

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

January 5, 2024

[REDACTED], REGIONAL DIRECTOR OF OPERATIONS
DRESHER CARE GROUP LLC

RE: WOODLAND CREEK ALZHEIMER'S
SPECIAL CARE CENTER
1424 DRESHER TOWN ROAD
DRESHER, PA, 19025
LICENSE/COC#: 14605

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/15/2023 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: WOODLAND CREEK ALZHEIMER'S SPECIAL CARE CENTER License #: 14605 License Expiration: 04/24/2024

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

Staffing Hours

Resident Support Staff: Total Daily Staff: 66 Waking Staff: 50

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #: [REDACTED]
Reason: *Fine* Exit Conference Date: 11/15/2023

Inspection Dates and Department Representative

11/15/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 66 Residents Served: 33

Secured Dementia Care Unit

In Home: *Yes* Area: *entire home* Capacity: 66 Residents Served: 33

Hospice

Current Residents: *xx*

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 33
Diagnosed with Mental Illness: 7 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 33 Have Physical Disability: 7

Inspections / Reviews

11/15/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: 12/18/2023

12/19/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 01/03/2024
Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: 12/26/2023

Inspections / Reviews *(continued)*

12/20/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/03/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 01/03/2024

01/05/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/03/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

183d - Prescription Current

1. 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 11/15/2023, Trazadone 50 mg prescribed for resident #1 was in the home's medication cart; however, the medication was discontinued on 11/08/2023.

Repeat Violation: 07/12/2023

Plan of Correction

Accept (████) - 12/19/2023)

11.15.23 med tech immediately removed discontinued medication from the med cart

11.15.23 Health Services Coordinator and med tech audited med cart for any additional medication discrepancies due to discontinuation

11.17.23 Health Services Coordinator educated med techs on 183d and importance of following prescriber order and ensuring discontinued medications are removed from the med cart timely

12.15.23 audits of discontinued medications will continue weekly for 1 month and then will follow audit schedule

12.28.23 due to repeat violation 2600.183d the home is in the process of switching to Polaris pharmacy effective December 28, 2023 to support the homes medication needs and support

Licensee's Proposed Overall Completion Date: 01/12/2024

Implemented (████) - 01/05/2024)

184a - Resident's Meds Labeled

2. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

4. The prescribed dosage and instructions for administration.

Description of Violation

The pharmacy label for resident #2's Quetiapine Fumarate 50 mg read 'Take 1 tablet by mouth at bedtime with 100 mg to = 150 mg total ' while the actual order is 'take 1 tab by mouth at bedtime with 25 mg (total dose 75 mg)'. Resident #2 is prescribed Tramadol 50 mg 1/2 tab twice a day at 08:00 AM and 08:00 PM and every 6 hours as needed. There is only one blister card which read "take 1/2 tab by mouth every 6 hours when needed". Staff members are signing out the resident's 1/2 tab twice a day dose from this blister pack without a direction change sticker on.

Plan of Correction

Accept (████) - 12/19/2023)

11.15.23 DON clarified Quetiapine Fumarate 50mg tab for bedtime dose for accuracy. Order now reads "Take 1 tab by mouth at bedtime with 25mg tab for a total dose of 75mg"

11.15.23 DON put a change of direction sticker on the blister pack for the standing 8A and 8P order for Tramadol 50mg.

11.17.23 Health Services Coordinator completed training on the 5 rights

Effective December 16, 2023 Health Services Coordinator verified that new cycle fill had corrected blister packs.

12.28.23 due to violation 2600.184a(4) the home is in the process of switching to Polaris pharmacy effective December 28, 2023 to support the homes medication needs and support

184a - Resident's Meds Labeled (*continued*)

Licensee's Proposed Overall Completion Date: 12/18/2023

Implemented () - 01/05/2024)

187a - Medication Record

3. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

3. Name of medication.

Description of Violation

Resident #1 is prescribed Hyoscyamine 0.125 mg and Ondansetron 4 mg; however, these medications are not included on the resident's medication administration record (MAR).

