

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

December 18, 2023

[REDACTED], EXECUTIVE DIRECTOR
HUMANGOOD PENNSYLVANIA
[REDACTED]

RE: RYDAL PARK PERSONAL CARE
1515 THE FAIRWAY
RYDAL, PA, 19046
LICENSE/COC#: 13812

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/11/2023 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: RYDAL PARK PERSONAL CARE License #: 13812 License Expiration: 02/19/2024
 Address: 1515 THE FAIRWAY, RYDAL, PA 19046
 County: MONTGOMERY Region: SOUTHEAST

Administrator

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

Legal Entity

Name: HUMANGOOD PENNSYLVANIA
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C 2 LP Date: 09/11/2012 Issued By: Abington Township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 73 Waking Staff: 55

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident Exit Conference Date: 10/11/2023

Inspection Dates and Department Representative

10/11/2023 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 72 Residents Served: 48
 Secured Dementia Care Unit
 In Home: Yes Area: Memory Care 4th Floor Capacity: 25 Residents Served: 20
 Hospice
 Current Residents: NM
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 48
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 25 Have Physical Disability: 0

Inspections / Reviews

10/11/2023 - Partial
 Lead Inspector: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 11/13/2023

Inspections / Reviews (*continued*)

11/15/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/18/2023

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 11/20/2023

12/01/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/18/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/15/2023

12/18/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/18/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

42b Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [REDACTED], staff person A, began assisting residents in the home to the afternoon group. Staff person A, pushed one resident in a wheelchair and two other resident's, one to include resident #1 were following and directed with verbal prompts to proceed to the activity area. Staff person A saw resident #1 walk toward the open elevator door. Staff person a later stated she/he did not think the resident would enter the elevator and if they did, someone would discourage it Staff person did not notify other staff or call the concierge at the front to ensure resident #1 had not entered the elevator or exited the building. However, staff person A, continued to facilitate the scheduled activity for the residents.

Resident #1 left the secured unit and walked 0.7 miles away. The home is located near a busy parking lot and high traffic areas that support multi shopping centers. The home's were unaware and of the resident's whereabouts until they were notified by the Police Department. A citizen took the resident to the Abington Department because the resident appeared confused and unable to provide information. The police were able to look up the resident in their data system.

The resident was last seen in the home at 1:40pm. The resident was returned by Officer Roberts at 3:15pm. Resident #1 was unaccounted for 1.35 minutes, during which the resident was at risk.

Plan of Correction

Accept [REDACTED] - 12/01/2023)

Preparation and execution of this Response and Plan of Correction does not constitute an admission or agreement by HumanGood/Rydal Park Personal Care Facility of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies and Plan of Correction. The Plan of Correction is being prepared and/or executed solely because it is required by State and Federal Law. For the purposes of any allegation that the facility is not in substantial compliance with Federal requirements of participation, the Response and Plan of Correction constitutes the facility's allegation of compliance in accordance with section 2600.3 (c) of the Regulatory Compliance Guide.

Resident 1 was assessed immediately upon return by the nurse and a nurse practitioner. No injury noted. A wander guard was placed on the resident. Nurse practitioner follow-up with lab work which was all unremarkable. Support plan was updated on [REDACTED] by the Administrator of Personal Care and care meeting held with the family. The elopement assessment was completed on 9/29/2023.

Other residents in the home will be reviewed and assessed for elopement risk by [REDACTED].

Staff participates in elopement drills annually and as needed. An elopement drill will be completed by 12/8/2023. The drill will include direct care staff and ancillary staff from the community. The elopement drill will be directed by the Personal Care Administrator.

Licensee's Proposed Overall Completion Date: 12/08/2023

Implemented [REDACTED] - 12/18/2023)

65d Initial Direct Care Training

2. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

1. Training that includes a demonstration of job duties, followed by supervised practice.

Description of Violation

Direct care staff person A, hired on [REDACTED], began providing unsupervised ADL services on [REDACTED]. However, the staff person did not complete training that included a demonstration of job duties, followed by supervised practice.

Plan of Correction**Accept** [REDACTED] - 12/01/2023)

Staff Person A works in the recreation department. Staff person A along with other recreation staff are completing the direct care workers training and will be completed by [REDACTED].

Going forward recreation team members will complete the director care worker training. This will be audited by the Recreation Director quarterly beginning in January 2024 and reported to QA.

Proposed Overall Completion Date: 12/08/2023

Licensee's Proposed Overall Completion Date: 12/08/2023

Implemented [REDACTED] - 12/18/2023)