

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

July 6, 2023

[REDACTED], DIRECTOR OF HEALTH SERVICES  
FOULKEWAYS AT GWYNEDD  
1120 MEETING HOUSE ROAD  
GWYNEDD, PA, 19436

RE: FOULKEWAYS AT GWYNEDD  
1120 MEETING HOUSE ROAD  
GWYNEDD, PA, 19436  
LICENSE/COC#: 12774

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/19/2023, 04/20/2023 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:** FOULKEWAYS AT GWYNEDD      **License #:** 12774      **License Expiration:** 08/27/2023  
**Address:** 1120 MEETING HOUSE ROAD, GWYNEDD, PA 19436  
**County:** MONTGOMERY      **Region:** SOUTHEAST

**Administrator**

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

**Legal Entity**

**Name:** FOULKEWAYS AT GWYNEDD  
**Address:** 1120 MEETING HOUSE ROAD, GWYNEDD, PA, 19436  
**Phone:** [REDACTED]      **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** C-2 LP      **Date:** 06/14/2004      **Issued By:** L & I

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 77      **Waking Staff:** 58

**Inspection Information**

**Type:** Full      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Renewal      **Exit Conference Date:** 04/20/2023

**Inspection Dates and Department Representative**

04/19/2023 - On-Site: [REDACTED]  
04/20/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information			
<b>License Capacity:</b> 112	<b>Residents Served:</b> 75		
Secured Dementia Care Unit			
<b>In Home:</b> No	<b>Area:</b>	<b>Capacity:</b>	<b>Residents Served:</b>
Hospice			
<b>Current Residents:</b> 0			
Number of Residents Who:			
<b>Receive Supplemental Security Income:</b> 0	<b>Are 60 Years of Age or Older:</b> 75		
<b>Diagnosed with Mental Illness:</b> 1	<b>Diagnosed with Intellectual Disability:</b> 0		
<b>Have Mobility Need:</b> 2	<b>Have Physical Disability:</b> 4		

**Inspections / Reviews**

04/19/2023 Full  
**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 05/11/2023

05/11/2023 - POC Submission  
**Submitted By:** [REDACTED]      **Date Submitted:** 07/03/2023  
**Reviewer:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 05/16/2023

Inspections / Reviews (*continued*)

05/22/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/03/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/16/2023

07/06/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/03/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

## 127a - Portable Space Heaters

## 1. Requirements

2600.

127.a. Portable space heaters are prohibited.

## Description of Violation

On 4/19/23 at 10:30 A.M. a portable space heater was in the conference room located next to the director of health services office.

## Plan of Correction

Directed (████ - 05/22/2023)

We respectfully dispute this violation, as we did during the exit conference, due to the description of 127a 2600.127(a) - "Portable space heaters are prohibited.

Discussion: Portable space heaters are extremely dangerous, and have resulted in many fires. All types of portable space heaters are prohibited. A portable space heater means any type of heater that is not hard-wired with permanent connectors and not permanently installed. Any type of heater that is designed by the manufacturer to be moved from place to place is considered portable and is prohibited.

Portable space and kerosene heaters are prohibited throughout the entire home, including all areas of the building such as staff areas, offices, conference rooms, laundry rooms and staff/operator private dwelling areas. If the home is located in a public building such as an apartment building, this requirement applies only to the areas of the building used by the residents.

If a Packaged Terminal Air Conditioner (PTAC) is designed to be plugged into a normal outlet, and is installed in accordance with the manufacturer's instructions, then the PTAC unit does not need to be hardwired. (Q/A October 2015-2600.127(a)) Inspection Procedures: Inspectors will examine the physical site and interview staff and residents to determine if portable heaters are used.

Primary Benefit: Portable space heaters are a frequent cause of fire and cause burns to residents who come into contact with them. Residents are protected from fire and injury by this prohibition.

