



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]
Sent via e-mail [REDACTED]
October 12, 2023

[REDACTED]
Dresher Care Group, LLC
[REDACTED]
[REDACTED]

RE: Woodland Creek Alzheimer's Special Care Center
1424 Dreshertown Road
Dresher, Pennsylvania 19025
License #: 14605

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing (Department) review on August 3, 2023 of the above facility, we have determined that your submitted plan of correction for the April 3, 2023 inspection is not fully implemented. Correction of these violations in accordance with the specified plan of correction is required. Continued compliance must be maintained.

Sincerely,

[REDACTED]
[REDACTED]
[REDACTED]

Enclosure
Licensing Inspection Summary

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

Facility Information

Name: *WOODLAND CREEK ALZHEIMER'S SPECIAL CARE CENTER* License #: *14605* License Expiration: *04/27/2024*
Address: *1424 DRESHERTOWN ROAD, DRESHER, PA 19025*
County: *MONTGOMERY* Region: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *DRESHER CARE GROUP LLC*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *12/19/2019* Issued By: *Township of Upper Dublin*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *94* Waking Staff: *71*

Inspection Information

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

Inspection Dates and Department Representative

04/03/2023 - On-Site: [REDACTED]
04/04/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *66* Residents Served: *47*

Secured Dementia Care Unit

In Home: *Yes* Area: *Woodland Creek* Capacity: *66* Residents Served: *47*

Hospice

Current Residents: *7*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *47*
Diagnosed with Mental Illness: *47* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *47* Have Physical Disability: *7*

Inspections / Reviews

04/03/2023 - Full

Lead Inspector: [REDACTED] [REDACTED] Up Type: *POC Submission* Follow-Up Date: *04/28/2023*

05/10/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: *04/28/2023*
Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/15/2023*

08/03/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: *05/15/2023*
Reviewer: [REDACTED] Follow-Up Type: *Enforcement*

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On March 9, 2023, at 2:50 p.m., staff person A received a complaint of abuse from a [REDACTED] member of resident 1. However, this allegation of abuse was not reported immediately in accordance with the Older Adult Protective Services Act.

Plan of Correction

Accept [REDACTED] - 05/17/2023)

employee terminated as of [REDACTED]/23

ED assigned mandatory training in Relias(online) for community due 4/30/23

ED re-educated staff on abuse and reporting on 4/13/23

Ongoing ED or designee to ensure mandated reporting and abuse covered during onboarding

Licensee's Proposed Overall Completion Date: 05/15/2023

Implemented [REDACTED] - 8/3/23)

16c - Written Incident Report

2. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On March 9, 2023, at 2:50 p.m. The home received a complaint of abuse and neglect from resident 1. The home did not report this incident to the department.

On May 13, 2022, the home received an incident report of an argument between residents 2 and 3. However, this incident was not reported to the department until May 15, 2022.

On February 10, 2023, the home received an incident of a fracture for resident 4. However, the incident was not reported to the department until February 13, 2023.

Plan of Correction

Accept [REDACTED] - 05/17/2023)

March 9th incident reported to DHS

ED re-educated staff on abuse and reporting on 4/13/23

10% employee interviews conducted quarterly by DON or designee of staff regarding regulation 15a. will be completed by June 30, 2023 for current quarter. Interviews to be completed annually following first year

Licensee's Proposed Overall Completion Date: 05/15/2023

Implemented [REDACTED] - 8/3/23)

25c2 - Fee Schedule

3. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

2. A fee schedule that lists the specify the following: actual amount of allowable resident charges for each of the home's available services.

Description of Violation

The home charges specified amounts for individual personal needs services. The resident-home contract, dated 01/18/2022, for resident 5 does not include a fee schedule of actual amounts charged for available services.

The home charges specified amounts for individual personal needs services. The resident-home contract, dated 02/24/2022, for resident 6 does not include a fee schedule of actual amounts charged for available services.

The home charges specified amounts for individual personal needs services. The resident-home contract, dated 12/02/2022, for resident 7 does not include a fee schedule of actual amounts charged for available services.

The home charges specified amounts for individual personal needs services. The resident-home contract, dated 01/04/2023, for resident 8 does not include a fee schedule of actual amounts charged for available services.

The home charges specified amounts for individual personal needs services. The resident-home contract, dated 01/23/2023, for resident 9 does not include a fee schedule of actual amounts charged for available services.

