

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

April 4, 2024

[REDACTED]
LCS DOYLESTOWN LLC
[REDACTED]
[REDACTED]

RE: THE SOLANA DOYLESTOWN
1621 EASTON ROAD
WARRINGTON, PA, 18976
LICENSE/COC#: 14531

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/18/2024, 01/23/2024 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: *THE SOLANA DOYLESTOWN* License #: *14531* License Expiration: *09/11/2024*
 Address: *1621 EASTON ROAD, WARRINGTON, PA 18976*
 County: *BUCKS* Region: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *LCS DOYLESTOWN LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-1* Date: *09/22/2014* Issued By: *L & I*

Staffing Hours

Resident Support Staff: - Total Daily Staff: *NaN* Waking Staff: *NaN*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint, Incident* Exit Conference Date: *01/18/2024*

Inspection Dates and Department Representative

01/18/2024 - On-Site: [REDACTED]
 01/23/2024 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *129* Residents Served: *77*

Secured Dementia Care Unit
 In Home: *Yes* Area: *SDCU* Capacity: *34* Residents Served: *19*

Hospice
 Current Residents: *2*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *77*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *32* Have Physical Disability: *1*

Inspections / Reviews

01/18/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/08/2024*

02/12/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *03/22/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/19/2024*

Inspections / Reviews *(continued)*

02/20/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/22/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 03/18/2024

04/04/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/22/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

65a - FS Orientation 1st Day

1. 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.

Description of Violation

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

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

Accept [REDACTED] - 02/20/2024)

Staff person A was an agency staff member. Agency staffing to be eliminated by end of month. All current staff orientated. All agency staff in meantime will be orientated on day 1 about fire safety. Attached is orientation plant director [REDACTED] or assistant plant [REDACTED] will conduct. Audit completed and training done on [REDACTED] for remaining agency staff, attached. emergency plans in writing to be given out and signed.

Licensee's Proposed Overall Completion Date: 02/19/2024

Implemented [REDACTED] - 04/04/2024)

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:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

184a - Resident's Meds Labeled (continued)

Description of Violation

Resident [REDACTED] does not have a pharmacy label that includes the following:

- 1. The resident's name.
- 2. The name of the medication.
- 3. The date the prescription was issued.
- 4. The prescribed dosage and instructions for administration.
- 5. The name and title of the prescriber.

The direction for Resident [REDACTED] had been changed from "take [REDACTED] capsule by mouth twice daily" to "take [REDACTED] capsule one time per day at bedtime every day at PM (8pm-10pm)." However, the direction change was not indicated on the medication container.

Plan of Correction

Accept [REDACTED] - 02/20/2024)

Label was corrected immediately. [REDACTED], Executive Director conducted an Inservice on medication administration on [REDACTED], attached. Each shift shall conduct an audit on an assigned resident as part of their job duties, effective immediately. schedule posted for medication technicians. audit form attached.

Licensee's Proposed Overall Completion Date: 02/19/2024

Implemented [REDACTED] - 04/04/2024)

187d - Follow Prescriber's Orders

3. Requirements

- 2600.
- 187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [REDACTED] is prescribed [REDACTED], take [REDACTED] tab by mouth twice daily at 12:30pm and 10:00pm. However, on [REDACTED] [REDACTED] was administered to Resident [REDACTED] at [REDACTED]. Additionally, Lorazepam was not administered to Resident [REDACTED] at [REDACTED] on [REDACTED] and [REDACTED].

Plan of Correction

Accept [REDACTED] - 02/20/2024)

[REDACTED], Executive Director conducted an Inservice on medication administration, attached [REDACTED]. Also, proper documentation for when a resident is on an LOA. Resident [REDACTED] was out of the building on [REDACTED] and [REDACTED] but not marked as LOA. LPN will do a daily check per shift to make sure residents are correctly on LOA effective immediately. LPN to do end of month EMAR checks to make sure medication is signed off on correctly, effective 2/29/24.

Licensee's Proposed Overall Completion Date: 02/19/2024

Implemented [REDACTED] - 04/04/2024)