

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

February 5, 2024

[REDACTED]  
MCAP WILLOW GROVE OPERATOR LLC  
[REDACTED]  
[REDACTED]

RE: COMMONWEALTH SENIOR LIVING  
AT WILLOW GROVE  
1120 YORK ROAD  
WILLOW GROVE, PA, 19090  
LICENSE/COC#: 13994

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/30/2023, 12/01/2023 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: COMMONWEALTH SENIOR LIVING AT WILLOW GROVE License #: 13994 License Expiration: 10/08/2024

Address: 1120 YORK ROAD, WILLOW GROVE, PA 19090

County: MONTGOMERY

Region: SOUTHEAST

## Administrator

Name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

## Legal Entity

Name: MCAP WILLOW GROVE OPERATOR LLC

Address: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

## Certificate(s) of Occupancy

Type: C-2 LP

Date: 02/15/1990

Issued By: Commonwealth of PA, L&amp;I

## Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 116

Waking Staff: 87

## Inspection Information

Type: Partial

Notice: Unannounced

BHA Docket #:

Reason: Complaint, Incident

Exit Conference Date: 11/30/2023

## Inspection Dates and Department Representative

11/30/2023 - On-Site: [REDACTED]

12/01/2023 - Off-Site: [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

License Capacity: 122

Residents Served: 67

## Secured Dementia Care Unit

In Home: Yes

Area: Sweet Memories

Capacity: 52

Residents Served: 17

## Hospice

Current Residents: 4

## Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 64

Diagnosed with Mental Illness: 3

Diagnosed with Intellectual Disability: 1

Have Mobility Need: 49

Have Physical Disability: 1

## Inspections / Reviews

## 11/30/2023 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 12/22/2023

## 12/22/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/01/2024

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 12/28/2023

Inspections / Reviews (*continued*)

## 01/12/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 02/01/2024

Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 01/31/2024

## 02/05/2024 - Document Submission

Submitted By: [REDACTED] Date Submitted: 02/01/2024

Reviewer: [REDACTED] Follow-Up Type: Not Required

## 16c - Written Incident Report

## 1. 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

Months ago, Staff person A instructed Staff persons B, C, D, and E that if Resident [REDACTED] was non-compliant with getting out of bed, they should remove the resident's bed linens, turn on the air conditioner full blast, and when the resident was cold enough, they would get up. Additionally, Staff person E witnessed that while Staff person A was getting Resident [REDACTED] dressed, they had gripped and slammed them against the wall. The home did not report these incidents to the department until [REDACTED].

Repeat Violation Date: 6/16/23 et al.

## Plan of Correction

Accept [REDACTED] - 01/12/2024)

The community reported this event on 11/10/23 after being made aware of it on 11/9/2023.

Staff persons A and E were terminated for failing to report abuse in a timely manner.

The entire staff will be reeducated on abuse reporting by the Resident Care Director on 12/28/2023 at team member staff meeting.

On 12/21/2023 all staff were assigned a training on abuse/neglect training and reporting to be completed no later than 12/31/2023.

Beginning 12/31/2024 and ongoing, the Resident Care Director and/or designee will review reportable incidents on a monthly basis to assess for ongoing compliance

The Resident Care Director and/or designee will audit team member files by 12/31/2023 to ensure compliance with abuse/neglect training and reporting.

The plan of correction will be reviewed for compliance and effectiveness at the monthly community QAPI meeting.

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented [REDACTED] - 02/05/2024)

## 42b - Abuse

## 2. 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

The assessment and support plan, dated [REDACTED], for Resident [REDACTED] indicates the resident requires physical assistance with transfers in and out of bed due to functional limitations. In order to meet these needs, the direct care staff will assist daily.

On [REDACTED], Staff person B, an overnight shift caregiver, reported to the Resident Care Director that during their first

**42b - Abuse (continued)**

*couple of weeks of employment, Staff person A, the day shift caregiver, instructed them that if Resident [REDACTED] was non-compliant with getting out of bed, they should remove the resident's bed linens, turn on the air conditioner full blast, and when the resident was cold enough, they would get up. Staff person B stated that they heard from two new overnight shift caregivers, Staff person C and Staff person D, that they were also given the same instruction by Staff person A. Staff person B stated that they had not performed this method, nor had witnessed any other staff member doing it.*

*On [REDACTED] at [REDACTED] the Resident Care Director interviewed Staff person C and Staff person D. Both stated they were also instructed to use this method by Staff person A but clarified that they had never implemented it or observed anyone else using that method to get the resident to get up. Around [REDACTED] the Resident Care Director interviewed Staff person E about the instructions to get the resident out of bed. Staff person E stated they were also given this method and had seen Staff person A use it to get the resident out of bed. Staff person E mentioned that Staff person A used this method multiple times but did not provide specific dates.*

*Subsequently, Staff person E reported that they had witnessed Staff person A's physical abuse against Resident [REDACTED]. While Staff person A was getting the resident dressed, they had gripped the resident and slammed them against the wall. This incident happened months ago, and Staff person E could not provide specific dates.*

