

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

March 7, 2024

[REDACTED], ED
WHITEMARSH CONTINUING CARE RETIREMENT COMMUNITY
4000 FOX HOUND DRIVE
LAFAYETTE HILL, PA, 19444

RE: THE HILL AT WHITEMARSH -
OAKLEY HALL ASSISTED LIVING
4000 FOX HOUND DRIVE
LAFAYETTE HILL, PA, 19444
LICENSE/COC#: 13902

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/29/2024 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 HILL AT WHITEMARSH - OAKLEY HALL ASSISTED LIVING License #: 13902 License Expiration: 03/22/2025
Address: 4000 FOX HOUND DRIVE, LAFAYETTE HILL, PA 19444
County: MONTGOMERY Region: SOUTHEAST

Administrator

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

Legal Entity

Name: WHITEMARSH CONTINUING CARE RETIREMENT COMMUNITY
Address: 4000 FOX HOUND DRIVE, LAFAYETTE HILL, PA, 19444
Phone: [Redacted]

Certificate(s) of Occupancy

Type: I-2 Date: 05/11/2007 Issued By: Whitemarsh Township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 41 Waking Staff: 31

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 01/29/2024

Inspection Dates and Department Representative

01/29/2024 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

Table with 4 columns: Category, Value, Category, Value. Rows include General Information (License Capacity: 38, Residents Served: 23), Special Care Unit (In Home: No, Area, Capacity, Residents Served), Hospice (Current Residents: 0), and Number of Residents Who (Receive Supplemental Security Income: 0, Are 60 Years of Age or Older: 23, Diagnosed with Mental Illness: 0, Diagnosed with Intellectual Disability: 0, Have Mobility Need: 18, Have Physical Disability: 0).

Inspections / Reviews

Table with 3 columns: Date/Type, Lead Inspector, Follow-Up Type, Follow-Up Date. Rows include 01/29/2024 Full (Lead Inspector: [Redacted], Follow-Up Type: POC Submission, Follow-Up Date: 02/12/2024) and 02/20/2024 - POC Submission (Submitted By: [Redacted], Date Submitted: 02/29/2024, Reviewer: [Redacted], Follow-Up Type: Document Submission, Follow-Up Date: 03/01/2024).

Inspections / Reviews (*continued*)

02/29/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/29/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/04/2024

03/07/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/29/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

65j Annual training content

2. Requirements

2800.

65.j. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.708).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff persons A and B did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert during training year January 20233 to Decemeber 2023.

Plan of Correction

Accept ([REDACTED]) - 02/20/2024)

In response to the violation on 01/29/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/06/2024 by the Maintenance Director to contact the Fire Marshal to set up an in person Fire Safety Training as soon as possible.

To enhance the currently compliant operations:

1. *on 02/06/2024 the Maintenance Director will schedule annual in person Fire Safety Trainings with the Fire Marshall. This presentation will be recorded so that it can be given at other times in the presence of an onsite staff person that is trained by a fire safety expert, with a completion date of 05/05/2024.*
2. *on 02/06/2024 the Maintenance Director will have a dedicated staff person (s) be trained by a Fire Safety Expect so that they could lead a Fire Safety Training on site, with a completion date of 05/05/2024.*

The overall completion date is 05/05/2024.

Effective 02/06/2024 the Maintenance Director will perform annual audits through 05/05/2024 to maintain ongoing compliance with ensure direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers are trained annually in , including fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert, and emergency preparedness procedures and recognition and response to crises and emergency situations, and resident rights, and The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.708), and falls and accident prevention, and new population groups that are being served at the home that were not previously served, if applicable, and fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert, and emergency preparedness procedures and recognition and response to crises and emergency situations, and resident rights, and The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.708), and falls and accident prevention, and new population groups that are being served at the home that were not previously served, if applicable. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 05/05/2024

65j Annual training content (continued)

Implemented (████) - 02/29/2024)

69 Dementia training

3. Requirements

2800.

69. Additional Dementia Specific Training Administrative staff, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall receive at least 4 hours of dementia specific training within 30 days of hire and at least 2 hours of dementia specific training annually thereafter in addition to the training requirements of this chapter.

Description of Violation

Staff person A, date of hire █████, received only 3.5 hours of dementia-specific training within 30 days of hire.

Plan of Correction

Accept (████) - 02/20/2024)

In response to the violation on 01/29/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/06/2024 by the HR Manager to provide Staff Person a with additional .5 hours of dementia training to be completed by 2/9/2024.

To enhance the currently compliant operations, on 02/06/2024 the HR Manager will check the training record of each new hire on day 30 to make sure the individual has completed at least 4 hours of dementia- specific training, with a completion date of 05/05/2024.

Effective 02/06/2024 the HR Manager will perform monthly audits through 05/05/2024 to maintain ongoing compliance with ensuring administrative staff, direct care staff persons, ancillary staff persons, substitute personnel and volunteers receive at least 4 hours of dementia-specific training within 30 days of hire and at least 2 hours of dementia-specific training annually thereafter in addition to the training requirements of this chapter. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 05/05/2024

Implemented (████) - 03/07/2024)

89b Hot water temperature

4. Requirements

2800.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 1/29/24, the hot water temperature at the bathroom sink located room 428 measured 127.5 degrees Fahrenheit. The hot water temperature at the kitchenette sink located room 402 measured 123.2 degrees Fahrenheit.

