

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

October 2, 2023

[REDACTED]
WYNCOTE AID II OPCO LLC
[REDACTED]
[REDACTED]

RE: WYNCOTE PLACE
240 BARKER ROAD
WYNCOTE, PA, 19095
LICENSE/COC#: 14254

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/01/2023 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: WYNCOTE PLACE License #: 14254 License Expiration: 04/05/2024
Address: 240 BARKER ROAD, WYNCOTE, PA 19095
County: MONTGOMERY Region: SOUTHEAST

Administrator

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

Legal Entity

Name: WYNCOTE AID II OPCO LLC
Address: [Redacted]
Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Type: C-2 LP Date: 07/02/1997 Issued By: Labor & Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 74 Waking Staff: 56

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 08/01/2023

Inspection Dates and Department Representative

08/01/2023 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity: 60	Residents Served: 37		
Secured Dementia Care Unit			
In Home: Yes	Area: Entire Community	Capacity: 60	Residents Served: 37
Hospice			
Current Residents: 6			
Number of Residents Who:			
Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 37		
Diagnosed with Mental Illness: 0	Diagnosed with Intellectual Disability: 0		
Have Mobility Need: 37	Have Physical Disability: 1		

Inspections / Reviews

08/01/2023 - Full
Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 08/24/2023

08/29/2023 - POC Submission
Submitted By: [Redacted] Date Submitted: 10/02/2023
Reviewer: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 09/03/2023

Inspections / Reviews *(continued)*

09/05/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/02/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 09/30/2023

10/02/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/02/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

42s - Privacy

1. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On 8-1-23, at 3:36pm it was observed, the lock to bathroom on the 1st floor is not in good repair and not locking.

Plan of Correction

Accept (█ - 09/05/2023)

Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or that this statement of deficiencies was correctly cited and is also NOT to be construed as an admission against any interest by the residence, any employees, agents or other individuals who drafted or may be discussed in the response to the Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.

Plan of Correction:

On 8/7/2023 a new doorknob was installed on the door to the first-floor bathroom as per state regulation 2600.42s (refer to Exhibit A)

On 8/30 2023 The Executive Director educated the staff on the resident's right to privacy and the need to advise maintenance manager of broken or malfunctioning door locks. (Exhibit A-1)

Beginning on 9/4/2023 the Maintenance manager, or designee, will audit all locking doorknobs within the community daily x 2 weeks, bi-weekly x 2 weeks and monthly x 1 to validate and monitor sustained compliance (Exhibit A-2/audit tool)

Results of the audit will be discussed at the monthly QI meeting. The QI committee will determine if continued auditing is necessary based on the audit tool.

Licensee's Proposed Overall Completion Date: 09/04/2023

Implemented (█ - 10/02/2023)

85a - Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 8-1-23 at 3:15pm, the following rooms had a strong malodorous smell of incontinence concerns : room # 124 and room # 205.

Plan of Correction

Accept (█ - 08/28/2023)

On 8/2/2023 housekeeping detail cleaned resident rooms 124 and 205.

85a - Sanitary Conditions (continued)

On 8/2 2023 The Director of Wellness Services (DWS) and the Assistant Director of Wellness Services (ADWS) educated the care aide staff on the importance of checking resident rooms to ensure incontinence products are not hidden in resident drawers or closets (Exhibit B)

On 8/2/2023 The DWS and ADWS educated care aide staff to immediately remove soiled incontinence products when assisting residents with incontinence care. (Exhibit B)

Beginning on 8/21/2023 the DWS or [REDACTED] designee will audit rooms 124 and 205 daily x 2 weeks and daily bi-weekly x 2 weeks to validate and monitor sustained compliance (Exhibit C/ audit tool).

Results of the audit will be discussed at the monthly QI meeting. The QI Committee will determine if continued auditing is necessary based on the compliance with the audit.

Licensee's Proposed Overall Completion Date: 08/21/2023

Implemented ([REDACTED] - 10/02/2023)

88a - Surfaces**3. Requirements**

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

The following surfaces were of concern:

The ceiling tiles in the medication room located on the 1st floor of the home was not in good repair.

The lock to the bathroom located on the 1st floor dining room was not in good repair, failing to lock.

Plan of Correction

Accept ([REDACTED] - 09/05/2023)

On 8/2/2023 the ceiling tiles in the medication room on the first floor were replaced (Exhibit D).