Plan of Correction**Accept** [REDACTED] - 05/17/2023)

4/27/23 ED spoke with supervisor [REDACTED] to clarify. MI Addendum is the appropriate form per this community offering as the community does not charge specified amounts for individual personal services. All services included in the room rate

Ongoing sales director and BOM will audit 10% of resident files quarterly to ensure compliance with regulation 25c2

Licensee's Proposed Overall Completion Date: 05/15/2023**Implemented** [REDACTED] - 8/3/23)

28d - Resident's Discharge

4. Requirements

2600.

28.d. If the home does not require a written notice prior to a resident's departure, the administrator shall refund the remainder of previously paid charges to the resident within 30 days of the date the resident moved from the home.

Description of Violation

Resident 10 moved from the home on [REDACTED], 2022, and was due \$892.00 in refunds of previously paid charges. The home failed to refund the balance due as of July 28, 2022. The home does not require prior notice of a resident's departure from the home.

Resident 11 moved from the home on [REDACTED] 2023, and was due \$5,000 in refunds of previously paid charges. The home failed to refund the balance due as of February 23, 2023. The home does not require prior notice of a resident's departure from the home.

28d - Resident's Discharge (continued)

Plan of Correction

Accept () - 05/17/2023)

4/26/23 ED confirmed receipt of checks to resident 10 and resident 11

4/26/23 ED re-educated BOM on move out process and regulation 28d

4/26/23 and ongoing BOM or designee to ensure move is completed timely and refund processed according to the regulation

We respectfully request this violation be removed. Please see supporting documentation

Licensee's Proposed Overall Completion Date: 05/15/2023

Implemented () - 8/3/23)

42b - Abuse

5. 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 March 9, 2023, resident 1 had three pairs of incontinence products on. According to the resident medical assessment and the support plan, resident 1 is incontinent of the bladder and requires assistance changing incontinence products. Based on a complaint from a () member. A () member went to visit the resident and thought that the resident smelled; when the family member checked to see if resident 1 was wet, the () member discovered that the resident has three pairs of incontinence products on. The resident () member informed the home that resident 1 was soiled. Once the () member made the home aware of the incident, two staff members came and did an assessment on the resident and changed (). The staff member in charge of assisting resident 1 on March 9, 2023, failed to provide appropriate care to the resident and was terminated on (), 2023.

Repeat Violation 11/15/2022**Plan of Correction**

Accept () - 05/17/2023)

ED held staff meeting on resident care/expectations on 3/23/23

4/11/23 ED assigned mandatory training in Relias(online) for community due 4/30/23

4/13/23 ED re-educated staff on abuse and reporting

10% employee interviews conducted quarterly by DON or designee of staff regarding regulation 15a. will be completed by June 30, 2023 for current quarter. Interviews to be completed annually following first year

In addition to above plan of correction: ED or designee will interview 3 residents weekly for three months and 4 residents a month thereafter to ensure residents are not be neglected or mistreated () 5/17/23

Licensee's Proposed Overall Completion Date: 05/15/2023

Not Implemented () - 8/3/23)

82c - Locking Poisonous Materials

6. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

On April 4, 2023, there was a Colgate Toothpaste with a manufacturer's label indicating "Keep out of reach of children; please contact the Poison Control Center right away It was unlocked, unattended, and accessible to residents 12 Not all the residents of the home, including resident 12, have been assessed as being capable of recognizing and using poisons safely.

On April 4, 2023, there was a Colgate Toothpaste, Gold Bond Skin Lotion, and Dove Deodorant with a manufacturer's label indicating "Keep out of reach of children; please contact the Poison Control Center right away " unlocked, unattended, and accessible to residents 13. Not all the residents of the home, including resident 13, have been assessed as being capable of recognizing and using poisons safely.

On April 4, 2023, a bottle of Degree Deodorant, with a manufacturer's label indicating "Keep out of reach of children; please contact the Poison Control Center right away ", was unlocked, unattended, and accessible to residents 14. Not all the residents of the home, including resident 14, have been assessed as being capable of recognizing and using poisons safely.

Repeat Violation: 04/29/2022

Plan of Correction

Accept (████) - 05/17/2023)

items immediately secured

4/4/23 audit of all rooms completed and ensured all chemicals away and secured

4/4/23 ED/DON re-educated staff on regulation 82c

4/4/23 and ongoing HSD or designee will conduct random daily walkthroughs to ensure compliance. This will be evaluated on a quarterly basis

Licensee's Proposed Overall Completion Date: 05/15/2023

Not Implemented (████) - 8/3/23)

85d - Trash Receptacles

7. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On April 4, 2023, at 10:00 a.m., there was an uncovered, unattended trash can in the kitchen.