The space heater was in the separately licensed nursing facility building in the conference room. The space heater was not in the Personal care facility. Even if it were in the Personal Care facility, if in a public building it is permitted "this requirement applies only to the areas of the building used by the residents". The nursing home conference room is not used by Personal Care Residents. The space heater has been removed from the conference room as of 5/11/2023 by Mary Knapp, Director of Health Services.

**Directed Plan of Correction 5/22/23 CM:**

Immediately, the administrator or designee shall inspect the room monthly to ensure that no portable or space heaters are present in the building to include the conference room.

Directed Completion Date: 05/11/2023

Implemented (████ - 07/06/2023)

## 132d - Evacuation

## 2. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

132d Evacuation (continued)

Description of Violation

The home has a safe evacuation time of 12 minutes determined by the fire inspector [REDACTED] on 9/27/22. The home exceeded this safe evacuation time on 1/26/22 during their monthly fire drill. The drill was completed in 14 minutes.

Plan of Correction

Directed [REDACTED] - 05/22/2023)

[REDACTED], Director of Health Services, reviewed our fire drill policies and procedures with Senior Staff who are responsible for scheduling, timing and rescheduling the fire drills on 4/25/2023 and educated them on that date on procedure for evacuation. If for some reason we exceed the safe evacuation time identified by the Fire Safety Expert we will repeat the fire drill that month to insure we met the safe evacuation time. Staff have been educated on this procedure. Our fire drill held in April met the safe evacuation time identified by the Fire Safety Expert. The Personal Care Manager will be responsible for insuring ongoing compliance. Each Monthly fire drill will meet safe evacuation time line beginning April 2023.

**Directed Plan of Correction 5/22/23 CM:**

By 5/27/23, all staff shall be re educated on evacuation and responding to the incident commander in a timely manner.

Ongoing: if a safe evacuation time during a fire drill is exceeded, the home will repeat the drill and determine the cause of the extended time and remediate as necessary.

Directed Completion Date: 05/11/2023

Implemented [REDACTED] - 07/06/2023)

141b1 - Annual Medical Evaluation

3. Requirements

2600.  
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #1's most recent medical evaluation was completed on [REDACTED]. The resident's previous medical evaluation was completed on [REDACTED]

Plan of Correction

Accept ([REDACTED]) - 05/17/2023)

We have performed an audit of annual medical evaluations and established a system to insure compliance with the annual reviews. The initial audit was performed on 4/21/2023 by the Personal Care Manager. Starting on 6/1/2023 the Personal Care Manager will perform monthly chart audits to insure the required documents are completed and in the resident's chart. This will be ongoing to insure compliance. The Personal Care Manager will be responsible for insuring ongoing compliance.

Licensee's Proposed Overall Completion Date: 05/11/2023

Implemented ([REDACTED]) - 07/06/2023)

224a - Preadmission Screen Form

4. Requirements

224a - Preadmission Screen Form (*continued*)

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 #2 was admitted to the home on [REDACTED]; however, the resident's preadmission screening form does not indicate the date of completion.

Resident #3 was admitted to the home on [REDACTED]; however, the resident's preadmission screening form does not indicated the date of completion.

**Plan of Correction****Directed ( [REDACTED] - 05/22/2023)**

An audit was performed of these two preadmission screens and related documentation performed at the same time as the pre admission screens. We were able to confirm the dates when the screens were performed. The screens have been corrected with late entry notes. The Personal Care Manager will be responsible for insuring ongoing compliance. The initial audit was performed on 4/21/2023. The Pre admission screens for residents #2 and #3 were dated and initialed by the Personal Care Manager who completed them. Starting 6/1/2023 the Personal Care Manager will insure all areas of the documents is complete prior to placing it on the resident's chart. This process will be ongoing to insure compliance.

**Directed Plan of Correction 5/22/23 [REDACTED]:**

Beginning 5/23/23, and monthly thereafter, the PCHA shall conduct an audit of the resident's charts to ensure required documents are completed. An audit document has been completed for monthly compliance.

Directed Completion Date: 05/11/2023

**Implemented ( [REDACTED] - 07/06/2023)**