Plan of Correction

Accept (████) - 02/20/2024)

In response to the violation on 01/29/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/29/2024 by the Maintenance Technician to make immediate adjustments temperatures in Apartment 402 and Apartment 428. The Faucet was replaced in Apartment 402.

To enhance the currently compliant operations:

89b Hot water temperature (continued)

1. on 02/07/2024 the Maintenance Technician will meet with an Outside Contract Plumber to evaluate the mixing valves and make adjustments as necessary, with a completion date of 02/28/2024.
2. on 02/07/2024 the Maintenance Technician will conduct water temperature checks daily in 1 apartment and 1 common bathroom - alternating wings each day. A log will be kept to record these temperature with the Maintenance Department, with a completion date of 05/05/2024.

The overall completion date is 05/05/2024.

Effective 02/07/2024 the Maintenance Technician will perform daily audits through 05/05/2024 to maintain ongoing compliance with ensuring the hot water temperature in areas accessible to the resident does not exceed 120°F. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 05/05/2024

Implemented (████) - 03/07/2024)

103i Outdated food

5. Requirements

2800.
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

There was a sandwich, a bowl of sliced beets, and a cup of white liquid not labeled and dated in the Country Kitchen refrigerator.

Plan of Correction

Accept (████) - 02/20/2024)

In response to the violation on 01/29/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/29/2024 by the Dietary Manager to the sandwich, a bowl of beets, and a cup of white liquid not labeled or dated were immediately removed from the Country Kitchen refrigerator and thrown away.

To enhance the currently compliant operations:

1. on 02/06/2024 the Dietary Manager will provide in-service training to all Dietary Staff on proper labeling and dating of food in the refrigerator, with a completion date of 03/06/2024.
2. on 02/06/2024 the Dietary Manager will complete daily checks to ensure Refrigerator is clean & tidy, all food covered and dated/labeled properly. A Monthly audit will be completed to ensure Temperature of refrigerator is compliant, All food items are covered/closed (not exposed), All open items are labeled and dated, All items are within date range, No damaged or expired food items are present and Shelves are appropriately stacked, with a completion date of 05/05/2024.

The overall completion date is 05/05/2024.

Effective 02/06/2024 the Dietary Manager will perform daily inspections through 05/05/2024 to maintain ongoing compliance with ensuring outdated or spoiled food or dented cans are not be used. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 05/05/2024

103i Outdated food (continued)

Implemented (████) - 03/07/2024)

107d Procedure EMA submission

6. Requirements

2800.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The residence's written emergency procedures have not been submitted to the local management agency since February 2022.

Plan of Correction

Accept (████) - 02/20/2024)

In response to the violation on 01/29/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/08/2024 by the Maintenance Director to provide local township Fire Marshall with current Emergency Management Plan.

To enhance the currently compliant operations, on 02/06/2024 the Maintenance Manager will provide a copy of our emergency Management Plan to Whitemarsh Township - it will be reviewed and signed. The Hill at Whitemarsh Administrative Staff will also review and sign the document annually, with a completion date of 02/29/2024.

Effective 02/06/2024 the Maintenance Manager will perform daily checks through 05/05/2024 to maintain ongoing compliance with ensuring written emergency procedures are reviewed, updated and submitted each October to the local emergency management agency. The Hill at Whitemarsh Administrative Team will also review and the the Emergency Management Plan annually. Compliance monitoring activities will be implemented under the supervision of the Assisted Living Administrator. Any deficiencies will be corrected immediately, and findings will be documented and submitted to the Assisted Living Administrator for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 02/29/2024

Implemented (████) - 03/07/2024)

132c Fire drill records

7. Requirements

2800.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the residence at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drill conducted on 9/29/23 does not include problems encountered. Two residents did not evacuate and the reason is unknown.

Plan of Correction

Accept (████) - 02/20/2024)

In response to the violation on 01/29/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/06/2024 by the Maintenance Director to spoke with Fire Safety Inspector. They discussed that when recording fire drills in is imperative that it is recorded why an individual (s) did not evacuate during a fire drill.

132c Fire drill records (continued)

To enhance the currently compliant operations, on 02/06/2024 the Maintenance Director will audit the monthly fire drill report to make sure it is filled out completely - making sure it is addressed if someone did not evacuate and why, with a completion date of 05/05/2024.

Effective 02/06/2024 the Maintenance Director will perform monthly audits through 05/05/2024 to maintain ongoing compliance with a written fire drill record including the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the residence at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 05/05/2024

Implemented [REDACTED] - 03/07/2024)

141a Medical evaluation**8. Requirements**

2800.

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.
11. An indication that a tuberculin skin test has been administered with negative results within 2 years; or if the tuberculin skin test is positive, the result of a chest X-ray. In the event a tuberculin skin test has not been administered, the test shall be administered within 15 days after admission.
12. Information about a resident's day-to-day assisted living service needs.