Plan of Correction

Accept (████) - 05/04/2023)

trash can lid was immediately placed back on top of the trash can

ED re-educated kitchen team on regulation 85d

Ongoing Chef or designee will check trash cans for lids following meal clean up

85d - Trash Receptacles (*continued*)

Licensee's Proposed Overall Completion Date: 04/28/2023

Implemented [REDACTED] - 8/3/23)

103f - Refrigerator/Freezer Temps

8. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On April 4, 2023, at 9:55 a.m., the temperature in the main kitchen freezer was 20 degrees Fahrenheit, and at 11:20 a.m., it was 16 degrees Fahrenheit.

Plan of Correction

Accepted [REDACTED] - 05/04/2023)

MD called for service on the freezer and continued to monitor the temps

ED reviewed regulation 103f with kitchen team

4/10/23 freezer was repaired and brought down to 0 degrees

4/26/23 Temperature log placed

Ongoing Chef or designee will monitor the temp log to ensure temperatures remain within regulation

Licensee's Proposed Overall Completion Date: 04/28/2023

Implemented [REDACTED] - 8/3/23)

107b - Emergency Procedures

9. Requirements

2600.

107.b. The home shall have written emergency procedures that include the following:

1. Contact information for each resident's designated person.

Description of Violation

The home's written emergency procedures do not include the contact information for each resident's designated person.

Plan of Correction

Accepted [REDACTED] - 05/04/2023)

POA contact information added to Emergency Plan

ED re-educated on regulation 107b

Ongoing MD or designee will audit quarterly to ensure all contact info is present in the emergency plan

Licensee's Proposed Overall Completion Date: 04/28/2023

Implemented [REDACTED] 8/3/23)

141a 1-10 Medical Evaluation Information

10. Requirements

2600.

141a 1-10 Medical Evaluation Information (continued)

- 141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 4. Special health or dietary needs of the resident.
 5. Allergies.
 6. Immunization history.
 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 8. Body positioning and movement stimulation for residents, if appropriate.
 9. Health status.
 10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

The medical evaluation of Resident 6 did not include any special health or dietary needs of the resident.

Repeat violation: 04/29/2022

Plan of Correction

Accept [redacted] - 05/17/2023)

4/4/23 resident DMEs have been corrected

4/4/23 and ongoing DON or designee will review all DMEs for compliance after physician completes forms.

10% chart audit will be completed by DON or designee monthly starting in May for regulatory compliance

Chart audits will be reviewed at quarterly QA meetings which will be completed before June 30th for current quarter

Licensee's Proposed Overall Completion Date: 05/15/2023

Implemented [redacted] - 8/3/23)

162c - Menus Posted

11. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's menu for April 3 and 4, 2023, was posted. However, the menus for the whole week starting April 2–8 and the following week, April 9–15, stating the specific food being served at each meal, were not posted one week in advance in a conspicuous and public place in the home.

Plan of Correction

Accept [redacted] - 05/17/2023)

weekly menu posted

4/4/23 ED educated Chef on regulation 162c

4/4/23 and Ongoing Chef or designee will check weekly to ensure menu is posted

Licensee's Proposed Overall Completion Date: 05/15/2023

Implemented [redacted] - 8/3/23)

183e - Storing Medications

12. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

April 04, 2023 the Lorazepam TAB 0.5 MG prescribed for resident 14, 15, 16, 17 was in a blister card. The foil on the back of some of the pills had ripped.

April 04, 2023 the Alprazolam TAB 0.25 MG prescribed for resident 18 was in a blister card. The foil on the back of some of the pills had ripped.

April 04, 2023 the Clonazepam 1 MG Tablet prescribed for resident 19 was in a blister card. The foil on the back of some of the pills had ripped.

Plan of Correction

Accept [REDACTED] - 05/17/2023)

4/4/23 medication carts were audited for any other faulty blister packs

4/4/23 medications were properly disposed of

4/4/23 nursing team re-educated on regulation 183e

Monthly med cart audits are completed to ensure continued compliance

Licensee's Proposed Overall Completion Date: 05/15/2023

Implemented [REDACTED] - 8/3/23)

224c - Preadmission Screening

13. Requirements

2600.

224.c. The preadmission screening shall be completed by the administrator or designee. If the resident is referred by a State-operated facility, a county mental health and intellectual disability program, a drug and alcohol program or an area agency on aging, a representative of the referral agent may complete the preadmission screening.

Description of Violation

Resident 8 was admitted to the home on [REDACTED] 2023; however, the resident's preadmission screening form was not completed.

