

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

August 2, 2023

[REDACTED], ADMINISTRATOR
SPIRIT OF GHEEL
[REDACTED]

RE: BUTTONWOOD FARM
14 BUTTONWOOD LANE,P.O.BOX
610
KIMBERTON, PA, 19442
LICENSE/COC#: 10790

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/13/2023 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: *BUTTONWOOD FARM* License #: *10790* License Expiration: *01/15/2024*
 Address: *14 BUTTONWOOD LANE,P.O.BOX 610, KIMBERTON, PA 19442*
 County: *CHESTER* Region: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *SPIRIT OF GHEEL*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *Other* Date: *03/24/2000* Issued By: *CWOPA L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *6* Waking Staff: *5*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *07/13/2023*

Inspection Dates and Department Representative

07/13/2023 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *7* Residents Served: *6*
 Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:
 Hospice
 Current Residents: *0*
 Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *3*
 Diagnosed with Mental Illness: *6* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

07/13/2023 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/29/2023*

07/24/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *08/02/2023*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/29/2023*

Inspections / Reviews *(continued)*

07/25/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/02/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 07/28/2023

08/02/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/02/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

185a - Implement Storage Procedures**1. 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 [REDACTED], resident 1's glucometer had a reading of [REDACTED] however the medication administration record was documented as [REDACTED]

On [REDACTED], resident 1's glucometer read [REDACTED].

Plan of Correction**Accept** [REDACTED] - 07/25/2023)

Staff have been reeducated by the Director of Operations on 7/14/2023 regarding double checking for the exact glucose reading and documenting with complete accuracy. The staff are also reeducated on checking the date is correct in diabetic equipment. the house mgr will check the glucometers weekly to ensure the equipment is properly calibrated starting on 7/14/2023.

Licensee's Proposed Overall Completion Date: 07/24/2023

Implemented [REDACTED] - 08/02/2023)