Description of Violation

The medical evaluation for resident # 1, dated [REDACTED], does not include health status. This area of the form is blank.

Plan of Correction

Accept [REDACTED] - 02/20/2024)

In response to the violation on 01/29/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. on 02/05/2024 by the Primary Care Physician to make an addendum to resident #1's ADME to indicate Resident's Health Status at time of completion of form. Assisted Living Administrator discussed with the Primary Care Physician that form must filled out in its entirety to meet all requirements.
2. on 02/08/2024 by the Assisted Living Administrator to will review all current residents' ADMEs to make sure they are completed in full.

141a Medical evaluation (continued)

To enhance the currently compliant operations, on 02/05/2024 the Assisted Living Administrator will will review with all Primary Care Physicians who see our Residents the need to fill out ADME in its entirety at time of completion, with a completion date of 12/31/2024.

Effective 02/05/2024 the Assisted Living Administrator will perform Annual, Initial or Change of Status review the ADME for completeness through 05/05/2024 to maintain ongoing compliance with resident having 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, and the evaluation includes, including a general physical examination by a physician, physician's assistant or nurse practitioner, and medical diagnosis including physical or mental disabilities of the resident, if any, and medical information pertinent to diagnosis and treatment in case of an emergency, and special health or dietary needs of the resident, and allergies, and immunization history, and medication regimen, contraindicated medications, medication side effects and the ability to self administer medications, and body positioning and movement stimulation for residents, if appropriate, and health status, and mobility assessment, updated annually or at the Department's request, and an indication that a tuberculin skin test has been administered with negative results within 2 years; or if the tuberculin skin test is positive, the result of a chest X ray. In the event a tuberculin skin test has not been administered, the test will be administered within 15 days after admission, and information about a resident's day to day assisted living service needs. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented [redacted] - 03/07/2024)

185a Storage procedures

9. Requirements

2800.

185.a. The residence shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident # 1 is prescribed [redacted] as needed. On [redacted], this medication was not available in the residence.

Resident # 2 is prescribed [redacted] as needed. On [redacted], these medications were not available in the residence.

Plan of Correction

Accept ([redacted] - 02/20/2024)

In response to the violation on 01/29/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/31/2024 by the LPN and Assisted Living Administrator to The Medication Cart was checked for each of the 2 Resident's medications. Resident 1 The PRN [redacted] was found in another section of the cart .Resident 2 The indication for the [redacted] orders were reviewed with Primary Care Physician. [redacted] was discontinued and the [redacted] was reordered and arrived later that night.

185a Storage procedures (continued)

To enhance the currently compliant operations, on 02/01/2024 the LPN will reviewed all PRN medications for each Resident to make sure that each corresponding ordered medication was available in the cart. Any medications that needed to be reordered were available later that day, with a completion date of 02/05/2024.

Effective 02/01/2024 the LPN will perform monthly audits through 05/05/2024 to maintain ongoing compliance with the residence developing and implementing procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 02/05/2024

Implemented (█) - 02/29/2024)

227d Support plan – med/dental**10. Requirements**

2800.

227.d. Each residence shall document in the resident's final support plan the dietary, 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 residence to pay for the cost of these medical and behavioral care services. The final support plan must document the assisted living services and supplemental health care services, if applicable, that will be provided to the resident.

Description of Violation

Resident #1 has a need for a bedside mobility device. The resident's support plan dated █ does not include the following information: the specific need for the device, the intended use and any risks associated with the use, the resident's ability to use the device safely for the purpose it was intended, identification of the specific device to be used and whether a cover is required to meet FDA guidelines.

Resident #2 has a need for a bedside mobility device. The resident's support plan dated █ does not include the following information: the specific need for the device, the intended use and any risks associated with the use, the resident's ability to use the device safely for the purpose it was intended, identification of the specific device to be used and whether a cover is required to meet FDA guidelines.

Plan of Correction

Accept (█) - 02/20/2024)

In response to the violation on 01/29/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/31/2024 by the Assisted Living Administrator to Support Plans of the 2 Residents reviewed during Survey were immediately corrected to reflect the specific need for the device, the intended use and any risks associated with the use, the resident's ability to use the device safely for the purpose it was intended, identification of the specific device to be used and whether a cover is required to meet FDA requirements.

227d Support plan – med/dental (continued)

To enhance the currently compliant operations, on 02/05/2024 the Assisted Living Administrator will review all Resident Support Plans, identifying those with Mobility Assist Bars. The Resident Support Plans with Mobility Assist Bars will be updated to reflect the specific need for the device, the intended use and any risks associated with the use, the resident's ability to use the device safely for the purpose it was intended, identification of the specific device to be used and whether a cover is required to meet FDA guidelines, with a completion date of 02/28/2024.

Effective 02/05/2024 the Assisted Living Administrator will perform quarterly audits through 05/05/2024 to maintain ongoing compliance with each residence documenting in the resident's final support plan the dietary, 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, and this requirement does not require a residence to pay for the cost of these medical and behavioral care services, and the final support plan documenting the assisted living services and supplemental health care services, if applicable, that will be provided to the resident. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 02/28/2024

Implemented [REDACTED] - 02/29/2024)