*Staff person A was terminated following immediate suspension due to the physical and emotional abuse against Resident [REDACTED] and Resident [REDACTED]. Staff person E was also terminated following immediate suspension due to not reporting the two abuse incidents timely as a mandatory reporter and further compounding the abusive situation.*

**Plan of Correction****Accept [REDACTED] - 01/12/2024)**

*Staff members A and E were both terminated after investigation of abuse and for not reporting abuse in a timely manner.*

*The entire staff will be reeducated on abuse reporting by the Resident Care Director on 12/28/2023 at team member staff meeting.*

*On 12/21/2023 all staff were assigned a training on abuse/neglect training and reporting to be completed no later than 12/31/2023.*

*The Resident Care Director and/or designee will audit team member files by 12/31/2023 to ensure compliance with abuse/neglect training and reporting.*

*Beginning 12/31/2024 and ongoing, the Resident Care Director and/or designee will review reportable incidents on a monthly basis to assess for ongoing compliance*

*The plan of correction will be reviewed for compliance and effectiveness at the monthly community QAPI meeting.*

**Licensee's Proposed Overall Completion Date: 12/31/2023**

**Implemented [REDACTED] - 02/05/2024)****42c - Treatment of Residents****3. Requirements**

2600.

42.c. A resident shall be treated with dignity and respect.

**Description of Violation**

*On [REDACTED], Staff person B, an overnight shift caregiver, reported to the Resident Care Director that during their first couple of weeks of employment, Staff person A, the day shift caregiver, instructed them that if Resident [REDACTED] was non-compliant with getting out of bed, they should remove the resident's bed linens, turn on the air conditioner full blast,*

**42c - Treatment of Residents (continued)**

and when the resident was cold enough, they would get up. On [REDACTED], Staff persons C, D, and E confirmed having received identical instructions from Staff person A. The instructions given by Staff person A to the caregivers involved a method to force a non-compliant resident out of bed. This method, which included removing bed linens and subjecting the resident to cold air by turning on the air conditioner, which goes against providing respectful and dignified care to residents.

Additionally, Staff person E reported that they had witnessed Staff person A's physical abuse against Resident [REDACTED]. Months ago, while Staff person A was getting the resident dressed, they had gripped the resident and slammed them against the wall, disregarding the resident's right to safety, care, and dignity, and inflicting harm.

**Plan of Correction**

Accept [REDACTED] - 01/12/2024)

Staff members A and E were both terminated after investigation of abuse and for not reporting abuse in a timely manner.

The entire staff will be reeducated on abuse reporting by the Resident Care Director on 12/28/2023 at team member staff meeting.

On 12/21/2023 all staff were assigned a training on abuse/neglect training and reporting to be completed no later than 12/31/2023.

The Resident Care Director and/or designee will audit team member files by 12/31/2023 to ensure compliance with abuse/neglect training and reporting.

12/31/2024 and ongoing, the Resident Care Director and/or designee will conduct weekly audits of shift logs/assignment sheets, as well as review any incident reports to ensure compliance.

The plan of correction will be reviewed for compliance and effectiveness at the monthly community QAPI meeting.

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented [REDACTED] - 02/05/2024)

**65a - FS Orientation 1st Day****4. Requirements**

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

65a - FS Orientation 1st Day (continued)

**Description of Violation**

Staff person E, whose first day of work was [REDACTED], did not receive orientation on the following topics until [REDACTED]:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

**Plan of Correction**

Accepted [REDACTED] 01/12/2024)

Staff Member E was terminated as a result of not reporting abuse of a resident. Staff Member E was trained on fire safety on [REDACTED].

The Business Office Manager and/or Maintenance Director will ensure that all new team members receive fire training on the first day of employment.

The Business Office Manager and/or designee will audit all team member files to ensure fire training has been completed for all team members.

Beginning 12/31/24 and ongoing, the Business Office Manager and/or designee will sign off on all new hire first day orientations to ensure all required trainings for the first day orientation are completed and documented.

The plan of correction will be reviewed for compliance and effectiveness at the monthly community QAPI meeting.

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented [REDACTED] - 02/05/2024)

251e - Records Availability

**5. Requirements**

2600.

251.e. Resident records shall be made available to the resident and the resident's designated person during normal working hours.

**Description of Violation**

On [REDACTED], Resident [REDACTED] POA requested resident record from Staff person F. However, the staff person refused to make the resident record available during normal working hours. Instead, the POA had to submit a request form per the company policy. The company did not mail the resident's records to the POA until [REDACTED] through UPS.

**Plan of Correction**

Accepted [REDACTED] - 12/22/2023)

The community did provide the POA with with resident's records.

**251e - Records Availability (continued)**

*Going forward, the community will provide POA's and/or residents with records upon request during normal business hours Monday-Friday.*

*The plan of correction will be reviewed for compliance and effectiveness at the monthly community QAPI meeting.*

**Licensee's Proposed Overall Completion Date: 12/31/2023**

**Implemented [REDACTED] 02/05/2024)**