On 8/7/2023 a new doorknob was installed on the bathroom door in the first-floor dining room as per state requirement 2600.88(a) (Exhibit A)

On 8/30/2023 the ED educated the staff on requirement 2600.88 (a); floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards. Staff will advise housekeeping &/or maintenance of broken or malfunctioning doorknobs /locks or broken or dirty ceiling tiles that need to be replaced. (Exhibit C-1)

Beginning on 9/4/23 the maintenance manager, or [REDACTED] designee, will audit all locking doorknobs within the community daily x 2 weeks, bi-weekly x 2 weeks and monthly x 1 to validate and monitor sustained compliance (Exhibit A -2/audit tool)

Beginning 9/4/23 the maintenance manager, or [REDACTED] designee, will audit all rooms with ceiling tiles x 2 weeks, bi-weekly x 2 weeks and monthly x 1 month to ensure tiles are clean and in good repair to validate and monitor sustained compliance (Exhibit C-2/audit tool)

88a - Surfaces (continued)

Results of the audit will be discussed at the monthly QI committee meeting. The QI committee will determine if continued auditing is necessary based on the compliance audit tool.

Licensee's Proposed Overall Completion Date: 09/04/2023

Implemented [REDACTED] - 10/02/2023)

95 - Furniture and Equipment**4. Requirements**

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation**Plan of Correction**

Accept [REDACTED] - 09/05/2023)

On 8/7/2023 a new doorknob with a lock was installed on the door to the first-floor bathroom as per state requirement 2600.95. (Exhibit A)

On 8/30/2023 the ED educated the staff on Requirement 2600.5 that furniture and equipment must be in good repair and free from hazards and their responsibility to advise maintenance of broken or malfunctioning equipment within the community (Exhibit D).

Beginning 9/4/23 the maintenance manager, or [REDACTED] designee will audit all locking doorknobs within the community daily x 2 weeks, bi-weekly x 2 weeks and monthly x 1 to ensure equipment is in good repair, clean and free from hazards and to validate and monitor sustained compliance with reg. 2600.95 (exhibit D-1 audit tool).

Results of the audit will be discussed at the monthly QI meeting. The committee will determine if continued auditing is necessary based on the compliance of the audit tool.

Licensee's Proposed Overall Completion Date: 09/04/2023

Implemented [REDACTED] 10/02/2023)

101j7 - Lighting/Operable Lamp**5. 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

Room #124 does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept [REDACTED] - 09/05/2023)

On 8/1/2023 The resident's lamp was returned to [REDACTED] bedroom by the maintenance tech. (Exhibit E)

On 8/2/2023 The Director of Wellness Services and the Assistant Director of Wellness Services educated the staff on the required furnishings in a resident's rooms as per the state requirement 2600.101 (j). (Exhibit F)

Beginning on 8/21/2023 The DCS of [REDACTED] designee will audit 5 resident rooms to ensure an operational light source

101j7 - Lighting/Operable Lamp (continued)

is in each room as per state requirement 2600.202.(j). This audit will occur daily x 2 weeks and daily bi weekly x 2 weeks to ensure sustained compliance. (Exhibit G/audit tool).

Results of the audit will be discussed at the monthly QI meeting. The QI committee will determine if continued auditing is necessary based on the compliance with the audit.

Licensee's Proposed Overall Completion Date: 08/30/2023

Implemented () - 10/02/2023)

101r - Bedroom - shades/drapes/window covering

6. Requirements

2600.

101.r. There must be drapes, shades, curtains, blinds or shutters on the bedroom windows. Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

Description of Violation

The window in bedroom #124 the blinds were not in good repair.

Plan of Correction

Accept () - 09/05/2023)

On 8/2 2023 new window blinds were installed on the widow in room 124. (Exhibit G)

On 8/30/2023 The Executive Director educated the staff on reg. 2600.101 (r) stating all window coverings in a resident's room must be clean, in good repair, provide privacy and cover the entire window when drawn. (Exhibit H)

Beginning on 9/4/2023 the maintenance manager, or () designee, will audit 5 resident's rooms daily x 2 weeks, bi-weekly x2 weeks and monthly x 1 month to ensure all window coverings are in clean, in good repair, provide privacy and cover the entire window when drawn. (Exhibit I /audit tool.)

Results of the audit will be discussed at the monthly QI meeting. The Qi committee will determine if continued auditing is necessary based on the compliance of the audit.

Licensee's Proposed Overall Completion Date: 09/04/2023

Implemented () - 10/02/2023)