need will be met.

The assessment for resident 1, dated [redacted]/22, indicates the resident has a need for [redacted] and [redacted]. The resident's support plan, dated [redacted]/22 does not document how this need will be met.

## 227d - Support Plan Medical/Dental (continued)

**Plan of Correction****Accept (MS 02/27/2023)***Plan of Correction:*

- On 02/08/2023, the CSM updated Resident #1's Resident Assessment and Support Plan (RASP) to include how the residents needs pertaining to [REDACTED], [REDACTED], and [REDACTED] will be met. (Exhibit J1, J2-Copy of support plans)
- On 02/09/2023, the ED in-serviced the CSM on the requirements stated within 2600.227.d. the home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. Exhibit J3 – In-service)
- On 02/09/2023, the CSM audited current resident RASPs to ensure documentation is present and reflects how residents' needs will be met on RASPs. RASPs identified with omitted information were updated accordingly by the CSM. (Exhibit J4- Audit Tool)
- Beginning 02/20/2023, the CSM or designee will audit new RASPs for documentation of residents needs weekly x 4 weeks, then bi-weekly x 4 weeks, the monthly x 1 to validate sustained compliance. (Exhibit J5- Audit Tool)
- Results of these audits will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance.
- Completion date 2/9/2023.

**Licensee's Proposed Overall Completion Date: 06/01/2023****Implemented ( [REDACTED] - 03/28/2023)**