Plan of Correction

Accept [REDACTED] - 05/17/2023)

1/2/23 Pre screen completed for resident

4/4/23 and ongoing DON or designee will check all paperwork prior to a new resident joining the community to ensure all required documentation including regulation 224c is included

4/4/23 and ongoing sales director and DON or designee will audit 10% of resident files quarterly to ensure compliance with regulation 224c

We respectfully request this violation be removed. Please see supporting documentation

In addition to the above plan of correction: ED or designee shall ensure that all requested documentation is presented to the Department at the time of on-site inspection. [REDACTED] 5/17/23

224c - Preadmission Screening (*continued*)

Licensee's Proposed Overall Completion Date: 05/15/2023

Implemented (████) - 8/3/23)

225a - Assessment 15 Days

14. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

An assessment was not completed for resident 8, who was admitted to the home on █████ 2023.

Plan of Correction**Accepted** (████) - 05/17/2023)

1/11/23 assessment and support plan completed for resident

4/4/23 and ongoing DON or designee will complete an assessment within the first 15 days of a new resident joining the community

4/4/23 and ongoing DON or designee will audit 10% of resident files quarterly to ensure compliance with regulation 225a

We respectfully request this violation be removed. Please see supporting documentation.

In addition to the above plan of correction: ED or designee shall ensure that all requested documentation is presented to the Department at the time of on-site inspection. █████ 5/17/23

Licensee's Proposed Overall Completion Date: 05/15/2023

Implemented (████) - 8/3/23)

227d - Support Plan Medical/Dental

15. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for resident 6, dated █████, 2022, indicates the resident has a need for heart healthy diet. The resident's support plan, dated 02/28/2023, does not document how this need will be met.

The assessment for resident 9 dated █████ 2023, indicates the resident has a need for a regular diet, a regular texture, and thin liquids. The resident's support plan, dated 01/23/2023, does not document how this need will be met.

Plan of Correction**Accepted** (████) - 05/17/2023)

4/4/23 Resident #6 assessment updated for dietary need

227d - Support Plan Medical/Dental (continued)

4/4/23 Resident #9 assessment updated for dietary need

4/4/23 ED re-educated nursing on regulation 227d

DON or designee will pull charts at random monthly to ensure compliance with regulation 227d starting in May

Licensee's Proposed Overall Completion Date: 05/15/2023

Implemented (████) - 8/3/23)

227g -Support Plan Signatures

16. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident 6 participated in the development of █████ support plan on 02/28/2023. However, the resident did not sign the support plan.

Plan of Correction

Accepted (████) - 05/17/2023)

Resident #6 signed support plan

4/4/23 ED re-educated nursing on regulation 227g

DON or designee responsible for checking each assessment following completion for signature

DON or designee will audit 10% of assessments quarterly for completion by June 30 for current quarter

Licensee's Proposed Overall Completion Date: 05/15/2023

Implemented (████) - 8/3/23)

231c - Preadmission Screening

17. 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 9 was admitted to the Secure Dementia Care Unit (SDCU) on █████, 2023. However, the resident's written cognitive preadmission screening was not dated.

Plan of Correction

Accepted (████) - 05/17/2023)

Pre-screen completed for resident #9

4/4/23 ED re-educated on regulation

DON or designee will audit 10% of pre screens quarterly for completion by June 30 for current quarter

231c - Preadmission Screening (*continued*)

Licensee's Proposed Overall Completion Date: 05/15/2023

Not Implemented (████) - 8/3/23)

234a - Admission Support Plan

18. Requirements

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 7 was admitted to the Secure Dementia Care Unit (SDCU) on ██████████ 2022. However, the resident's initial support plan was completed on December 5, 2022.

Repeat Violation: 11/15/2022

Plan of Correction**Accept** (████) - 05/10/2023)

Community under new management.

New management has audited 100% of resident charts as of 4/27/2022 Missing (misdated) initial support plans are not able to be fixed or completed by this team, but support plans will be completed based on current resident information with dates corresponding to the current time. These support plans will need to be considered initial plans moving forward

*Residents with missing support plans will have a plan completed by 5/31/2022. **resident deceased as of 4/4/26***

Support plans will be completed within the 72-hour regulatory window upon admission and yearly thereafter, unless in the event of a significant change. Family/resident will be included in plan and will provide signature at time of completion.

Nursing director will audit 10% of charts monthly for compliance of completion and dating Audits will be reviewed at quarterly QA meetings

Licensee's Proposed Overall Completion Date: 04/28/2023

Implemented (████) - 8/3/23)