

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

September 22, 2023

[REDACTED]
LCS DOYLESTOWN LLC
[REDACTED]
[REDACTED]

RE: THE SOLANA DOYLESTOWN
1621 EASTON ROAD
WARRINGTON, PA, 18976
LICENSE/COC#: 14531

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/31/2023 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: *THE SOLANA DOYLESTOWN* License #: *14531* License Expiration: *09/11/2023*
 Address: *1621 EASTON ROAD, WARRINGTON, PA 18976*
 County: *BUCKS* Region: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *LCS DOYLESTOWN LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: Total Daily Staff: *90* Waking Staff: *68*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Monitoring* Exit Conference Date: *05/31/2023*

Inspection Dates and Department Representative

05/31/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *129* Residents Served: *69*

Secured Dementia Care Unit

In Home: *Yes* Area: *Memory Care* Capacity: *34* Residents Served: *17*

Hospice

Current Residents: *xx*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *69*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *21* Have Physical Disability: *1*

Inspections / Reviews

05/31/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/23/2023*

06/29/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: *08/04/2023*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/04/2023*

Inspections / Reviews *(continued)*

07/06/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/04/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 08/04/2023

09/22/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/04/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

91 - Telephone Numbers

1. 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 resident room #222 and #302.

Plan of Correction

Accept [REDACTED] - 07/06/2023)

See attached. 302 phone was replaced, new tag added to both 302 and 222 immediately by [REDACTED], Plant Operations Director. [REDACTED] to continue to do monthly audits to make sure none have been removed. all new residents with landlines get the contact numbers within first week of move in. Audits to start immediately and continue monthly indefinitely.

Licensee's Proposed Overall Completion Date: 07/04/2023

Implemented [REDACTED] - 09/22/2023)

141b1 - Annual Medical Evaluation

2. Requirements

2600.

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

Description of Violation

Resident #1's initial medical evaluation was completed on [REDACTED]/2021. The resident has not had a medical evaluation since then.

Plan of Correction

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

[REDACTED], Director of Health Care Services, changed resident number 1 primary doctor in order to get a completed DME. Previous doctor did not complete.

All other DME's were reviewed by 6/29/2023 by Director of Nursing, [REDACTED].

Plan to prevent reoccurrence is a reminder set up in our clinical system to pop up the month each DME is due. Audits will begin immediately, by [REDACTED] and LPN team, every month in addition to the reminders in clinical system. [REDACTED] will have a audit binder to review for compliance. To continue indefinitely.

Licensee's Proposed Overall Completion Date: 07/04/2023

Implemented [REDACTED] - 09/22/2023)

183d - Prescription Current

3. 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 [REDACTED]/2023, a pill bottle of Tramadol 50 mg with a count of 8 prescribed for resident #2 was in the home's 2nd floor medication cart; however, the medication expired [REDACTED]/2023.

183d - Prescription Current (*continued*)**Plan of Correction****Accept (CM - 07/06/2023)**

Expired medication was immediately removed by [REDACTED], Director of Healthcare Services. [REDACTED] care coming in quarterly to do medication audits. [REDACTED] to continue to do weekly cart audits indefinitely to check for expired medications and to dispose of. [REDACTED] audit was last completed 6/19/2023 will be completed quarterly indefinitely.

Licensee's Proposed Overall Completion Date: 07/04/2023

Implemented ([REDACTED] - 09/22/2023)

185a - Implement Storage Procedures

4. 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 #3 is prescribed accucheck twice a day. The numbers on the resident's glucometer and the log do not match on [REDACTED] at [REDACTED] PM (128 vs. 124), on [REDACTED] at [REDACTED] PM (116 vs. 114), on [REDACTED] at [REDACTED] PM (no reading vs. 130), and on [REDACTED] at [REDACTED] PM (164 vs. 120).