Plan of Correction

Accept () - 12/19/2023)

11.17.23 Health Services Coordinator re-educated staff on regulation 187a

12.15.23 audits of discontinued medications will continue weekly for 1 month and then will follow audit schedule

12.28.23 due to violation 2600.187a the home is in the process of switching to Polaris pharmacy effective December 28, 2023 to support the homes medication needs and support

We respectfully request this violation be removed as resident #1 was not present in the home from November () - November (), 2023. Resident medications were to be reconciled upon return to community prior to any administration. The resident was captured in the system as "In the hospital" at the time of inspection November 15, 2023. A new process has been put in place when a resident is out of the community that all medications are being pulled from the cart until the resident returns and reconciliation of orders takes place.

Licensee's Proposed Overall Completion Date: 12/18/2023

Implemented () - 01/05/2024)

187b - Date/Time of Medication Admin.

4. 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

Resident #1 is prescribed Lorazepam 0.5 mg every 12 hours as needed (PRN). The resident's November MAR does not include the initials of the staff person who administered it on 11/08/2023 at 04:00 PM.

Resident #2 is prescribed Tramadol 50 mg twice a day at 08:00 AM and 08:00 PM. The resident was not administered this medication on 10/10, 11, and 30/2023 at 08:00 PM and 11/01/2023 at 08:00 PM. However, there is staff initials present on the resident's MAR as administered.

Resident #3 is prescribed Lorazepam 1 mg at bedtime as needed. The resident's October MAR does not include the initials of the staff person who administered it on 10/17 and 20/2023.

Resident #4 is prescribed Lorazepam 0.5 mg 1/2 tab once a day as needed. The resident's November MAR does not include the initials of the staff person who administered it on 11/08/2023 at 11:00 PM.

On Saturday 11/11/2023 in the evening, the home's eMAR (electronic medication administration record) system was not working properly and some residents' medications were not initialed as administered.

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

Plan of Correction

Accept [redacted] - 12/19/2023)

187b date/time of medication

11.16.23 Holes in MAR were rectified by appropriate med tech

11.17.23 Health Services Coordinator re-educated nursing team on regulation 187b

12.15.23 10% of MARS will be audited weekly by HSC or designee for the next 4 weeks. The audit will move to monthly following the 4 weeks. This will be evaluated on a quarterly basis at the quality meeting

Licensee's Proposed Overall Completion Date: 01/12/2024

Implemented [redacted] - 01/05/2024)

187d - Follow Prescriber's Orders

5. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #2 is prescribed Tramadol 50 mg twice a day at 08:00 AM and 08:00 PM. The resident was not administered this medication on 10/10, 11, and 30/2023 at 08:00 PM and 11/01/2023 at 08:00 PM.

Plan of Correction

Accept [redacted] - 12/20/2023)

11.17.23 Med tech involved was retrained on proper documentation of medication administration

12.20.23 nurse re-educated med techs on following prescribers orders from the med tech training book module regarding regulation 2600.187d. They were re-educated by the nurse who expressed proper administration along with proper documentation

12.19.23 10% of MARS will be audited weekly for the next 4 weeks by the Health Services Coordinator, Wellness Nurse, or designee. The audit will move to monthly following the 4 weeks. This will be evaluated on a quarterly basis at the quality meeting.

Licensee's Proposed Overall Completion Date: 01/19/2024

Implemented [redacted] - 01/05/2024)

6. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #2 is prescribed Tramadol 50 mg twice a day at 08:00 AM and 08:00 PM. However, this medication was not administered to the resident on 10/10/2023 and 10/11/2023 because the medication was not available in the home.

Plan of Correction

Accept [redacted] - 12/20/2023)

11.17.23 Med tech involved was retrained on proper documentation of medication administration

12.20.23 nurse re-educated med techs on following prescribers orders from the med tech training book module regarding regulation 2600.187d. They were re-educated by the nurse who expressed proper administration along with proper documentation

12.19.23 10% of MARS will be audited weekly for the next 4 weeks by the Health Services Coordinator, Wellness

187d - Follow Prescriber's Orders (continued)

Nurse, or designee. The audit will move to monthly following the 4 weeks. This will be evaluated on a quarterly basis at the quality meeting.

Licensee's Proposed Overall Completion Date: 01/19/2024

Implemented [REDACTED] - 01/05/2024)