Plan of Correction**Accept [REDACTED] - 07/06/2023)**

[REDACTED], Director of Healthcare Services, spoke with the current medication tech on that shift about the importance of correct reporting 6/1/2023. Training was provided by [REDACTED], DOHS. Monthly audits to begin June 2023 by Director of Nursing, [REDACTED] and continue indefinitely.

Licensee's Proposed Overall Completion Date: 07/04/2023

Implemented [REDACTED] - 09/22/2023)

187b - Date/Time of Medication Admin.

5. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

The staff who administered the medications for the following residents on [REDACTED] 2023 during the day shift did not enter the initials on their May medication administration records (MAR):

- Resident #2's morning meds including Amlodipine 2.5 mg, Aspirin 81 mg, Losartan 50 mg, Meloxicam 1.5 mg, and Myrbetriq 25 mg
- Resident #4's morning and noon meds including Omeprazole 20 mg, Cranberry 400 mg, and insulin
- Resident #5's morning meds including Jardiance 10 mg, Loratadine 10 mg, Lorazepam 0.5 mg, Metoprolol 25 mg, and Morphine Sulfate 15 mg

Resident #5 is prescribed Oxycodone 5 mg every 6 hours as needed. The resident's May MAR does not include the initials of the staff person who administered it at [REDACTED] AM on 05/29/2023.

187b - Date/Time of Medication Admin. (continued)

Plan of Correction

Accept ([redacted] - 07/06/2023)

The agency staff member that worked on [redacted]/23 was placed on a "do not return" list by the Director of Health Services, [redacted], LPN.

The employee that worked on [redacted] 23 was provided an in-service on the 5 Rights of Medication Administration by the Director of Health Services, [redacted], LPN.

[redacted], DOHS, completed in-services regarding the 5 Rights of Medication Administration to all medication technicians by [redacted]

The medication carts and the narcotic sheets will be audited monthly, effective June 2023 by [redacted] and will continue indefinitely, DOHS. Quarterly in-services will be completed for all medication technicians by [redacted], DOHS and will continue indefinitely.

Licensee's Proposed Overall Completion Date: 07/04/2023

Implemented [redacted] - 09/22/2023)

231c - Preadmission Screening

6. 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

Resident #6 was admitted to the Secured Dementia Care Unit (SDCU) on [redacted] 2023. However, the resident's written cognitive preadmission screening was completed on [redacted]/2023.

Plan of Correction

Accept ([redacted] - 07/06/2023)

State Surveyor, [redacted], reviewed regulation with Director of Health Care Services, [redacted], on 5/31/2023.

Resident #6's cognitive preadmission screening was completed upon financial possession date instead of the physical move in date. [redacted] Director of Healthcare Services, is aware that going forward, the preadmission screening must be done 72 hours prior to physical admission date.

[redacted] DOHS, utilizes a checklist immediately for each admission to ensure that all documentation is completed timely. If an admission is delayed, [redacted], DOHS, will confirm new move-in date with the Marketing and Sales Director, [redacted], to ensure that a new preadmission screening is completed within 72 hours of physical move-in. To continue indefinitely.

Licensee's Proposed Overall Completion Date: 07/04/2023

Implemented [redacted] - 09/22/2023)

234a - Admission Support Plan

7. Requirements

234a - Admission Support Plan (continued)

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident’s admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident #6 was admitted to the Secured Dementia Care Unit (SDCU) on [REDACTED] 2023. However, the resident’s initial support plan has not been completed yet.

Plan of Correction

Accept [REDACTED] - 07/06/2023)

[REDACTED] Director of Health Services, completed resident number #6’s support plan. (Please see attached).
Updated 6/28/2023

[REDACTED], DOHS, to ensure that audits are completed for all new admissions within 72 hours of move in to confirm that all required documentation is in place. [REDACTED] to start effective immediately and remain completing within 72 hours of admission indefinitely.

Licensee’s Proposed Overall Completion Date: 07/04/2023

Implemented [REDACTED] - 09/22/2023)